

Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
1.	ANTI-INFECTIVE AGENTS							
	1A.	Penicillins						
		Amoxicillin	Amoxicillin	Y	1	2+		
		Amoxicillin-Pot Clavulanate	AUGMENTIN, ES	Y	1	2+		
		Amoxicillin-Pot Clavulanate	AUGMENTIN SUSP 125MG	N		2		
		Amoxicillin-Pot Clavulanate	AUGMENTIN XR	Y	1	2+		
		Amoxicillin (Trihydrate)	MOXATAG	N		NP		
		Ampicillin	AMPICILLIN	Y	1	2+		
		Dicloxacillin Sodium	Dicloxacillin Sodium	Y	1	2+		
		Penicillin V Potassium	VEETIDS	Y	1	2+		
	1B.	Cephalosporins						
		Cefaclor	CEFACTOR	Y	1	2+		
		Cefadroxil	CEFADROXIL	Y	1	2+		
		Cefdinir	OMNICEF SUSP	Y	1	2+		
		Cefdinir	OMNICEF	Y	1	2+		
		Cefditoren Pivoxil	SPECTRACEF	N		NP		
		Cefixime	SUPRAX	N		NP		
		Cefpodoxime Proxetil	VANTIN TABS	Y	1	2+		
		Cefprozil	Cefprozil	Y	1	2+		
		Ceftibuten	CEDAX	N		NP		
		Cefuroxime Axetil	CEFTIN SUSP	Y	1	2+		
		Cefuroxime Axetil	CEFTIN TABS	Y	1	2+		
		Cephalexin	KEFLEX	Y	1	2+		
	1C.	Macrolides						
		Azithromycin	ZITHROMAX SUSP	Y	1	2+		
		Azithromycin	ZITHROMAX TABS	Y	1	2+		
		Azithromycin	ZMAX	N		PA/NP		
		Clarithromycin	BIAXIN TAB	Y	1	2+		
		Clarithromycin	BIAXIN SUSP, XL	Y	1	2+		
		Dirithromycin	DYNABAC	N		NP		
		Erythromycin Base	ERY-TAB	Y	1	2+		
		Erythromycin Base	ERYTHROMYCIN BASE	Y	1	2+		
		Erythromycin Base (Coated)	PCE	N		2		

1-4 Copay Levels PA=Prior Authorization Required J=Injectable Copay Applies +=Add Cost Difference Between Brand and Generic to Brand Copay NP=Non Preferred ST=Step Therapy

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			Erythromycin Ethylsuccinate	E.E.S.	Y	1	2+	
			Erythromycin Stearate	ERYTHROCIN	Y	1	2+	
		1D. Tetracyclines						
			Doxycycline (Monohydrate)	ADOXA	Y	NP	NP	
			Doxycycline (Monohydrate)	MONODOX	Y	1	2+	
			Doxycycline Hyclate	DORYX	Y	ST/NP	ST/NP	Requires previous use of: minocycline immediate release and/or doxycycline
			Doxycycline Hyclate	PERIOSTAT	Y	NC	NC	
			Doxycycline Hyclate	VIBRAMYCIN	Y	1	2+	
			Doxycycline Hyclate	VIBRATAB	Y	1	2+	
			Doxycycline	ORACEA	N		PA/NP	
			Minocycline HCl	MINOCIN	Y	1	2+	
			Minocycline HCl	SOLODYN	Y	PA/NP	PA/NP	
			Tetracycline HCl	TETRACYCLINE	Y	1	2+	
		1E. Fluoroquinolones						
			Ciprofloxacin	CIPRO	Y	1	2+	
			Ciprofloxacin	CIPRO XR	Y	1	2+	
			Gemifloxacin Mesylate	FACTIVE	N		PA/NP	Max qty 7 per 30 days
			Levofloxacin	LEVAQUIN	Y	1	2+	Max qty 14 per 90 day limit
			Moxifloxacin HCl	AVELOX	N		2	
			Norfloxacin	NOROXIN	N		NP	
			Ofloxacin	OFLOXACIN	Y	NP	NP	
		1F. Aminoglycosides						
			Neomycin Sulfate	NEO-FRADIN	N		NP	
			Neomycin Sulfate	NEOMYCIN SULFATE	Y	1	2+	
			Paromomycin Sulfate	Paromomycin Sulfate	Y	1	2+	
			Tobramycin	BETHKIS*	N		2	*Specialty Tier List if Applicable
			Tobramycin	TOBI*	Y	1	2+	*Specialty Tier List if Applicable
		1G. Sulfonamides						
			Sulfadiazine	SULFADIAZINE	N		2	
			Trimethoprim-Sulfamethox	BACTRIM	Y	1	2+	
			Trimethoprim-Sulfamethox	SEPTRA	Y	1	2+	
		1H. Antimycobacterial Agents						
			Aminosalicic Acid	PASER	N		NP	
			Cycloserine	SEROMYCIN	Y	NP	NP	
			Ethambutol HCl	MYAMBUTOL	Y	1	2+	

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		Ethionamide	TRECTOR	N		NP	
		Isoniazid	ISONIAZID	Y	1	2+	
		Isoniazid-Rifampin	RIFAMATE	Y	1	2+	
		Isoniazid-Rifampin-Pyrazin	RIFATER	N		2	
		Pyrazinamide	PYRAZINAMIDE	Y	1	2+	
		Rifabutin	MYCOBUTIN	N		2	
		Rifampin	RIFADIN	Y	1	2+	
		Rifapentine	PRIFTIN	N		NP	
	1I.	Antifungals					
		Fluconazole	DIFLUCAN (Other Than 150mg)	Y	1	2+	
		Fluconazole 150 mg	DIFLUCAN 150 mg	Y	1	2+	Max 2 Tablet Per Fill
		Flucytosine	ANCOBON	Y	NP	NP	
		Griseofulvin Microsize	GRIFULVIN	Y	1	2+	
		Griseofulvin Ultramicrosized	GRIS-PEG	Y	1	2+	
		Itraconazole	SPORANOX	Y	PA/NP	PA/NP	
		Ketoconazole	NIZORAL	Y	1	2+	
		Miconazole Buccal	ORAVIG	N		NP	
		Nystatin	BIO-STATIN	N		NP	
		Nystatin	NYSTATIN	Y	1	2+	
		Posaconazole	NOXAFIL	N		NP	
		Terbinafine HCl	LAMISIL	Y	PA/1	PA/2+	
		Voriconazole	VFEND	Y	1	2+	
	1J.	Antivirals					
		Abacavir Sulfate	ZIAGEN	Y	1	2+	
		Abacavir-Lamivud-Zidovud	TRIZIVIR	N		2	
		Abacavir sulfate-Lamivudine	EPZICOM	N		2	
		Acyclovir	ZOVIRAX	Y	1	2+	
		Adefovir Dipivoxil	HEPSERA	N		2	Requires previous use of: Viread and Baraclude
		Atazanavir	REYATAZ	N		2	
		Boseprevir	VICTRELI	N		PA/NP	*Specialty Tier List if Applicable
		Darunavir	PREZISTA	N		2	
		Delavirdine Mesylate	RESCRIPTOR	N		2	
		Didanosine	VIDEX	Y	1	2+	
		Dolutegravir Sodium	TIVICAY	N		2	
		Efavirenz	SUSTIVA	N		2	

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	Efavirenz-Emtri-Tenofovir	ATRIPLA	N		2	
	Emtricitabine-Rilpivirine-Tenofovir	COMPLERA	N		2	
	Emtricitabine	EMTRIVA	N		2	
	Emtricitabine-Tenofovir	TRUVADA	N		2	
	Enfuvirtide	FUZEON*	N		PA/J	*Specialty Tier List if Applicable
	Entecavir	BARACLUDE	N		2	
	Etravirine	INTELENCE	N		2	
	Famciclovir	FAMVIR	Y	1	2+	
	Fosamprenavir	LEXIVA, SUSP	N		2	
	Ganciclovir	GANCICLOVIR	Y	1	2+	
	Indinavir Sulfate	CRIXIVAN	N		2	
	Interferon alfacon-1	INFERGEN*	N		PA/J	*Specialty Tier List if Applicable
	Lamivudine	EPIVIR	Y	1	2+	
	Lamivudine-Zidovudine	COMBIVIR	Y	1	2+	
	Lopinavir-Ritonavir	KALETRA	N		2	
	Maraviroc	SELZENTRY	N		2	
	Nelfinavir Mesylate	VIRACEPT	N		2	
	Nevirapine	VIRAMUNE	Y	1	2+	
	Nevirapine	VIRAMUNE XR	N		NP	
	Oseltamivir	TAMIFLU	N		NP	Qty limit #10
	Peginterferon alfa-2a	PEGASYS*	N		PA/J	*Specialty Tier List if Applicable
	Peginterferon alfa-2b	PEG-INTRON*	N		PA/J	*Specialty Tier List if Applicable
	Raltegravir	ISENTRESS	N		2	
	Ribavirin (Hepatitis C)	COPEGUS	Y	PA/1	PA/2+	
	Ribavirin (Hepatitis C)	REBETOL	Y	PA/1	PA/2+	
	Rilpivirine	EDURANT	N		2	
	Rimantadine	FLUMADINE	Y	1	2+	
	Ritonavir	NORVIR	N		2	
	Saquinavir Mesylate	INVIRASE	N		2	
	Stavudine	ZERIT	Y	1	2+	
	Telaprevir	INCIVEK	N		PA/NP	*Specialty Tier List if Applicable
	Telbivudine (Hepatitis B)	TYZEKA	N		ST/NP	
	Tenofovir Disoproxil Fum	VIREAD	N		2	
	Tipranavir	APTIVUS	N		2	
	Valacyclovir HCl	VALTREX	Y	1	2+	
	Valganciclovir HCl	VALCYTE	N		2	

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	Zanamivir	RELENZA	N		NP	
	Zidovudine	RETROVIR TAB	Y	1	2+	
	Zidovudine	RETROVIR CAP, SYR	Y	1	2+	
1K.	Antimalarials					
	Artemether-Lumefantrine	COARTEM	N		2	
	Atovaquone-Proguanil HCl	MALARONE	Y	1	2+	
	Chloroquine Phosphate	ARALEN	Y	1	2+	
	Halofantrine HCl	HALFAN	N		NP	
	Hydroxychloroquine Sulfate	PLAQUENIL	Y	1	2+	
	Mefloquine HCl	Mefloquine HCl	Y	1	2+	
	Primaquine Phosphate	PRIMAQUINE PHOSPHATE	N		2	
	Pyrimethamine	DARAPRIM	N		2	
	Quinine Sulfate	QUALAQUIN	N		NP	FOR MALARIA ONLY/QTY 42 MAX DAYS SUPPLY 7
	Sulfadoxine-Pyrimethamine	FANSIDAR	N		NP	
1L.	Amebicides					
	Iodoquinol	YODOXIN	N		2	
1M.	Anthelmintics					
	Albendazole	ALBENZA	N		2	
	Ivermectin	STROMECTOL	N		2	
	Mebendazole	MEBENDAZOLE	Y	1	2+	
	Praziquantel	BILTRICIDE	N		2	
1N.	Anti-Infectives, Misc.					
	Atovaquone	MEPRON	N		2	
	Clindamycin HCl	CLEOCIN	Y	1	2+	
	Dapsone	DAPSONE	N	1	2+	
	Dapsone	ACZONE	N		NP	
	Fidaxomicin	DIFICID	N		NP	
	Linezolid	ZYVOX	N		NP	
	Metronidazole	FLAGYL	Y	1	2+	
	Nitazoxanide	ALINIA	N		NP	
	Pentamidine Isethionate	NEBUPENT	N		2	
	Rifaximin	XIFAXAN	N		PA/NP	Max Daily Dose 2
	Telithromycin	KETEK	N		NP	
	Tinidazole	TINDAMAX	Y	NP	NP	
	Trimethoprim	Trimethoprim	Y	1	2+	

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			Trimethoprim HCl	PRIMSOL	N		2	
			Vancomycin HCl	VANOCIN HCL	N	ST/1	ST/2+	Requires previous use of: metronidazole
2.	ANTINEOPLASTICS							
	2A.	Alkylating Agents						
			Altretamine	HEXALEN	N		2	
			Busulfan	MYLERAN	N		2	
			Chlorambucil	LEUKERAN	N		2	
			Cyclophosphamide	CYCLOPHOSPHAMIDE	N		2	
			Lomustine	CEENU	N		2	
			Melphalan	ALKERAN	N		2	
			Temozolomide	TEMODAR*	Y	1	2+	*Specialty Tier List if Applicable
	2B.	Antimetabolites						
			Capecitabine	XELODA*	Y	1	2+	*Specialty Tier List if Applicable
			Mercaptopurine	PURINETHOL	Y	1	2+	
			Methotrexate Sod Tablets	METHOTREXATE TABLETS	Y	1	2+	
			Thioguanine	TABLOID	N		2	
	2C.	Antineoplastic - Hormonal Agents						
			Anastrozole	ARIMIDEX	Y	1	2+	Not Covered for Infertility - Males Excluded
			Bicalutamide	CASODEX	Y	1	2+	
			Estramustine Phosphate Sod	EMCYT	N		2	
			Exemestane	AROMASIN	Y	1	2+	
			Flutamide	FLUTAMIDE	Y	1	2+	
			Goserelin Acetate	ZOLADEX*	N		PA/J	*Specialty Tier List if Applicable
			Letrozole	FEMARA	Y	1	2+	Not Covered for Infertility - Males Excluded
			Leuprolide Acetate	LUPRON*	Y	PA/J	PA/J	*Specialty Tier List if Applicable
			Megestrol Acetate	MEGACE	Y	1	2+	
			Megestrol Acetate Susp	MEGACE ES	N		NP	
			Mitotane	LYSODREN	N		2	
			Nilutamide	NILANDRON	N		2	
			Tamoxifen Citrate	Tamoxifen Citrate	Y	1	2+	
			Toremifene Citrate	FARESTON	N		2	
	2D.	Mitotic Inhibitors						
			Etoposide	Etoposide	Y	1	2+	
	2E.	Antineoplastic Systemic Enzyme Inhibitors						
			Abiraterone Acetate	ZYTIGA*	N		PA/P	*Specialty Tier List if Applicable
			Axitinib	INLYTA*	N		PA/NP	*Specialty Tier List if Applicable

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		Cabozantinib S-Malate	COMETRIQ*	N		2	*Specialty Tier List if Applicable
		Crizotinib	XALKORI	N		PA/P	*Specialty Tier List if Applicable
		Erlotinib	TARCEVA*	N		PA/P	*Specialty Tier List if Applicable
		Gefitinib	IRESSA*	N		2	*Specialty Tier List if Applicable
		Imatinib Mesylate	GLEEVEC*	N		2	*Specialty Tier List if Applicable
		Nilotinib	TASIGNA*	N		PA/P	*Specialty Tier List if Applicable
		Ponatinib	ICLUSIG*	N		NP	*Specialty Tier List if Applicable
		Vemurafenib	ZELBORAF	N		PA/P	*Specialty Tier List if Applicable
		Vismodegib	ERIVEDGE*	N		2	*Specialty Tier List if Applicable
	2F.	Antineoplastics Misc.					
		Bexarotene	TARGRETIN	N		2	
		Dasatinib	SPRYCEL*	N		2	*Specialty Tier List if Applicable
		Hydroxyurea	HYDREA	Y	1	2+	
		Interferon Alfa-2A	ROFERON-A*	N		PA/J	*Specialty Tier List if Applicable
		Interferon Alfa-2B	INTRON-A*	N		PA/J	*Specialty Tier List if Applicable
		Interferon Gamma-1B	ACTIMMUNE*	N		PA/J	*Specialty Tier List if Applicable
		Lapatinib Ditosylate	TYKERB*	N		2	*Specialty Tier List if Applicable
		Pazopanib	VOTRIENT*	N		2	*Specialty Tier List if Applicable
		Procarbazine HCl	MATULANE*	N		2	*Specialty Tier List if Applicable
		Ruxolitinib	JAKAFI*	N		2	*Specialty Tier List if Applicable
		Tretinoin (Chemotherapy)	VESANOID	N		2	
		Vorinostat	ZOLINZA*	N		PA/NP	*Specialty Tier List if Applicable
	2G.	Chemotherapy Rescue/Antidote Agents					
		Leucovorin Calcium	LEUCOVORIN CALCIUM	Y	1	2+	
		Mesna	MESNEX	N		2	
	3.	CORTICOSTEROIDS					
	3A.	Glucocorticosteroids					
		Balsalazide	GIAZO	N		ST/NP	Qty Limit 6 Per Day: Female Excluded
		Betamethasone	CELESTONE	N		2	
		Budesonide	ENTOCORT EC	Y	1	2+	
		Budesonide	UCERIS	N		PA/NP	
		Cortisone Acetate	CORTISONE ACETATE	Y	1	2+	
		Dexamethasone	Dexamethasone	Y	1	2+	
		Hydrocortisone	CORTEF	Y	1	2+	
		Methylprednisolone	MEDROL	Y	1	2+	
		Prednisolone	PRELONE	Y	1	2+	

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			Prednisolone Sod Phosphate	ORAPRED	Y	1	2+	
			Prednisone	PREDNISON	Y	1	2+	
			Triamcinolone	Triamcinolone	N		NP	
	3B.	Mineralocorticoids						
			Fludrocortisone Acetate	FLORINEF	Y	1	2+	
	4.	ANDROGEN-ANABOLIC AGENTS						
	4A.	Androgens						
			Danazol	Danazol	Y	1	2+	
			Fluoxymesterone	ANDROXY	N		2	
			Methyltestosterone	ANDROID	N		2	
			Testosterone	ANDRODERM	N		NP	Qty limit 1 per day
			Testosterone	ANDROGEL	N		2	Qty limit 10gm per day
			Testosterone	STRIANT	N		NP	Qty limit 2 per day
			Testosterone Propionate	FIRST-TESTOSTERONE	N		PA/NP	
			Testosterone	TESTIM	N		NP	Qty limit 10gm per day
			Testosterone	AXIRON	N		ST/NP	Max daily dose 3ml: Female Excluded
	4B.	Anabolic Steroids						
			Oxandrolone	OXANDRIN	N	NP	NP	
			Oxymetholone	ANADROL-50	N		NP	
			Stanozolol	WINSTROL	N		NP	
	5.	ESTROGENS						
	5A.	Estrogens						
			Esterified Estrogens	MENEST	N		NP	
			Estrogens, Conjugated	PREMARIN TABLETS	N		2	
			Estrogens, Conj Synthetic A	CENESTIN	N		NP	
			Estropipate	OGEN	Y	1	2+	
			Estradiol	ESTRACE TABLETS	Y	1	2+	
			Estradiol Patch	ALORA	N		2	Climara Preferred
			Estradiol Patch	CLIMARA	Y	1	2+	
			Estradiol Patch	ESCLIM	N		2	
			Estradiol Patch	ESTRADERM	N		NP	Climara Preferred *max qty 8
			Estradiol Patch	VIVELLE, DOT	N		2	Climara Preferred *max qty 8
			Estradiol Patch	MENOSTAR	N		NP	
	5B.	Estrogen Combinations						
			Conj Estrogens-Medroxy	PREMPHASE	N		2	Max 1 Packet Per Month
			Conj Estrogens-Medroxy	PREMPRO	N		2	Max 1 Packet Per Month

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	Est Estrogens & Methyltest	Est Estrogens & Methyltest	Y	1	2+	
	Est Estrogens & Methyltest	SYNTEST	Y	1	2+	
	Estradiol-Levonorgestrel	CLIMARA PRO	N		2	Max qty 8
	Estradiol-Norgestimate	PREFEST	N		NP	
	Eth Estradiol-Norethindrone	FEMHRT 1/5	Y	1	2+	
	Eth Estradiol-Norethindrone	FEMHRT LOW DOSE	N		NP	
	Estradiol-Norethin	ACTIVELLA	Y	1	2+	
	Estradiol-Norethin Patch	COMBIPATCH	N		NP	
6. CONTRACEPTIVES (For Preventive Benefits - see Preventive Drug List under My Pharmacy Benefits/Drug Lists)						
6A. Progestin Oral Contraceptives						
	Norethindrone	MICRONOR	Y	1	2+	MICRONOR PREFERRED NOT APPLICABLE TO H S A OR DEDUCTIBLE RX PLANS - changed tiers 4-1-12
	Norethindrone	NOR-QD	Y	1	2+	
6B. Emergency Contraceptives						
	Levonorgestrel (Emerg OC)	PLAN B (Preferred)	Y	1	2+	
	Levonorgestrel (Emerg OC)	PLAN B ONE-STEP	Y	1	2+	
6C. Combination Contraceptives - Transdermal						
	Norelgest-Eth Estradiol	ORTHO EVRA	N		2	
6D. Combination Contraceptives - Vaginal						
	Etonogestrel-Eth Estradiol	NUVARING	N		2	
6E. Combinations Oral Contraceptives						
	Desogestrel-Eth Estradiol	DESOGEN	Y	1	2+	
	Desogestrel-Eth Estradiol	MIRCETTE	Y	1	2+	
	Desogestrel-Eth Estradiol	ORTHO-CEPT	Y	1	2+	
	Desoges-Estradiol (TriPh)	CYCLESSA	Y	1	2+	
	Diaphragms	Ortho Diaphragms	N		2	
	Drospirenone-Eth Estradiol	YASMIN 28	Y	1	2+	
	Drospirenone-Eth Estradiol	YAZ	Y	1	2+	
	Drospirenone-Estradiol	ANGELIQ	N		NP	
	Drospirenone-Ethinyl Estrad- Levomefolate	BEYAZ	N		2	
	Drospirenone-Ethinyl Estrad- Levomefolate	SAFYRAL	N		2	
	Estradiol Valerate-Dienogest	NATAZIA	N		2	
	Ethinodiol Diac-Eth Estrad	Ethinodiol Diac-Eth Estrad	Y	1	2+	
	Levonorgestrel-Eth Estradiol	LYBREL	Y	NP	NP	
	Levonorgestrel-Eth Estradiol	ALESSE	Y	1	2+	

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			Levonorgestrel-Eth Estradiol	LEVLEN	Y	1	2+	
			Levonorgestrel-Eth Estradiol	SEASONALE	Y	1	2+	3 Copays/Fill
			Levonorgestrel-Eth Estradiol	SEASONIQUE	Y	1	2+	3 Copays/Fill
			Levonorgestrel-Eth Estradiol	LOSEASONIQUE	Y	1	2+	3 Copays/Fill
			Levonorgestrel-Eth Estradiol	LEVLITE	Y	1	2+	
			Levonorgestrel-Eth Estradiol	NORDETTE	Y	1	2+	
			Levonorgestrel-Est (Triph)	TRI-LEVLEN	Y	1	2+	
			Levonorgestrel-Est (Triph)	TRIPHASIL	Y	1	2+	
			Norethin Acet-Estrad-Fe	LOESTRIN	Y	1	2+	
			Norethin Acet-Estrad-Fe	LOESTRIN FE	Y	1	2+	
			Norethin Acet-Estrad-Fe	LOESTRIN 24 FE	N		NP	
			Norethin Acet-Estrad-Fe	LO LOESTRIN FE	N		NP	
			Norethindrone-Estradiol	BREVICON	Y	1	2+	
			Norethindrone-Estradiol	MODICON	Y	1	2+	
			Norethindrone-Estradiol	ORTHO-NOVUM 1/35	Y	1	2+	
			Norethindrone-Estradiol	OVCON	Y	1	2+	
			Norethindrone-Mestranol	ORTHO-NOVUM 1/50	Y	1	2+	
			Norethindrone-Estrad (Biph)	ORTHO-NOVUM 10/11	Y	1	2+	
			Norethindrone-Estr (Triph)	ORTHO-NOVUM 777	Y	1	2+	
			Norethindrone-Estr (Triph)	TRI-NORINYL	Y	1	2+	
			Norethindrone-Estradiol-Fe	ESTROSTEP FE	Y	NP	NP	
			Norgestimate-Estradiol	ORTHO-CYCLEN	Y	1	2+	
			Norgestimate-Estr (Triph)	ORTHO TRI-CYCLEN	Y	1	2+	
			Norgestimate-Estr (Triph)	ORTHO TRI-CYCLEN LO	N		2	
			Norgestrel-Ethinyl Estradiol	LO/OVRAL	Y	1	2+	
			Norgestrel-Ethinyl Estradiol	OGESTREL	Y	1	2+	
7. PROGESTINS								
7A. Progestins								
			Medroxyprogesterone Acet	PROVERA	Y	1	2+	
			Norethindrone Acetate	AYGESTIN	Y	1	2+	
			Progesterone Micronized	PROMETRIUM	Y	NP	NP	Qty limit 2 per day
8. ANTIDIABETIC AGENTS								
8A. Insulins								
			Insulin Aspart	NOVOLOG	N		NP	
			Insulin Detemir	LEVEMIR	N		2	
			Insulin Glargine	LANTUS, SOLOSTAR	N		2	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments
Generic Name				Brand Name	G	
		Insulin Glulisine	APIDRA SOLOSTAR	N		NP
		Insulin Glulisine	APIDRA	N		PA/NP
		Insulin (Human)	HUMULIN	N		2
		Insulin (Human)	SYRINGE, PEN	N		2 Lilly Preferred
		Insulin (Human)	CARTRIDGE	N		NP
		Insulin (Human)	NOVOLIN	N		NP
		Insulin Lispro-Lispro Protam	HUMALOG MIX 75/25	N		2
		Insulin Lispro (Human)	HUMALOG	N		2
	8B.	Sulfonylureas				
		Chlorpropamide	DIABINESE	Y	1	2+
		Glimepiride	AMARYL	Y	1	2+
		Glipizide	GLUCOTROL	Y	1	2+
		Glipizide	GLUCOTROL XL	Y	1	2+
		Glyburide	DIABETA	Y	1	2+
		Glyburide Micronized	GLYNASE	Y	1	2+
		Tolazamide	TOLAZAMIDE	Y	1	2+
		Tolbutamide	TOLBUTAMIDE	Y	1	2+
	8C.	Antidiabetic - Amino Acid Derivatives				
		Nateglinide	STARLIX	Y	1	2+
	8D.	Biguanides				
		Metformin HCl	GLUCOPHAGE	Y	1	2+
		Metformin HCl	GLUCOPHAGE XR	Y	1	2+
	8E.	Meglitinide Analogues				
		Repaglinide	PRANDIN	Y	1	2+
	8F.	Alpha-Glucosidase Inhibitors				
		Acarbose	PRECOSE	Y	1	2+
		Miglitol	GLYSET	N		2
	8G.	Insulin Sensitizing Agents				
		Pioglitazone HCl	ACTOS	Y	1	2+
		Rosiglitazone Maleate	AVANDIA	N		2
	8H.	Antidiabetic Combinations				
		Alogliptin-Metformin	KAZANO	N		NP
		Alogliptin-Pioglitazone	OSENI	N		NP
		Glipizide-Metformin	METAGLIP	Y	1	2+
		Glyburide-Metformin	GLUCOVANCE	Y	1	2+
		Pioglitazone-Metformin	ACTOPLUS MET	Y	1	2+

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Health Net of Arizona Preferred Drug Lists

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Generic Name				Brand Name		
				G	B	
		Pioglitazone-Glimepiride	Y	1	2+	
		Repaglinide-Metformin	N		NP	
		Rosiglitazone-Metformin	N		2	
		Rosiglitazone-Glimepiride	N		2	
		Sitagliptin-Metformin	N		2	
8J.	Antidiabetic Agents Misc.					
		Alogliptin	N		NP	
		Canaglifozin	N		2	
		Saxagliptin	N		NP	
		Saxagliptin-Metformin	N		NP	
		Sitagliptin Phosphate	N		2	
		Sitagliptin-Simvastatin	N		2	Max 1 Tablet Per Day
		Linagliptin	N		2	
		Linagliptin-Metformin	N		2	
9.	THYROID AGENTS					
9A.	Thyroid Hormones					
		Levothyroxine Sodium	Y	1	1	
		Levothyroxine Sodium	Y	1	1	
		Levothyroxine Sodium	Y	1	2+	
		Levothyroxine Sodium	N		1	
		Liothyronine Sodium	Y	1	2+	
		Liotrix	N		2	
		Thyroid	N		2	
		Thyroid (Pork)	N		NP	
9B.	Antithyroid Agents					
		Methimazole	Y	1	2+	
		Propylthiouracil	Y	1	2+	
10.	OXYTOCICS					
10A.	Oxytocics					
		Methylergonovine Maleate	Y	1	2+	
11.	ENDOCRINE AGENTS, MISC.					
11A.	Adrenal Steroid Inhibitors					
11B.	Osteoporosis Agents					
		Alendronate Sodium	Y	1	2+	
		Alendronate Plus D	N		NP	
		Alendronate Sodium	N		NP	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments
Generic Name				Brand Name		
				G	B	
		Calcitonin (Salmon)	Y	1	2+	
		Etidronate Disodium	Y	NP	NP	
		Ibandronate Sodium	Y	1	2+	
		Risedronate Sodium	N		NP	
		Risedronate Sodium	N		NP	
		Risedronate Sodium	N		NP	
		Tiludronate Disodium	N		NP	
		Teriparatride	N		PA/J	*Specialty Tier List if Applicable
11C.	Estrogen Receptor Modulators					
		Raloxifene HCl	N		2	
11D.	LHRH/GnRH Agonist Analog Pituitary Suppressants					
		Nafarelin Acetate	N		2	
11E.	Growth Hormone					
		Somatropin	N		PA/J	*Specialty Tier List if Applicable
11F.	Growth Hormone Releasing Hormone (GHRH)					
11G.	Posterior Pituitary Agents					
		Desmopressin Acetate	Y	1	2+	
		Desmopressin Acetate	Y	1	2+	
11H.	Prolactin Inhibitors					
		Cabergoline	Y	NP	NP	
11I.	Progesterone Receptor Antagonists					
11J.	Metabolic Modifiers					
		Betaine	N		NP	*Specialty Tier List if Applicable
		Doxercalciferol	N		NP	
		Levocarnitine	Y	1	2+	
		Nitisinone	N		NP	*Specialty Tier List if Applicable
		Sodium Phenylbutyrate	N		NP	*Specialty Tier List if Applicable
12.	CARDIOTONIC AGENTS					
12A.	Cardiac Glycosides					
		Digoxin	Y	1	2+	
13.	ANTIANGINAL AGENTS					
13A.	Nitrates					
		Isosorbide Dinitrate	Y	1	2+	
		Isosorbide Mononitrate	Y	1	2+	
		Isosorbide Mononitrate	Y	1	2+	
		Nitroglycerin	N		2	

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Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
			Nitroglycerin	NITRO-DUR 0.1, 0.2, 0.4, 0.6	Y	1	2+	
			Nitroglycerin	NITRO-DUR 0.3, 0.8	N		2	
			Nitroglycerin	NITROLINGUAL	Y	1	2+	Generic Nitrostat Preferred
			Nitroglycerin	NITROSTAT	Y	1	2+	Name Brand Nitrostat Tier 2
			Nitroglycerin	NITROMIST	N		NP	
14.	BETA BLOCKERS							
	14A.	Beta Blockers Non-Selective						
			Carteolol HCl	CARTROL	N		NP	
			Nadolol	CORGARD	Y	1	2+	
			Nebivolol HCl	BYSTOLIC	N		NP	
			Penbutolol Sulfate	LEVATOL	N		2	
			Pindolol	Pindolol	Y	1	2+	
			Propranolol HCl	Propranolol HCl	Y	1	2+	
			Propranolol HCl	INDERAL LA	Y	1	2+	
			Propranolol HCl	INNOPRAN XL	N		NP	
			Sotalol HCl	BETAPACE	Y	1	2+	
			Sotalol HCl	BETAPACE AF	Y	1	2+	
			Timolol Maleate	Timolol Maleate	Y	1	2+	
	14B.	Beta Blockers Cardio-Selective						
			Acebutolol HCl	SECTRAL	Y	1	2+	
			Atenolol	TENORMIN	Y	1	2+	
			Betaxolol HCl	BETAXOLOL HCL	Y	1	2+	
			Bisoprolol Fumarate	ZEBETA	Y	1	2+	
			Metoprolol Succinate	TOPROL XL	Y	1	2+	
			Metoprolol Tartrate	LOPRESSOR	Y	1	2+	
	14C.	Alpha-Beta Blockers						
			Carvedilol	COREG	Y	1	2+	
			Carvedilol	COREG CR	N		NP	
			Labetalol HCl	TRANDATE	Y	1	2+	
15.	CALCIUM CHANNEL BLOCKERS							
	15A.	Calcium Channel Blockers						
			Amlodipine Besylate	NORVASC	Y	1	2+	Max 1 Tablet Per Day
			Diltiazem HCl	CARDIZEM	Y	1	2+	
			Diltiazem HCl LA Tablet	CARDIZEM LA	Y	1	2+	
			Diltiazem HCl	DILACOR XR	Y	1	2+	
			Diltiazem HCl Coated Beads	CARDIZEM CD	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments	
Generic Name				Brand Name			
				G	B		
		Diltiazem HCl ER Beads	TIAZAC	Y	1	2+	
		Felodipine	Felodipine	Y	1	2+	
		Isradipine	ISRADIPINE	N		NP	
		Nicardipine HCl	CARDENE	Y	1	2+	
		Nifedipine	ADALAT CC	Y	1	2+	
		Nifedipine	PROCARDIA	Y	1	2+	
		Nifedipine	PROCARDIA XL	Y	1	2+	
		Nimodipine	NIMOTOP	Y	1	2+	Max 12 Caps Per Day For 21 Days
		Nisoldipine	SULAR	Y	1	2+	
		Nisoldipine	NISOLDIPINE	N		2	20MG, 30MG, 40MG TAB
		Verapamil HCl	CALAN	Y	1	2+	
		Verapamil HCl	COVERA-HS	N		NP	
		Verapamil HCl	VERELAN	Y	1	2+	
16. ANTIARRHYTHMICS							
	16A.	Antiarrhythmics Type I - Nonspecific					
	16B.	Antiarrhythmics Type I-A					
		Disopyramide Phosphate	NORPACE, CR 150MG	Y	1	2+	
		Disopyramide Phosphate	NORPACE CR 100MG	N		2	
		Quinidine Gluconate	QUINIDINE GLUCONATE	Y	1	2+	
		Quinidine Sulfate SA	Quinidine Sulfate SA	Y	1	2+	
		Quinidine Sulfate	QUINIDINE SULFATE	Y	1	2+	
	16C.	Antiarrhythmics Type I-B					
		Mexiletine HCl	Mexiletine	Y	1	2+	
	16D.	Antiarrhythmics Type I-C					
		Flecainide Acetate	TAMBOCOR	Y	1	2+	
		Propafenone HCl	RYTHMOL SR	Y	1	2+	
		Propafenone HCl	RYTHMOL	Y	1	2+	
	16E.	Antiarrhythmics Type III					
		Amiodarone HCl	CORDARONE	Y	1	2+	
		Dofetilide	TIKOSYN	N		2	
		Dronedarone Hydrochloride	MULTAQ	N		2	
17. ANTIHYPERTENSIVES							
	17A.	ACE Inhibitors					
		Benazepril HCl	LOTENSIN	Y	1	2+	
		Captopril	Captopril	Y	1	2+	
		Enalapril Maleate	VASOTEC	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments	
Generic Name				Brand Name			
				G	B		
		Fosinopril Sodium	MONOPRIL	Y	1	2+	
		Lisinopril	ZESTRIL	Y	1	2+	
		Moexipril HCl	UNIVASC	Y	1	2+	
		Perindopril Erbumine	ACEON	Y	1	2+	
		Quinapril HCl	ACCUPRIL	Y	1	2+	
		Ramipril	ALTACE CAPS	Y	1	2+	
		Ramipril	ALTACE TABS	N		NP	USE ALTACE CAPSULES
		Trandolapril	MAVIK	Y	1	2+	
	17B.	Angiotensin II Receptor Antagonist					
		Azilsartan Medoxomil	EDARBI	N		NP	
		Candesartan Cilexetil	ATACAND	Y	1	2+	
		Eprosartan Mesylate	TEVETEN 400MG	N		PA/NP	
		Eprosartan Mesylate	TEVETEN 600MG	Y	1	2+	
		Irbesartan	AVAPRO	Y	1	2+	
		Losartan Potassium	COZAAR	Y	1	2+	
		Olmesartan Medoxomil	BENICAR	N		2	
		Telmisartan	MICARDIS	Y	1	2+	
		Valsartan	DIOVAN	N		2	
	17C.	Adrenolytic Antihypertensives					
		Clonidine HCl	CATAPRES	Y	1	2+	
		Clonidine HCl	CATAPRES-TTS	Y	NP	NP	
		Clonidine HCl	NEXICLON XR	N		ST/NP	Requires previous use of generic clonidine
		Guanabenz Acetate	GUANABENZ	N		NP	
		Guanfacine HCl	TENEX	Y	1	2+	
		Methyldopa	Methyldopa	Y	1	2+	
		Reserpine	Reserpine	Y	1	2+	
	17D.	Alpha Blockers					
		Alfuzosin	UROXATRAL	Y	1	2+	
		Doxazosin Mesylate	CARDURA	Y	1	2+	
		Doxazosin Mesylate	CARDURA XL	N		NP	
		Phenoxybenzamine HCl	DIBENZYLIN	N		2	
		Prazosin HCl	MINIPRESS	Y	1	2+	
		Terazosin HCl	Terazosin HCl	Y	1	2+	
	17E.	Vasodilators					
		Hydralazine HCl	Hydralazine HCl	Y	1	2+	
		Isosorbide-Hydralazine	BIDIL	N		NP	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments	
Generic Name			Brand Name	G	B		
		Minoxidil	Minoxidil	Y	1	2+	
17F.	Antihypertensives, Misc.						
		Aliskiren Fumarate	TEKTURNA	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo, Calcium Chanel Blocker in past 120 days
		Eplerenone	INSPIRA	Y	NP	NP	
		Mecamylamine HCl	INVERSINE	N		NP	
		Metyrosine	DEMSER	N		NP	
17G.	Antihypertensive Combinations						
		Aliskiren Fumarate - HCTZ	TEKTURNA HCT	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo in past 120 days
		Aliskiren-Amlodipine	TEKAMLO	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo in past 120 days
		Aliskiren-Amlodipine-HCTZ	AMTURNIDE	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo in past 120 days
		Aliskiren-Valsartan	VALTURNA	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo, Calcium Chanel Blocker in past 120 days
		Amlodipine-Benazepril HCl	LOTREL	Y	1	2+	
		Amlodipine-Atorvastatin	CADUET	Y	1	PA/NP	
		Amlodipine-Olmesartan	AZOR	N		ST/P	Requires previous use of: ACEI's, ARB's or Tekturna HCT in past 120 days
		Amlodipine-Valsartan	EXFORGE	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo in past 120 days
		Amlodipine-Valsartan	EXFORGE HCT	N		ST/P	Requires previous use of: ACEI's/combo, ARB's/combo in past 120 days
		Atenolol-Chlorthalidone	TENORETIC	Y	1	2+	
		Azilsartan Medoxomil-Chlorthalidone	EDARBYCLOR	N		NP	
		Benazepril-HCTZ	LOTENSIN HCT	Y	1	2+	
		Bisoprolol-HCTZ	ZIAC	Y	1	2+	
		Candesartan Cilexetil-HCTZ	ATACAND HCT	N		2	
		Captopril-HCTZ	CAPOZIDE	Y	1	2+	
		Clonidine-Chlorthalidone	CLORPRES	N		2	
		Enalapril Maleate-HCTZ	VASERETIC	Y	1	2+	
		Eprosartan-HCTZ	TEVETEN HCT	N		ST/NP	
		Fosinopril Sodium-HCTZ	Fosinopril Sodium-HCTZ	Y	1	2+	

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						G	B	
			Irbesartan-HCTZ	AVALIDE	Y	1	2+	
			Lisinopril-HCTZ	PRINZIDE	Y	1	2+	
			Lisinopril-HCTZ	ZESTORETIC	Y	1	2+	
			Losartan Potassium-HCTZ	HYZAAR	Y	1	2+	
			Metoprolol-HCTZ	LOPRESSOR HCT	Y	1	2+	
			Moexipril-HCTZ	UNIRETIC	Y	1	2+	
			Nadolol-Bendroflumethiazide	CORZIDE	Y	NP	NP	
			Olmesartan-Amlodipine-HCTZ	TRIBENZOR	N		ST/P	Requires previous use of: ACEI/combo, ARB/combo, Calcium Chanel Blocker in past 120 days
			Olmesartan-HCTZ	BENICAR HCT	N		2	
			Propranolol-HCTZ	Propranolol-HCTZ	Y	1	2+	
			Quinapril-HCTZ	ACCURETIC	Y	1	2+	
			Telmisartan-Amlodipine	TWYNSTA	Y	1	2+	Requires previous use of: ACEIs + Diovan or Benicar in the past 120 days
			Telmisartan-HCTZ	MICARDIS HCT	Y	1	2	
			Timolol-HCTZ	TIMOLIDE 10/25	N		NP	
			Trandolapril-Verapamil HCl	TARKA	Y	NP	NP	
			Valsartan-HCTZ	DIOVAN HCT	Y	1	2+	
18.	DIURETICS							
	18A.	Carbonic Anhydrase Inhibitors						
		Acetazolamide	DIAMOX	Y	1	2+		
	18B.	Loop Diuretics						
		Bumetanide	BUMEX	Y	1	2+		
		Ethacrynic Acid	EDECIN	N		2		
		Furosemide	LASIX	Y	1	2+		
		Torsemide	DEMADEX	Y	1	2+		
	18C.	Osmotic Diuretics						
	18D.	Potassium Sparing Diuretics						
		Amiloride HCl	Amiloride	Y	1	2+		
		Spironolactone	ALDACTONE	Y	1	2+		
		Triamterene	DYRENIUM	N		2		
	18E.	Thiazides and Thiazide-Like Diuretics						
		Chlorothiazide	Chlorothiazide	Y	1	2+		
		Hydrochlorothiazide	HYDROCHLOROTHIAZIDE	Y	1	2+		
		Indapamide	Indapamide	Y	1	2+		
		Methyclothiazide	Methyclothiazide	Y	1	2+		
		Metolazone	ZAROXOLYN	Y	1	2+		

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			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
18F.	Combination Diuretics							
		Amiloride-HCTZ	Amiloride-HCTZ	Y	1	2+		
		Spirolactone-HCTZ	ALDACTAZIDE	Y	1	2+		
		Triamterene-HCTZ	DYAZIDE	Y	1	2+		
		Triamterene-HCTZ	MAXZIDE	Y	1	2+		
19.	PRESSORS							
19A.	Pressors							
		Midodrine HCl	PROAMATINE	Y	NP	NP		
20.	ANAPHYLAXIS THERAPY AGENTS							
20A.	Anaphylaxis Agents							
		Epinephrine (Anaphylaxis)	EPIPEN, JR	N		J		
		Epinephrine (Anaphylaxis)	TWINJECT	N		J		
21.	ANTIHYPERLIPIDEMICS							
21A.	Bile Sequestrants							
		Cholestyramine	QUESTRAN	Y	1	2+		
		Colesevelam HCl	WELCHOL	N		NP		
		Colestipol HCl	COLESTID	Y	1	2+		
21B.	Fibric Acid Derivatives							
		Choline Fenofibrate	TRILIPIX	Y	1	2+		
		Fenofibrate Micronized	LOFIBRA	Y	1	2+		
		Fenofibrate Micronized	TRICOR	Y	1	2+		
		Fenofibrate	TRIGLIDE	N		NP		
		Fenofibrate Micronized	ANTARA	Y	1	2+		
		Fenofibrate Micronized	ANTARA 30MG, 90MG	N		NP		
		Gemfibrozil	LOPID	Y	1	2+		
21C.	HMG CoA Reductase Inhibitors							
		Atorvastatin Calcium	LIPITOR	Y	1	PA/2+	Max 1 Tablet Per Day	
		Fluvastatin Sodium	LESCOL, XL	Y	NP	NP		
		Lovastatin	ALTOPREV	N		NP		
		Lovastatin	MEVACOR	Y	1	2+	Max 1 Tablet Per Day	
		Niacin-Lovastatin	ADVICOR	N		2		
		Pitavastatin Calcium	LIVALO	N		NP		
		Pravastatin Sodium	PRAVACHOL	Y	1	2+		
		Rosuvastatin	CRESTOR	N		NP	Max 1 Tablet Per Day	
		Simvastatin	ZOCOR	Y	1	2+		
21D.	Nicotinic Acid Derivatives							

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	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
	Niacin (Antihyperlipidemic)	NIASPAN	Y	1	2+	**Brand for Generic Copay
21E.	Antihyperlipidemics, Misc.					
	Ezetimibe	ZETIA	N		2	
	Ezetimibe-Atorvastatin	LIPTRUZET	N		2	Qty Limit 1 Per Day
	Ezetimibe-Simvastatin	VYTORIN	N		2	
	Lomitapide Mesylate	JUXTAPID*	N		PA/NP	*Specialty Tier List if Applicable
	Mipomersen Sodium	KYNAMRO*	N		PA/J	*Specialty Tier List if Applicable
	Niacin-Simvastatin	SIMCOR	N		2	
	Omega-3-acid Ethyl Esters	LOVAZA	N		NP	
	Policosanol	Policosanol	N		NP	
22.	CARDIOVASCULAR, MISC.					
22A.	Peripheral Vasodilators					
	Isoxsuprine HCl	Isoxsuprine HCl	Y	1	2+	
	Papaverine HCl	PAPAVERINE HCL CR	Y	1	2+	
	Ranolazine	RANEXA	N		NP	
22B.	Pulmonary Hypertension - Endothelin Receptor Antagonists					
	Ambrisentan	LETAIRIS*	N		2	*Specialty Tier List if Applicable
	Bosentan	TRACLEER*	N		2	*Specialty Tier List if Applicable
	Macitentan	OPSUMIT*	N		NP	*Specialty Tier List if Applicable
22C.	Prostaglandin Vasodilators					
	Iloprost Inh Sol	VENTAVIS	N		PA/NP	
	Treprostinil Sodium	REMODULIN	N		PA/J	
	Treprostinil Sodium	TYVASO	N		PA/NP	
23.	ANTIHISTAMINES					
23A.	Antihistamines - Alkylamines					
	Brompheniramine Maleate	LODRANE 12 HOUR	Y	1	2+	
23B.	Antihistamines - Ethanolamines					
	Carbinoxamine Maleate	HISTEX CT	Y	NP	NP	
	Carbinoxamine Maleate	PEDIATEX	Y	1	2+	
	Diphenhydramine Tannate	DYTAN	Y	NP	NP	
23C.	Antihistamines - Phenothiazines					
	Promethazine HCl	Promethazine HCl	Y	1	2+	
23D.	Antihistamines - Piperidines					
	Cyproheptadine HCl	Cyproheptadine HCl	Y	1	2+	
	Hydroxyzine HCl	Hydroxyzine HCl	Y	1	2+	
	Hydroxyzine Pamoate	VISTARIL	Y	1	2+	

1-4 Copay Levels PA=Prior Authorization Required J=Injectable Copay Applies +=Add Cost Difference Between Brand and Generic to Brand Copay NP=Non Preferred ST=Step Therapy

Health Net of Arizona Preferred Drug Lists

	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
23E.	Antihistamines - Non-Sedating					
	Cetirizine HCl	ZYRTEC	N		NC	OTC AVAILABLE
	Desloratadine	CLARINEX	N		NC	OTC CLARITIN/ZYRTEC PREFERRED
	Fexofenadine HCl	ALLEGRA	Y	NC	NC	OTC AVAILABLE
	Fexofenadine HCl	ALLEGRA ODT	N		NC	OTC AVAILABLE
	Levocetirizine Dihydrochloride	XYZAL	N		NC	OTC CLARITIN/ZYRTEC PREFERRED
23F.	Antihistamines -Combinations					
	Pheniramine-Phenyltol-Pyridyl	POLY-HISTINE	Y	1	2+	
24.	SYSTEMIC AND TOPICAL NASAL AGENTS					
24A.	Sympathomimetic Decongestants					
	Epinephrine HCl (Nasal)	ADRENALIN	N		NP	
	Phenylephrine HCl (Oral)	AH-CHEW D	Y	1	2+	
	Tetrahydrozoline HCl	TYZINE	N		NP	
24B.	Nasal Steroids					
	Beclomethasone Diprop	BECONASE AQ	N		NP	
	Beclomethasone Diprop	QNASL	N		NP	Limited to 1 Inhaler Per Month-Qty limit .3gm daily
	Budesonide	RHINOCORT AQUA	N		NP	
	Ciclesonide	OMNARIS	N		NP	
	Flunisolide	Flunisolide	Y	1	2+	
	Fluticasone Furoate	VERAMYST	N		NP	
	Fluticasone Propionate	FLONASE	Y	1	2+	
	Mometasone Furoate	NASONEX	N		2	
	Triamcinolone Acetonide	NASACORT AQ	Y	NP	NP	
24C.	Nasal Anti-infectives					
	Mupirocin Calcium	BACTROBAN NASAL	N		2	
24D.	Nasal Anticholinergics					
	Ipratropium Bromide	ATROVENT	Y	1	2+	Up to 2 Inhalers Per Month
24E.	Nasal Antiallergy					
	Azelastine HCl	ASTELIN	Y	1	2+	
	Azelastine HCl	ASTEPRO	N		2	
	Ciclesonide	ZETONNA	N		NP	Limited to 1 Inhaler Per Month
25.	COUGH/COLD/ALLERGY					
25A.	Antitussives					
	Benzonatate	TESSALON	Y	1	2+	
	Chlorpheniramine w/Hydrocodone	TUSSIONEX	Y	NP	NP	Qty Limit 300ml per month
	Hydrocodone- Homatropine	Hydrocodone- Homatropine	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
25B.	Expectorants					
	Guaifenesin/Pot Guaiaco	HUMIBID	N		NP	
25C.	Cough/Cold/Allergy Combinations					
	Acrivastine-Pseudoeph	SEMPREX-D	N		NP	
	Bromphen-Pseudoeph	BROMFED, PD	Y	1	2+	
	Cetirizine-Pseudoephedrine	ZYRTEC-D	N		NC	OTC AVAILABLE
	Chlorphen-Pseudoeph	Chlorphen-Pseudoeph	Y	NP	NP	
	Chlorphen-Pseudoeph	DECONAMINE SR	Y	1	2+	
	Chlorpheniramine-Carbetap	TUSSI-12	Y	1	2+	
	Chlorpheniramine-Phenyleph	RYNATAN	Y	1	2+	
	Chlorphen-Phenyltolox-PE	NALEX-A	Y	1	2+	
	Codeine-GG	TUSSI-ORGANIDIN NR	Y	1	2+	
	Fexofenadine-Pseudoephed	ALLEGRA-D	Y	NC	NC	OTC AVAILABLE
	Hydrocodone-Pot Guaiaco	Hydrocodone-Pot Guaiaco	Y	1	2+	
	Phenylephrine-Chlorphen-DM	STATUS DM	N		NP	
	Phenyleph-CPM-Hydrocod	Phenyleph-CPM-Hydrocod	Y	1	2+	
	Phenyleph-Prometh-Cod	Phenyleph-Prometh-Cod	Y	NP	NP	
	Phenyleph-Pyriil Tan-CP	TRIOTANN	Y	1	2+	
	Phenylephrine-Hydrocod-GG	ATUSS G	Y	1	2+	
	Phenyleph-CPM-Cod-APAP	COLREX COMPOUND	N		NP	
	Phenylephrine-DM	ALBATUSSIN PEDIATRIC	N		NP	
	Phenyleph-Eph-CPM-Carb	RYNATUSS	Y	NP	NP	
	Phenyleph-Eph-CPM-Carb	Phenyleph-Eph-CPM-Carb	Y	NP	NP	
	Phenyleph-Phenir-Cod-S Sal	TUSSIREX	N		NP	
	Promethazine-Phenylephrine	Promethazine-Phenylephrine	Y	1	2+	
	Promethazine-Codeine	Promethazine-Codeine	Y	1	2+	
	Pseudoeph-Hydrocod-GG	DURATUSS HD	Y	1	2+	
	Pseudoephed-Brom-DM	ANAPLEX DM	Y	1	2+	
	Pseudoephed-Carbinox-DM	Pseudoephed-Carbinox-DM	Y	1	2+	
	Pseudoephedrine-CPM-DM	Pseudoephedrine-CPM-DM	Y	1	2+	
	Pseudoeph-Dexchlor-DM	TANAFED DMX	Y	1	2+	
	Pseudoephed-Codeine-GG	NOVAHISTINE, DH	Y	1	2+	
	Pseudoephedrine-DM-GG	Z-COF DM	Y	1	2+	
	Pseudoephed-Carbinox-HC	HISTEX HC	Y	NP	NP	
	Pseudoephedrine-CPM-DM	DELTUSS	N		NP	
	Pseudoephedrine-GG	Pseudoephedrine-GG	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
			Pseudoephedrine-Methscop	ALLERX-D	Y	NP	NP	
26.	ANTIASTHMATICS							
	26A.	Anticholinergics						
		Aclidinium Bromide	TUDORZA	N			2	Max 1 Inhaler Per Month
		Ipratropium Solution	Ipratropium Inh Sol	Y	1		2+	0.02% Only
		Ipratropium Inhaler	ATROVENT, HFA	N			2	Max 2 Inhalers Per Month
		Tiotropium Bromide	SPIRIVA	N			2	Max Daily Dose = 1 each
	26B.	Anti-Inflammatory Agents						
		Cromolyn Sodium Solution	Cromolyn Sodium Solution	Y	1		2+	
		Omalizumab	XOLAIR	N			PA	Medical Benefit
	26C.	Sympathomimetics						
		Albuterol Tabs, Syr	Albuterol Tabs, Syr	Y	1		2+	
		Albuterol Inh Sol	Albuterol Inh Sol	Y	1		2+	
		Albuterol Sulfate	ACCUNEB	Y	1		2+	
		Albuterol Sulfate	PROVENTIL HFA	N			2	
		Albuterol Sulfate	PROAIR HFA	N			NP	
		Albuterol Sulfate	VENTOLIN HFA	N			NP	
		Albuterol Sulfate	VOSPIRE ER	Y	1		2+	
		Arformoterol Tartrate	BROVANA	N			NP	
		Epinephrine HCl	ADRENALIN	N			NP	
		Formoterol Fumarate	FORADIL AEROLIZER	N			NP	Max 60 Per Month
		Levalbuterol HCl	XOPENEX NEB SOL	Y	1		2+	
		Levalbuterol HCl	XOPENEX HFA	N			2	
		Metaproterenol Sol	Metaproterenol	Y	1		2+	
		Metaproterenol Tabs	Metaproterenol	Y	1		2+	
		Pirbuterol Acetate	MAXAIR	N			2	
		Salmeterol Xinafoate	SEREVENT	N			2	Max Daily Dose = 2 each
		Terbutaline Sulfate	BRETHINE	Y	1		2+	
	26D.	Xanthines						
		Aminophylline	AMINOPHYLLINE	Y	1		2+	
		Dyphylline	LUFYLLIN-GG	Y	1		2+	
		Dyphylline	LUFYLLIN	N			2	
		Theophylline	Theophylline	Y	1		2+	
		Theophylline	THEO-24	N			2	
	26E.	Steroid Inhalants						

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Health Net of Arizona Preferred Drug Lists

	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
	Beclomethasone Dip	QVAR	N		2	7.3g Pkg - Up to 2 Inhalers Per Month 8.7g Pkg - Up to 1 Inhaler Per Month
	Budesonide	PULMICORT SUSP	Y	1	2+	Up to 60ml Per Month
	Budesonide	PULMICORT FLEXHALER	N		2	Up to 2 Inhalers Per Month
	Ciclesonide	ALVESCO	N		NP	Max 2 Inhalers Per Month
	Flunisolide	AEROBID	N		NP	
	Fluticasone Propionate	FLOVENT HFA, DISKUS	N		2	Max Daily Dose = 8 each (Diskus) Max 2 Inhalers Per Month (HFA)
	Mometasone Furoate	ASMANEX	N		2	Max 1 Inhaler Per Month
26F.	Combination Inhalants					
	Albuterol-Ipratropium	COMBIVENT RESPIMAT	N		NP	
	Albuterol-Ipratropium	DUONEB	Y	1	2+	
	Budesonide-Fomoterol	SYMBICORT	N		2	Qty Limit 1 Inhaler per month
	Fluticasone Furoate-Vilanterol	BREO ELLIPTA	N		2	
	Mometasone Furoate - ForomoterolFumarate	DULERA	N		NP	
	Salmeterol-Fluticasone	ADVAIR HFA, DISKUS	N		2	Daily Dose 2 (1 inhaler/month)
26G.	Leukotriene Modulators					
	Montelukast Sodium	SINGULAIR	Y	1	2+	4mg & 5mg - Max Daily Dose = 1 each And Max Age = 12 Only
	Zafirlukast	ACCOLATE	Y	1	2+	Singulair preferred
	Zileuton	ZYFLO	N		NP	
26H.	Asthma Combinations					
	Dyphylline-GG	Dyphylline-GG	Y	NP	NP	
	Theophylline Sod Glycin-GG	ED-BRON G	N		NP	
	Theophylline-GG	BRONCODUR	N		NP	
	Theophylline-PSE-GG	BRONCOMAR-1	N		NP	
27.	RESPIRATORY AGENTS, MISC.					
27A.	Respiratory Surfactants					
	Beractant in NaCl	SURVANTA	N		NP	
	Calfactant in NaCl	INFASURF	N		NP	
	Poractant Alfa	CUROSURF	N		NP	
27B.	Cystic Fibrosis Agents					
	Acetylcysteine Inh Sol	Acetylcysteine Inh Sol	Y	1	2+	
	Dornase Alfa	PULMOZYME	N		NP	
28.	LAXATIVES					
28A.	Miscellaneous Laxatives					

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Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
			Lactulose	LACTULOSE	Y	1	2+	
			Lactulose	KRISTALOSE	N		2	
			Lubiprostone	AMITIZA	N		2	
			Methylnaltrexone Bromide	RELISTOR*	N		PA/J	*Specialty Tier List if Applicable
			PEG-Electrolyte	COLYTE	Y	1	2+	
			PEG-Electrolyte	GOLYTELY	Y	1	2+	
			PEG-Electrolyte	NULYTELY	Y	1	2+	
			Sod Phos Mono-Sod Phos	VISICOL	N		NP	
29.	ANTIDIARRHEALS							
	29A.	Antiperistaltic Agents						
		Crofelemer	FOLYZAQ	N			NP	Qty limit 2 per day
		Difenoxin-Atropine	MOTOFEN	N			2	
		Diphenoxylate-Atropine	LOMOTIL LIQUID	Y	1	2+		
		Diphenoxylate-Atropine	LOMOTIL TABLET	Y	1	2+		
		Opium Tincture	OPIUM TINCTURE	N			NP	
		Paregoric	PAREGORIC	Y	1	2+		
30.	GASTROINTESTINAL AGENTS							
	30A.	Antispasmodics						
		Atropine Sulfate	SAL-TROPINE	N			NP	
		Atropine-Hyos-Scop-Simeth	SIMETYL	N			NP	
		Belladonna Alkaloids-PB	DONNATAL	Y	1	2+		
		Belladonna Alkaloids-Opium	Belladonna Alkaloids-Opium	Y	1	2+		
		Clidinium-Chlordiazepoxide	LIBRAX	Y	1	2+		
		Dicyclomine HCl	BENTYL	Y	1	2+		
		Glycopyrrolate	ROBINUL	Y	1	2+		
		Glycopyrrolate	ROBINUL FORTE	Y	1	2+		
		Hyoscyamine Sulfate	ANASPAZ	Y	1	2+		
		Hyoscyamine Sulfate	LEVSIN, SL	Y	1	2+		
		Hyoscyamine Sulfate	LEVSINEX	Y	1	2+		
		Mepenzolate Bromide	CANTIL	N			NP	
		Methscopolamine Bromide	PAMINE, FORTE	Y	1	2+		
	30B.	H-2 Antagonists						
		Cimetidine	Cimetidine	Y	1	2+		
		Famotidine	PEPCID	Y	1	2+		RX ONLY
		Nizatidine	AXID	Y	1	2+		

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Health Net of Arizona Preferred Drug Lists

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				G	B	
	Ranitidine HCl	ZANTAC	Y	1	2+	
	Ranitidine HCl	ZANTAC SYRUP	Y	1	2+	
30C.	Prostaglandins					
	Misoprostol	CYTOTEC	Y	1	2+	
30D.	Proton Pump Inhibitors					
	Dexlansoprazole	DEXILANT	N		PA/NP	
	Esomeprazole Magnesium	NEXIUM	N		PA/NP	
	Lansoprazole	Lansoprazole	Y	1	2+	
	Omeprazole	Omeprazole	Y	1	2+	
	Omeprazole-Sodium Bicarbonate	ZEGERID	Y	PA/NP	PA/NP	
	Pantoprazole Sodium	Pantoprazole Sodium	Y	1	2+	Max 1 Per Day
	Rabeprazole Sodium	ACIPHEX	Y	PA/NP	PA/NP	
	Rabeprazole Sodium	ACIPHEX SPRINKLE	N		PA/NP	
30E.	Anti-Ulcer, Misc.					
	Sucralfate	CARAFATE	Y	1	2+	
30F.	Ulcer Therapy Combinations					
	Amox-Clarith-Lansopraz	PREVPAC	N		NP	
	Bismuth-metronid-tetracycline	PYLERA	N		NP	
	Metronidazole-Tet-Bismuth	HELIDAC	N		NP	
31.	ANTIEMETICS					
31A.	Antiemetics - Antidopaminergic					
31B.	Antiemetics - Anticholinergic					
	Promethazine	Promethazine supp.	Y	1	2+	
	Scopolamine	TRANSDERM-SCOP	N		2	
	Scopolamine Hydrobromide	SCOPACE	Y	1	2+	
	Trimethobenzamide HCl	TIGAN	Y	1	2+	
31C.	5-HT3 Receptor Antagonists					
	Dolasetron Mesylate	ANZEMET	N		PA/NP	
	Granisetron HCl	KYTRIL	Y	PA/NP	PA/NP	
	Ondansetron	ZOFRAN, ODT	Y	1	2+	Qty limit 31 per month
31D.	Antiemetics Miscellaneous					
	Aprepitant	EMEND	N		NP	
	Dronabinol	MARINOL	Y	NP	NP	
	Nabilone	CESAMET	N		PA/NP	
	Trimethobenzamide	Trimethobenzamide	Y	1	2+	
32.	DIGESTIVE AIDS					

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Health Net of Arizona Preferred Drug Lists

	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
32A.	Digestive Enzymes					
	Digestive Enzymes-Antichol	GASTRINEX	N		2	
	Sacrosidase	SUCRAID*	N		2	*Speicalty Tier List if Applicable
32B.	Digestive Aids - Mixtures					
	Amylase-Lipase-Protease	CREON 5	N		2	
	Amylase-Lipase-Protease	CREON 6	N		2	
	Amylase-Lipase-Protease	CREON 10	N		2	
	Amylase-Lipase-Protease	CREON 12	N		2	
	Amylase-Lipase-Protease	CREON 20	N		2	
	Amylase-Lipase-Protease	CREON 24	N		2	
	Amylase-Lipase-Protease	PANCREASE MT 10	N		2	
	Amylase-Lipase-Protease	PANCREASE MT 16	N		2	
	Amylase-Lipase-Protease	PANCREASE MT 20	N		2	
	Amylase-Lipase-Protease	PANCREASE MT 4	N		2	
	Amylase-Lipase-Protease	PANCRECARB MS-4	N		2	
	Amylase-Lipase-Protease	PANCRECARB MS-8	N		2	
	Amylase-Lipase-Protease	ULTRASE, MT	N		2	
	Amylase-Lipase-Protease	VIOKACE	N		NP	
33.	GASTROINTESTINAL AGENTS, MISC.					
33A.	Gallstone Solubilizing Agents					
	Ursodiol	ACTIGALL	Y	1	2+	
	Ursodiol	URSO 250, FORTE	Y	1	2+	
33B.	GI Stimulants					
	Metoclopramide HCl	REGLAN	Y	1	2+	
33C.	Intestinal Acidifiers					
	Lactulose	Lactulose	Y	1	2+	
33D.	Inflammatory Bowel Agents					
	Balsalazide Disodium	COLAZAL	Y	1	2+	
	Mesalamine	ASACOL	N		2	
	Mesalamine	ASACOL HD	N		2	
	Mesalamine	APRISO	N		NP	
	Mesalamine	CANASA	N		2	
	Mesalamine	PENTASA	N		NP	
	Mesalamine	ROWASA	Y	1	2+	
	Mesalamine	LIALDA	N		2	
	Olsalazine Sodium	DIPENTUM	N		NP	

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			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
			Sulfasalazine	AZULFIDINE	Y	1	2+	
33E.	Irritable Bowel Syndrome (IBS) Agents							
			Alosetron HCL	LOTROXEX	N		NP	
33F.	Phosphate Binder Agents							
			Calcium Acetate	PHOSLO	Y	1	2+	
			Lanthanum Carbonate	FOSRENOL	N		NP	
			Sevelamer HCl	RENAGEL	N		NP	
			Sevelamer Carbonate	RENVELA	N		NP	
33G.	Intestinal Misc.							
			Linacotide	LINZESS	N		2	
34.	URINARY ANTI-INFECTIVES							
34A.	Single Urinary Anti-Infectives							
			Fosfomycin Tromethamine	MONUROL	N		NP	
			Methenamine Hippurate	HIPREX	Y	1	2+	
			Methenamine Mandelate	Methenamine Mandelate	Y	1	2+	
			Methylene Blue	Methylene Blue	N		NP	
			Nitrofurantoin	FURADANTIN	Y	1	2+	
			Nitrofurantoin Macrocrystal	MACRODANTIN	Y	1	2+	
			Nitrofurantoin Mono Macro	MACROBID	Y	1	2+	
34B.	Combination Urinary Anti-infectives							
			Methenamine-Sod Biphos	UROQID	Y	NP	NP	
			Methen-Hyo-Meth Blue-Sal	URELLE	N		NP	
			Methen-MB-Ph Sal-Atr-Hy	PROSED/DS	N		NP	
35.	URINARY ANTISPASMODICS							
35A.	Urinary Antispasmodics							
			Bethanechol Chloride	URECHOLINE	Y	1	2+	
			Darifenacin	ENABLEX	N		NP	
			Fesoteradine Fumarate	TOVIAZ	N		2	
			Flavoxate HCl	Flavoxate HCl	Y	1	2+	
			Hyoscyamine	Hyoscyamine	Y	1	2+	
			Mirabegron	MYRBETRIQ	N		NP	Max 1 Per Day
			Oxybutynin Chloride	Oxybutynin Chloride	Y	1	2+	
			Oxybutynin Chloride	DITROPAN XL	Y	1	2+	
			Oxybutynin Chloride	GELNIQUE GEL	N		NP	
			Solifenacin	VESICARE	N		NP	
			Tolterodine Tartrate	DETROL	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments	
						G	B		
			Tolterodine Tartrate	DETROL LA	N		2		
			Trospium	SANCTURA	Y	1	2+		
			35B. Urinary Antispasmodic Combinations						
			Phenazopyr-Butabarb-Hyo	Phenazopyr-Butabarb-Hyo	Y	1	2+		
			36. VAGINAL AGENTS						
			36A. Vaginal Anti-infectives						
			Butoconazole Nitrate	GYNAZOLE-1	N		NP		
			Clindamycin Phosphate	CLEOCIN	Y	1	2+		
			Metronidazole Vaginal	METROGEL VAGINAL	Y	1	2+		
			Nystatin Vaginal	NYSTATIN	N		2		
			Sulfanilamide Vaginal	AVC CREAM	N		NP		
			Terconazole Vaginal	TERAZOL 3	Y	1	2+		
			Terconazole Vaginal	TERAZOL 7	Y	1	2+		
			36B. Spermicides						
			Octoxynol	ORTHO-GYNOL	N		NP		
			36C. Vaginal Estrogens						
			Estradiol Vaginal	ESTRACE	N		2		
			Estradiol Vaginal	ESTRASORB	N		NP		
			Estradiol Vaginal	ESTRING	N		NP	3 Month supply - 3 copays apply	
			Estradiol Vaginal	ESTROGEL	N		NP	93GM - 2 COPAYS	
			Estradiol Vaginal	VAGIFEM	N		NP		
			Estradiol Vaginal Ring	FEMRING	N		NP	3 Month supply - 3 copays apply	
			Estrogens, Conjugated	PREMARIN	N		2		
			36D. Vaginal Progestins						
			Progesterone (Vaginal)	PROCHIEVE 4%	N		NP		
			Progesteronone (Vaginal Supp)	PROGESTERONE	N		PA/NP		
			36E. Miscellaneous Vaginal Agents						
			Acetic Acid-Oxyquinoline	RELAGARD	N		NP		
			Acidic Vaginal Jelly	ACID JELLY	Y	1	2+		
			37. GENITOURINARY AGENTS, MISC.						
			37A. Acidifiers						
			Pot-Sod Acid Phosphates	K-PHOS MF	N		NP		
			Pot-Sod Acid Phosphates	K-PHOS NO 2	N		NP		
			37B. Alkalinizers						
			Pot-Sod Citrates-Citric Ac	POLYCITRA	Y	1	2+		
			Potassium-Sodium Citrates	CITROLITH	N		NP		

1-4 Copay Levels PA=Prior Authorization Required J=Injectable Copay Applies +=Add Cost Difference Between Brand and Generic to Brand Copay NP=Non Preferred ST=Step Therapy

Health Net of Arizona Preferred Drug Lists

	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
	Potassium Cit (Alkalinizer)	UROCIT-K 10	Y	1	2+	
	Potassium Citrate-Cit Acid	POLYCITRA-K	Y	1	2+	
	Sodium Citrate-Citric Acid	ORACIT	N		2	
37C.	Urinary Analgesics					
	Phenazopyridine HCl	PYRIDIUM	Y	1	2+	
37D.	Cystinosis Agents					
	Cysteamine Bitartrate	CYSTAGON	N		2	
37E.	Interstitial Cystitis Agents					
	Pentosan Polysulfate Sodium	ELMIRON	N		NP	
37F.	Urinary Stone Agents					
	Acetohydroxamic Acid	LITHOSTAT	N		NP	
	Cellulose Sodium Phosphate	CALCIBIND	N		NP	
	Tiopronin	THIOLA	N		NP	
37G.	Prostatic Hypertrophy Agents					
	Dutasteride	AVODART	N		ST/NP	Requires previous use of: alpha-blockers or finasteride
	Dutasteride-Tamulosin	JALYN	N		ST/NP	
	Finasteride	PROSCAR	Y	1	2+	Covered for age 50 and above
	Sildenafil	RAPAFLO	N		NP	
	Tamsulosin HCl	FLOMAX	Y	1	2+	
38.	ANTIANSXIETY AGENTS					
38A.	Benzodiazepines					
	Alprazolam	XANAX	Y	1	2+	
	Alprazolam	XANAX XR	Y	1	2+	
	Chlordiazepoxide HCl	LIBRIUM	Y	1	2+	
	Clorazepate Dipotassium	TRANXENE	Y	1	2+	
	Diazepam	VALIUM	Y	1	2+	
	Lorazepam	ATIVAN	Y	1	2+	
	Oxazepam	Oxazepam	Y	1	2+	
38B.	Antianxiety Agents, Misc.					
	Buspirone HCl	BUSPAR	Y	1	2+	
	Meprobamate	Meprobamate	Y	1	2+	
39.	ANTIDEPRESSANTS					
39A.	Alpha-2 Receptor Antagonists (Tetracyclics)					
	Mirtazapine	REMERON	Y	1	2+	
	Mirtazapine	REMERON SOLTAB	Y	1	2+	

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	Generic Name	Brand Name	Generic Available	2-Tier		Comments
				G	B	
39B.	MAO Inhibitors					
	Isocarboxazid	MARPLAN	N		2	
	Phenelzine Sulfate	NARDIL	Y	1	2+	
	Tranlycypromine Sulfate	PARNATE	Y	1	2+	
39C.	Modified Cyclics					
	Nefazodone HCl	Nefazodone	Y	1	2+	
	Trazodone HCl	TRAZODONE	Y	1	2+	300mg - Use 2 150mg Tablets
39D.	Selective Serotonin Reuptake Inhibitors (SSRIs)					
	Citalopram Hydrobromide	CELEXA	Y	1	2+	Max Qty limit 40mg/day
	Escitalopram Oxalate	LEXAPRO	Y	1	2+	
	Fluoxetine HCl	PROZAC	Y	1	2+	
	Fluoxetine HCl	PROZAC WEEKLY	Y	NP	NP	
	Fluoxetine HCl	SARAFEM	N		NP	
	Fluoxetine HCl	FLUOXETINE 60MG	N		PA/NP	Max 1 Tablet Per Day
	Fluvoxamine Maleate	FLUVOXAMINE	Y	1	2+	
	Paroxetine HCl	PAXIL	Y	1	2+	
	Paroxetine HCl	PAXIL CR	Y	1	2+	
	Sertraline HCl	ZOLOFT	Y	1	2+	
	Vilazodone HCl	VIIBRYD	N		ST/NP	Requires previous use of generic SSRIs or bupropion SR
39E.	Tricyclic Agents					
	Amitriptyline HCl	Amitriptyline HCl	Y	1	2+	
	Amoxapine	AMOXAPINE	N		NP	
	Clomipramine HCl	ANAFRANIL	Y	1	2+	
	Desipramine HCl	NORPRAMIN	Y	1	2+	
	Doxepin HCl	DOXEPIN	Y	1	2+	
	Imipramine HCl	TOFRANIL	Y	1	2+	
	Nortriptyline HCl	PAMELOR	Y	1	2+	
	Protriptyline HCl	VIVACTIL	Y	1	2+	
	Trimipramine Maleate	SURMONTIL	Y	NP	NP	
39F.	Antidepressants, Misc.					
	Bupropion HCl	WELLBUTRIN, SR	Y	1	2+	
	Bupropion HCl	WELLBUTRIN XL	Y	1	2+	
	Desvenlafaxine Succinate	PRISTIQ	N		STNP	Requires previous use of: preferred generic SSRIs or bupropion SR

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Health Net of Arizona Preferred Drug Lists

			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
			Desvenlafaxine	Desvenlafaxine	N		STNP	Requires previous use of: preferred generic SSRIs or bupropion SR
			Duloxetine HCl	CYMBALTA	Y	1	2+	Requires previous use of: preferred generics
			Maprotiline HCl	Maprotiline HCl	Y	1	2+	
			Venlafaxine HCl	Venlafaxine HCl	Y	1	2+	
			Venlafaxine HCl	EFFEXOR XR	Y	1	2+	Max 1 Capsule Per Day
40.	ANTIPSYCHOTICS							
	40A.	Benzisoxazoles						
			Risperidone	RISPERDAL	Y	1	2+	
			Ziprasidone HCl	GEODON	Y	1	2+	
	40B.	Butyrophenones						
			Haloperidol	HALOPERIDOL	Y	1	2+	
	40C.	Dibenzodiazepines						
			Clozapine	CLOZARIL	Y	1	2+	
			Olanzapine	ZYPREXA	Y	1	2+	
			Olanzapine	ZYPREXA ZYDIS	Y	NP	NP	Zyprexa Preferred
			Quetiapine Fumarate	SEROQUEL	Y	1	2+	
			Quetiapine Fumarate	SEROQUEL XR	N		NP	
	40D.	Phenothiazines						
			Chlorpromazine HCl	Chlorpromazine HCl	Y	1	2+	
			Fluphenazine HCl	Fluphenazine HCl	Y	1	2+	
			Perphenazine	PERPHENAZINE	Y	1	2+	
			Prochlorperazine	PROCHLORPERAZINE	Y	1	2+	
			Thioridazine HCl	Thioridazine HCl	Y	1	2+	
			Trifluoperazine HCl	Trifluoperazine HCl	Y	1	2+	
	40E.	Thioxanthenes						
			Thiothixene	NAVANE	Y	1	2+	
	40F.	Antipsychotics, Misc.						
			Aripiprazole	ABILIFY	N		2	
			Aripiprazole	ABILIFY DISCMELT	N		NP	
			Asenapine	SAPHRIS	N		2	
			Carbamazepine	EQUETRO	N		NP	
			Loxapine Succinate	LOXITANE	Y	1	2+	
			Molindone HCl	MOBAN	N		2	
			Olanzapine-Fluoxetine	SYMBYAX	Y	NP	NP	
			Paliperidone	INVEGA	N		NP	

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Health Net of Arizona Preferred Drug Lists

		Generic Name	Brand Name	Generic Available	2-Tier		Comments
					G	B	
40G.	Lithium						
		Lithium Carbonate	LITHIUM CARBONATE	Y	1	2+	
		Lithium Carbonate	LITHOBID	Y	1	2+	
		Lithium Citrate	LITHIUM CITRATE	Y	1	2+	
41.	HYPNOTICS						
41A.	Barbiturate Hypnotics						
		Butabarbital Sodium	BUTISOL SODIUM	N		NP	
		Mephobarbital	MEBARAL	Y	1	2+	
		Phenobarbital	PHENOBARBITAL	Y	1	2+	
		Secobarbital Sodium	SECONAL	N		NP	
41B.	Non-Barbiturate Hypnotics						
		Chloral Hydrate	CHLORAL HYDRATE	Y	1	2+	
		Doxepin HCl	SILENOR	N		ST/NP	Requires previous use of: Zolpidem
		Estazolam	ESTAZOLAM	Y	1	2+	
		Eszopiclone	LUNESTA	N		ST/P	Requires previous use of: zolpidem Qty limit 1/day
		Flurazepam HCl	Flurazepam HCl	Y	1	2+	
		Quazepam	DORAL	N		NP	
		Ramelteon	ROZEREM	N		ST/NP	Requires previous use of: zolpidem Qty limit 1/ Day
		Temazepam	RESTORIL	Y	1	2+	
		Temazepam	RESTORIL 7.5MG	Y	NP	NP	
		Triazolam	HALCION	Y	1	2+	
		Zaleplon	SONATA	Y	1	2+	Qty limit 1/Day
		Zolpidem Tartrate	AMBIEN	Y	1	2+	Max 30 Tablets Per Month
		Zolpidem Tartrate	AMBIEN CR	Y	NP	NP	Qty limit 1/day
		Zolpidem Tartrate	EDLUAR	N		PA/NP	
		Zolpidem Tartrate Oral Spray	ZOLPIMIST	N		ST/NP	Requires previous use of: zolpidem
42.	STIMULANTS/ANTI-OBESITY/ANOREXIANTS						
42A.	Amphetamines						
		Amphetamine-Dextroamph	ADDERALL	Y	1	2+	
		Amphetamine-Dextroamph	ADDERALL XR	Y	1	2+	
		Dextroamphetamine Sulfate	DEXEDRINE	Y	1	2+	
		Lisdexamfetamine Dimesylate	VYVANSE	N		2	
		Methamphetamine HCl	DESOXYN	N		NP	
42B.	Analeptics						

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			Generic Available	2-Tier		Comments	
Generic Name				Brand Name			
				G	B		
		Caffeine Citrated	CAFCIT	Y	1	2+	
42C.	Stimulants, Misc.						
		Armodafinil	NUVIGIL	N		ST/NP	
		Atomoxetine HCl	STRATTERA	N		NP	Qty limit 1/day (60,80 and 100mg) Qty limit 2/day (10,18,25,40mg)
		Dexmethylphenidate HCl	FOCALIN	Y	1	2+	
		Dexmethylphenidate HCl	FOCALIN XR	N		2	
		Guanfacine	INTUNIV	N		NP	Qty limit 1/day
		Methylphenidate HCl	CONCERTA	Y	1	2+	
		Methylphenidate HCl	METADATE CD	Y	NP	NP	
		Methylphenidate HCl	METADATE ER	Y	1	2+	
		Methylphenidate HCl	RITALIN	Y	1	2+	
		Methylphenidate HCl	RITALIN LA	Y	1	2+	Max 1 Capsule Per Day
		Methylphenidate TD Patch	DAYTRANA	N		NP	
		Modafinil	PROVIGIL	Y	PA/NP	PA/NP	
		Sodium Oxybate	XYREM*	N		PA/NP	*Specialty Tier List if Applicable
43.	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS, MISC.						
43A.	Psychotherapeutic and Neurological Agents, Misc.						
		Ergoloid Mesylates	ERGOLOID MESYLATES	Y	1	2+	
		Pimozide	ORAP	N		2	
		Tetrabenazine	XENAZINE*	N		NP	*Specialty Tier List if Applicable
43B.	Antidementia Agents						
		Donepezil Hydrochloride	ARICEPT, ODT	Y	1	2+	Max 1 Tab Per Day
		Donepezil Hydrochloride	ARICEPT 23MG	Y	1	2+	
		Galantamine Hydrobromide	RAZADYNE ER	Y	1	2+	
		Memantine	NAMENDA, XR	N		PA/NP	
		Rivastigmine Tartrate	EXELON	Y	1	2+	
		Rivastigmine Tartrate	EXELON PATCH	N		2	
		Tacrine Hydrochloride	COGNEX	N		PA/NP	
43C.	Multiple Sclerosis Agents						
		Dimethyl Fumarate	TECFIDERA*	N		PA/NP	*Specialty Tier List if Applicable
		Fingolimod	GILENYA*	N		PA/NP	*Specialty Tier List if Applicable
		Glatiramer Acetate	COPAXONE*	N		PA/J	*Specialty Tier List if Applicable
		Interferon Beta-1a	AVONEX*	N		PA/J	*Specialty Tier List if Applicable
		Interferon Beta-1a	REBIF*	N		PA/J	*Specialty Tier List if Applicable
		Interferon Beta-1b	BETASERON*	N		PA/J	*Specialty Tier List if Applicable

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					G	B	
		Interferon Beta-1b	EXTAVIA*	N		PA/J	*Specialty Tier List if Applicable
		Teriflunomide	AUBAGIO*	N		PA/NP	*Specialty Tier List if Applicable
	43D. Agents for Chemical Dependency						
		Disulfiram	ANTABUSE	N		NC	*FEDS Only
	44. ANALGESICS - NonNarcotic						
	44A. Salicylates						
		Aspirin	EASPRIN	N		2	
		Diflunisal	Diflunisal	Y	1	2+	
		Salsalate	Salsalate	Y	1	2+	
	44B. Analgesic Combinations						
		Acetaminophen-Butalbital	PHRENILIN	Y	1	2+	
		Acetaminophen-Butalbital	SEDAPAP	Y	1	2+	
		Acetaminophen-Caff-Butalb	ESGIC	Y	1	2+	
		Acetaminophen-Caff-Butalb	ESGIC-PLUS	Y	1	2+	
		Acetamin-Salicylam-Phenylt	ANABAR	Y	1	2+	
		Aspirin-Caffeine-Butalbital	FIORINAL	Y	1	2+	
		Butalbital-Acet-Caffeine	DOLGIC PLUS	N		NP	
		Meprobamate-Aspirin	EQUAGESIC	N		NP	
		Phenyltoloxamine-APAP	FLEXTRA DS	Y	1	2+	
	44C. Analgesic Misc.						
		Milnacipran	SAVELLA	N		PA/NP	
	45. ANALGESICS - Narcotic						
	45A. Narcotic Agonists						
		Codeine Phosphate	CODEINE PHOSPHATE	N		NP	
		Codeine Sulfate	CODEINE SULFATE	Y	1	2+	
		Fentanyl	DURAGESIC	Y	1	2+	Limit 10 Per Month
		Fentanyl Citrate	ACTIQ	Y	PA/NP	PA/NP	Limit 90 Per Month
		Fentanyl Citrate Buccal	FENTORA	N		PA/NP	
		Fentanyl Citrate Buccal Soluble Film	ONSOLIS	N		PA/NP	
		Hydromorphone HCl	DILAUDID	Y	1	2+	
		Levorphanol Tartrate	LEVORPHANOL TARTRATE	N		NP	
		Meperidine HCl	DEMEROL	Y	1	2+	
		Methadone	DOLOPHINE	Y	1	2+	
		Morphine-Naltrexone	EMBEDA	N		PA/NP	
		Morphine Sulfate	KADIAN 200MG, 150MG, 130MG, 70MG, 40MG	N		NP	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments
Generic Name				Brand Name		
				G	B	
		Morphine Sulfate	Y	1	2+	
		Morphine Sulfate	Y	1	2+	
		Morphine Sulfate Beads	N		2	
		Oxycodone HCl	Y	1	2+	
		Oxycodone HCl	Y	1	2+	
		Oxycodone Sustained Release	Y	PA/NP	PA/NP	# 90 qty limit
		Oxymorphone HCl	Y	1	2+	Max 2 Per Day
		Oxymorphone HCl	Y	1	2+	
		Tramadol HCl	Y	1	2+	Max 240 Per Month
		Tramadol HCl	Y	NP	NP	Max 1 Per Day
		Tramadol HCl	N		2	
		Tapentadol HCl	N		2	600mg Max Per Day
45B.	Narcotic Partial Agonists					
		Buprenorphine	N		NP	Qty Limit: 4 Per Month
		Butorphanol Tartrate	Y	PA/NP	PA/NP	Qty Limit: #2 Per Copay
		Pentazocine-Naloxone	Y	1	2+	
45C.	Narcotic Antagonists					
		Naltrexone HCl	Y	NC	NC	NOT A COVERED BENEFIT
45D.	Narcotic Combinations					
		Acetaminophen-Codeine	Y	1	2+	
		Acetaminophen-Hydrocod	Y	1	2+	
		Acetaminophen-Hydrocod	Y	1	2+	
		Acetaminophen-Hydrocod	Y	1	2+	
		Acetamin-Caff-Dihydrocod	Y	NP	NP	
		Acetamin-Caff-Butalb-Cod	Y	1	2+	
		Aspirin-Caff-Butalbital-Cod	Y	1	2+	
		Dihydrocodeine Compound	N		NP	
		Ibuprofen-Hydrocodone	Y	1	2+	
		Oxycodone-Acetaminophen	Y	1	2+	
		Oxycodone-Acetaminophen	Y	1	2+	
		Oxycodone-Aspirin	Y	1	2+	
		Pentazocine-APAP	Y	1	2+	
		Tramadol-Acetaminophen	Y	1	2+	

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			Generic Name	Brand Name	Generic Available	2-Tier		Comments
						G	B	
46. ANALGESICS - ANTI-INFLAMMATORY								
46A. NSAID's								
			Celecoxib	CELEBREX	N		PA/NP	NO PA REQUIRED FOR > 60 YEARS OLD
			Diclofenac Potassium	CATAFLAM	Y	1	2+	
			Diclofenac Epolamine	FLECTOR PATCH	N		NP	
			Diclofenac-Misoprostol	ARTHROTEC	Y	NP	NP	
			Diclofenac Potassium	ZIPSOR	N		ST/NP	Requires previous use of: diclofenac AND generic NSAIDs Max daily dose=4; Max days=7
			Diclofenac Sodium	VOLTAREN	Y	1	2+	
			Diclofenac Sodium	VOLTAREN-XR	Y	1	2+	
			Etodolac	Etodolac	Y	1	2+	
			Fenoprofen Calcium	FENOPROFEN	Y	1	2+	
			Fenoprofen Calcium	NALFON	N		NP	
			Flurbiprofen	ANSAID	Y	1	2+	
			Ibuprofen	Ibuprofen	Y	1	2+	
			Indomethacin	INDOCIN	Y	1	2+	
			Ketoprofen	Ketoprofen	Y	1	2+	
			Ketorolac Tromethamine	Ketorolac Tromethamine	Y	1	2+	Max 20 Tablets Per Fill Per 6 Months
			Mefenamic Acid	PONSTEL	Y	NP	NP	
			Meloxicam	MOBIC	Y	1	2+	Max 1 Tablet Per Day, Max 2 Per Day on 7.5mg
			Nabumetone	Nabumetone	Y	1	2+	
			Naproxen EC	EC-NAPROSYN	Y	1	2+	
			Naproxen	NAPROSYN	Y	1	2+	
			Naproxen Sodium	ANAPROX	Y	1	2+	
			Naproxen-Esomeprazole Magnesium	VIMOVO	N		PA/NP	
			Oxaprozin	DAYPRO	Y	1	2+	
			Piroxicam	FELDENE	Y	1	2+	
			Sulindac	CLINORIL	Y	1	2+	
			Tolmetin Sodium	Tolmetin Sodium	Y	1	2+	
46B. Gold Compounds								
			Auranofin	RIDAURA	N		2	
46C. Antirheumatic Antimetabolite								
			Methotrexate Sodium	RHEUMATREX	N		NP	
46D. Interleukin-1 Receptor Antagonist (IL-1Ra)								
			Anakinra	KINERET*	N		PA/J	*Specialty Tier List if Applicable

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments
Generic Name				Brand Name		
				G	B	
46E.	Pyrimidine Synthesis Inhibitors					
	Leflunomide	ARAVA	Y	1	2+	
46F.	Soluble Tumor Necrosis Factor Receptor Agents					
	Adalimumab	HUMIRA*	N		PA/J	*Specialty Tier List if Applicable
	Etanercept	ENBREL*	N		PA/J	*Specialty Tier List if Applicable
	Golimumab	SIMPONI*	N		PA/J	*Specialty Tier List if Applicable
	Certolizumab	CIMZIA*	N		PA/J	*Specialty Tier List if Applicable
	Methotrexate Sodium	OTREXUP*	N		PA/J	*Specialty Tier List if Applicable
	Tocilizumab	ACTEMRA*	N		PA/J	*Specialty Tier List if Applicable
47.	MIGRAINE AGENTS					
47A.	Migraine Agents					
	APAP-Isometheptene-Caff	MIGRALAM	Y	NP	NP	
	APAP-Isometheptene-Dichl	MIDRIN	Y	1	2+	
	Dihydroergotamine Mesylate	MIGRANAL	N		2	
	Divalproex Sod (Migraine)	DEPAKOTE ER	Y	1	2+	
	Ergotamine Tartrate	ERGOMAR	N		NP	
	Ergotamine-Caffeine	CAFERGOT	Y	1	2+	
	Isometheptene Mucate	MIGRAL	N		NP	
47B.	Serotonin Agonists					
	Almotriptan Malate	AXERT	N		NP	Max 6 Tablets Per Month
	Eletriptan	RELPAX	N		NP	Max 6 Tablets Per Month
	Frovatriptan Succinate	FROVA	N		NP	Max 9 Tablets Per Month
	Naratriptan HCl	AMERGE	Y	1	2+	Max 9 Tablets Per Month
	Rizatriptan Benzoate	MAXALT	Y	1	2+	Max 9 Tablets Per Month
	Rizatriptan Benzoate	MAXALT-MLT	Y	1	2+	Max 9 Tablets Per Month
	Sumatriptan	IMITREX 20MG NASAL	Y	1	2+	Max 6 Sprays Per Month
	Sumatriptan-Naproxen	TREXIMET	N		PA/NP	Max 9 Tablets Per Month
	Sumatriptan Succinate	IMITREX KIT*	Y	PA/J	PA/J	*Specialty Tier List if Applicable
	Sumatriptan Succinate	IMITREX TABLETS	Y	1	2+	Max 9 Tablets Per Month
	Sumatriptan Succinate	SUMAVEL	N		ST/J	*Specialty Tier List if Applicable
	Zolmitriptan	ZOMIG, SPRAY	N		NP	Max 6 Tablets or Sprays Per Month
48.	GOUT AGENTS					
48A.	Gout Agents					
	Allopurinol	ZYLOPRIM	Y	1	2+	
	Colchicine	COLCRYS	N		2	
	Febuxostat	ULORIC	N		2	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments
Generic Name				Brand Name	G	
48B.	Uricosurics					
	Probenecid	PROBENECID	Y	1	2+	
48C.	Combination Gout Drugs					
	Colchicine-Probenecid	PROBENECID/COLCHICINE	Y	1	2+	
49.	ANTICONVULSANT					
49A.	Benzodiazepines					
	Clonazepam	KLONOPIN	Y	1	2+	
	Diazepam (Anticonvulsant)	DIASTAT	Y	1	2+	1 Kit Per Fill
49B.	Carbamates					
	Felbamate	FELBATOL	Y	1	2+	
49C.	GABA Modulators					
	Tiagabine HCl	GABITRIL	Y	1	2+	
49D.	Hydantoins					
	Ethotoin	PEGANONE	N		NP	
	Phenytoin	DILANTIN 50MG INFATAB	N		2	
	Phenytoin	DILANTIN SUSPENSION	Y	1	2+	
	Phenytoin Sodium Extended	DILANTIN 30MG	N		2	
	Phenytoin Sodium Extended	DILANTIN 100MG	Y	1	2+	
	Phenytoin Sodium Extended	PHENYTEK	Y	NP	NP	
	Phenytoin Sodium Prompt	PHENYTOIN SOD PROMPT	Y	1	2+	
49E.	Succinimides					
	Ethosuximide	ZARONTIN	Y	1	2+	
	Methsuximide	CELONTIN	N		2	
49F.	Valproic Acid					
	Divalproex Sodium	DEPAKOTE	Y	1	2+	
	Valproate Sodium	DEPAKENE	Y	1	2+	
	Valproic Acid Delayed Release	STAVZOR	N		NP	
49G.	Anticonvulsants, Misc.					
	Carbamazepine	CARBATROL	Y	1	2+	Tegretol XR Preferred
	Carbamazepine	TEGRETOL	Y	1	2+	
	Carbamazepine	TEGRETOL-XR	Y	1	2+	
	Ezogabine	POTIGA	N		2	
	Gabapentin	GABARONE	Y	1	2+	
	Gabapentin	NEURONTIN	Y	1	2+	
	Gabapentin	GRALISE	N		PA/NP	
	Lamotrigine	LAMICTAL	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

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Generic Name				Brand Name	G		B
		Lamotrigine	LAMICTAL CHEW	Y	1	2+	
		Lamotrigine	LAMICTAL STARTER KIT	Y	1	2+	
		Lamotrigine	LAMICTAL ODT	N		PA/NP	Lamotrigine Preferred
		Lamotrigine	LAMICTAL XR	Y	PA/NP	PA/NP	Lamotrigine Preferred
		Levetiracetam	KEPPRA	Y	1	2+	
		Levetiracetam	KEPPRA XR	Y	NP	NP	
		Oxcarbazepine	TRILEPTAL	Y	1	2+	
		Oxcarbazepine	OXTELLAR XR	N		PA/NP	
		Pregabalin	LYRICA	N		PA/NP	
		Primidone	MYSOLINE	Y	1	2+	
		Rufinamide	BANZEL	N		2	
		Topiramate	TOPAMAX	Y	1	2+	
		Topiramate	TROKENDI XR	N		PA/NP	
		Vigabatrin	SABRIL	N		2	
		Zonisamide	ZONEGRAN	Y	1	2+	
		Lacosamide	VIMPAT	N		2	
50.	ANTIPARKINSONIAN						
	50A.	Anticholinergic Agents					
		Benztropine Mesylate	Benzotropine Mesylate	Y	1	2+	
		Trihexyphenidyl HCl	Trihexyphenidyl HCl	Y	1	2+	
	50B.	COMT Inhibitors					
		Entacapone	COMTAN	Y	NP	NP	
		Tolcapone	TASMAR	N		NP	
	50C.	Dopaminergic Agents					
		Amantadine HCl	Amantadine HCl	Y	1	2+	
		Bromocriptine Mesylate	PARLODEL	Y	1	2+	
		Carbidopa-Levodopa	SINEMET	Y	1	2+	
		Carbidopa-Levodop-Entac	STALEVO	Y	1	2+	
		Pramipexole Dihydrochloride	MIRAPEX	Y	1	2+	
		Ropinirole Hydrochloride	REQUIP	Y	1	2+	
		Ropinirole Hydrochloride	REQUIP XL	Y	1	2+	
		Rotigotine	NEUPRO	N		NP	
	50D.	Monoamine Oxidase Inhibitors					
		Rasagiline Mesylate	AZILECT	N		2	
		Selegiline HCl	ELDEPRYL	Y	1	2+	
		Selegiline HCl	ZELAPAR	N		NP	

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Health Net of Arizona Preferred Drug Lists

		Generic Name	Brand Name	Generic Available	2-Tier		Comments
					G	B	
		Selegiline	EMSAM	N		NP	
50E.	Antiparkinsonian Adjuvants						
		Carbidopa	LODOSYN	N		NP	
51.	NEUROMUSCULAR AGENTS						
51A.	ALS Agents						
		Riluzole	RILUTEK	Y	1	2+	
52.	MUSCULOSKELETAL THERAPY AGENTS						
52A.	Central Muscle Relaxants						
		Baclofen	BACLOFEN	Y	1	2+	
		Carisoprodol	SOMA	Y	1	2+	
		Carisoprodol	SOMA 250MG	Y	1	2+	
		Chlorzoxazone	PARAFON FORTE DSC	Y	1	2+	
		Cyclobenzaprine HCl	FLEXERIL	Y	1	2+	
		Cyclobenzaprine HCl	FEXMID	N		NP	
		Metaxalone	SKELAXIN	Y	NP	NP	
		Methocarbamol	ROBAXIN	Y	1	2+	
		Orphenadrine Citrate	Orphenadrine Citrate	Y	1	2+	
		Tizanidine HCl	ZANAFLEX	Y	1	2+	Use Tablets
52B.	Direct Muscle Relaxants						
		Dantrolene Sodium	DANTRIUM	Y	1	2+	
52C.	Muscle Relaxant Combinations						
		Carisoprodol-ASA	Carisoprodol-ASA	Y	1	2+	
		Carisoprodol-ASA-Codeine	Carisoprodol-ASA-Codeine	Y	1	2+	
		Orphenadrine-Aspirin-Caff	Orphenadrine-Aspirin-Caff	Y	1	2+	
53.	ANTIMYASTHENIC AGENTS						
53A.	Antimyasthenic Agents						
		Ambenonium Chloride	MYTELASE	N		2	
		Neostigmine Bromide	PROSTIGMIN	N		2	
		Pyridostigmine Bromide	MESTINON	Y	1	2+	
54.	VITAMINS						
54A.	Water Soluble Vitamins						
		Potassium Aminobenzoate	POTABA	Y	NC	NC	
54B.	Fat Soluble Vitamins						
		Calcitriol	ROCALTROL	Y	1	2+	
		Ergocalciferol	DRISDOL	Y	1	2+	
		Paricalcitol	ZEMPLAR INJECTION	N		PA/J	

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Health Net of Arizona Preferred Drug Lists

		Generic Name	Brand Name	Generic Available	2-Tier		Comments
					G	B	
		Paricalcitol	ZEMPLAR CAPSULES	N		NP	
		Phytonadione	MEPHYTON	N		2	
55.	MULTIVITAMINS						
	55A. Ped MV w/ Fluoride						
		Pediatric Multivitamins-FI	POLY-VI-FLOR	Y	1	2+	
		Pediatric Vitamins ACD-FI	TRI-VI-FLOR	Y	1	2+	
	55B. Ped Multi Vitamins w/FI & FE						
		Ped Multivitamins-FI-Iron	POLY-VI-FLOR FE	Y	1	2+	
		Ped Vitamins ACD-FI-Iron	TRI-VI-FLOR	Y	1	2+	
	55C. Prenatal Vitamins						
		Prenatal Multivit-Min-Fe-FA	MYNATAL	Y	NC	NC	
		Prenatal Vit-Doc-Iron-FA	Prenatal Vit-Doc-Iron-FA	N		2	
		Prenatal Vit-Doc-Fe-FA	VITA-PREN	N	NC	NC	
		Prenatal Vit-Fe Bisgly-FA	NATELLE	Y	NP	NP	
		Prenatal Vit-Fe Fum-Bis-FA	DUET	Y	1	2+	
		Prenat Vit-Fe-FA-Fat Acids	Prenat Vit-Fe-FA-Fat Acids	N		NP	
		Prenat Vit-Fe Sulf-Carb-FA	NATAFORT	Y	1	2+	
		Prenatal Vit-Fe Polysac-FA	Prenatal Vit-Fe Polysac-FA	Y	1	2+	
		Prenatal-Cal-B6-B12-FA	PREMESIS RX	Y	1	2+	
		Prenat Vit-Fe-Doc-FA(no A)	Prenat Vit-Fe-Doc-FA(no A)	N		NP	
		Prenat w/ Fe PCmplx-Meth-FA Pak	NEEVO	N		NP	
56.	MINERALS & ELECTROLYTES						
	56A. Fluoride						
		Sodium Fluoride	LURIDE	Y	1	2+	
	56B. Iodine Agents						
		Potassium Iodide	SSKI	N		2	
	56C. Phosphate						
		Potassium-Sod Phosphates	K-PHOS-NEUTRAL	Y	1	2+	
		Potassium Phos Monobasic	K-PHOS ORIGINAL	N		2	
	56D. Potassium						
		Potassium Bicarb-Chloride	Potassium Bicarb-Chloride	Y	1	2+	
		Potassium Bicarbonate	Potassium Bicarbonate	Y	1	2+	
		Potassium Chloride	Potassium Chloride	Y	1	2+	
		Potassium Gluconate	KAON	Y	1	2+	
	56E. Zinc						
		Zinc Acetate (Oral)	GALZIN	N		NP	

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Health Net of Arizona Preferred Drug Lists

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Generic Name			Brand Name	G	B	
57. HEMATOPOIETIC AGENTS						
57A. Cobalamins						
	Cyanocobalamin	NASCOBAL	N		NP	
57B. Folic Acid						
	Folic Acid	FOLIC ACID	Y	1	2+	
57C. Hematopoietic Growth Factors						
	Darbepoetin	ARANESP*	N		PA/J	*Specialty Tier List if Applicable
	Elgtrombopag Olamine	PROMACTA*	N		PA/2	*Specialty Tier List if Applicable
	Epoetin	EPOGEN*	N		PA/J	*Specialty Tier List if Applicable
	Epoetin	PROCRI*	N		PA/J	*Specialty Tier List if Applicable
	Filgrastim	NEUPOGEN*	N		PA/J	*Specialty Tier List if Applicable
	Oprelvekin	NEUMEGA*	N		PA/J	*Specialty Tier List if Applicable
	Pegfilgrastim	NEULASTA*	N		PA/J	*Specialty Tier List if Applicable
57D. Agents for Sickle Cell Anemia						
	Hydroxyurea	DROXIA	N		2	
57E. Hematopoietic Mixtures						
	Cyanocobalamin-Methylcob	NEURIN-SL	N		NP	
	Fe-Doc-C-E-B12-IF-FA	GENHEMAT	N		NP	
	Fer Fum-B12-Vit C-FA-IFC	TRINSICON	Y	1	2+	
	Ferrous Fumarate-Folic Acid	HEMOCYTE-F	Y	1	2+	
	Folic Acid-B6-B12	FOLGARD RX	Y	1	2+	
	Folic Acid-Vitamin C	PRE-FOLIC	N		NP	
	Iron-Folic Acid	IROFOL	N		NP	
	Iron Heme Polypeptide-FA	PROFERRIN-FORTE	N		NP	
	Iron-Doc-C-E-B6-12-IF-FA	IRO-PLEX	N		NP	
	Ir-Doc-B12-IF-FA-Vit-Min	HEMATRON-AF	N		NP	
58. ANTICOAGULANTS						
58A. Heparins And Heparinoid-Like Agents						
	Dalteparin Sodium	FRAGMIN*	N		PA/J	10 days supply covered Greater than 10 days requires prior authorization *Specialty Tier List if Applicable
	Enoxaparin Sodium	LOVENOX*	Y	PA/J	PA/J	10 days supply covered Greater than 10 days requires prior authorization *Specialty Tier List if Applicable
	Fondaparinux Sodium	ARIXTRA*	Y	PA/J	PA/J	10 days supply covered Greater than 10 days requires prior authorization *Specialty Tier List if Applicable

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Health Net of Arizona Preferred Drug Lists

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						G	B	
			Tinzaparin Sodium	INNOHEP*	N		PA/J	10 days supply covered Greater than 10 days requires prior authorization *Specialty Tier List if Applicable
58B.	Misc. Anticoagulants							
			Apixaban	ELIQUIS	N		2	
			Dabigatran Etexilate Mesylate	PRADAXA	N		2	
			Rivaroxaban	XARELTO	N		2	
			Ticagrelor	BRILINTA	N		2	
			Warfarin Sodium	COUMADIN	Y	1	2+	
59.	HEMOSTATICS							
59A.	Hemostatics - Systemic							
			Aminocaproic Acid	AMICAR	Y	1	2+	
59B.	Hemostatics - Topical							
			Ferric Subsulfate	ASTRINGYN	N		NP	
60.	HEMATOLOGICAL AGENTS, MISC.							
60A.	Antihemophilic Agents							
			Antihemophilic Fac (Human)	VARIOUS BRANDS*	N		PA/J	*Specialty Tier List if Applicable
			Antihemophilic Fac (Recomb)	VARIOUS BRANDS*	N		PA/J	*Specialty Tier List if Applicable
			Coagulation Factor IX	ALPHANINE SD*	N		PA/J	*Specialty Tier List if Applicable
60B.	Platelet Aggregation Inhibitors							
			Anagrelide HCl	AGRYLIN	Y	1	2+	
			Cilostazol	PLETAL	Y	1	2+	
			Clopidogrel Bisulfate	PLAVIX	Y	1	2+	
			Dipyridamole	PERSANTINE	Y	1	2+	
			Dipyridamole-Aspirin	AGGRENOX	N		NP	
			Prasugrel	EFFIENT	N		2	
			Ticlopidine HCl	TICLID	Y	1	2+	
60C.	Hematorheological							
			Pentoxifylline	TRENTAL	Y	1	2+	
61.	OPHTHALMICS							
61A.	Ophthalmic Anti-infectives							
			Bacitracin	BACITRACIN	Y	1	2+	
			Bacitracin-Polymyxin B	Bacitracin-Polymyxin B	Y	1	2+	
			Besifloxacin	BESIVANCE	N		NP	
			Ciprofloxacin HCl	CILOXAN	Y	1	2+	
			Erythromycin	Erythromycin	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

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				G	B	
	Gatifloxacin	ZYMAR	N		NP	
	Gentamicin Sulfate	Gentamicin Sulfate	Y	1	2+	
	Levofloxacin	QUIXIN	Y	NP	NP	
	Moxifloxacin	VIGAMOX	N		2	
	Moxifloxacin	MOXEZA	N		2	
	Natamycin	NATACYN	N		NP	
	Neomycin-Bac Zn-Polymyx	Neomycin-Bac Zn-Polymyx	Y	1	2+	
	Neomycin-Polymy-Gramicid	Neomycin-Polymy-Gramicid	Y	1	2+	
	Ofloxacin	OCUFLOX	Y	1	2+	Qty Limit = 5ml
	Povidone-Iodine	BETADINE OPHTHALMIC PREP	N		NP	
	Sulfacetamide Sodium	BLEPH-10	Y	1	2+	
	Tobramycin Sulfate	TOBEX	Y	1	2+	
	Trifluridine	VIROPTIC	Y	1	2+	
	Trimethoprim-Polymyxin B	POLYTRIM	Y	1	2+	
61B.	Artificial Tears and Lubricants					
	Artificial Tear Insert	LACRISERT	N		NP	
61C.	Beta-blockers - Ophthalmic					
	Betaxolol HCl	Betaxolol HCl	Y	1	2+	
	Betaxolol HCl	BETOPTIC S	N		2	
	Carteolol HCl	Carteolol HCl	Y	1	2+	
	Dorzolamide-Timolol	COSOPT	Y	1	2+	
	Levobunolol HCl	BETAGAN	Y	1	2+	
	Metipranolol	OPTIPRANOLOL	Y	1	2+	
	Timolol	BETIMOL	N		2	
	Timolol Maleate	TIMOPTIC	Y	1	2+	
	Timolol Maleate	TIMOPTIC-XE	Y	1	2+	
61D.	Ophthalmic Steroids					
	Bacitracin-Poly-Neom-HC	Bacitracin-Poly-Neom-HC	Y	1	2+	
	Dexamethasone	MAXIDEX	N		NP	
	Fluorometholone	FML LIQUIFILM	Y	1	2+	
	Gentamicin-Prednisolone	PRED-G	N		NP	
	Loteprednol Etabonate	ALREX	N		NP	
	Loteprednol Etabonate-Tobramycin	ZYLET	N		2	Qty limit 5ml
	Loteprednol Etabonate	LOTEMAX OPHTH SOL.	N		NP	
	Loteprednol Etabonate	LOTEMAX OPHTH OINT.	N		NP	
	Neomycin-Polymy-Dexameth	MAXITROL	Y	1	2+	

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Generic Name				Brand Name			
				G	B		
		Neomycin-Polymyxin-HC	CORTISPORIN	Y	1	2+	
		Prednisolone Acetate	PRED FORTE	Y	1	2+	
		Prednisolone Sod Phosphate	Prednisolone Sod Phosphate	Y	1	2+	
		Rimexolone	VEXOL	N		NP	
		Tobramycin-Dexamethasone	TOBRADEX	Y	NP	NP	
61E.	Prostaglandins - Ophthalmic						
		Bimatoprost	LUMIGAN	N		2	
		Latanoprost	XALATAN	Y	1	2+	
		Travoprost	TRAVATAN Z	N		2	
		Unoprostone Isopropyl	RESCULA	N		NP	
61F.	Cycloplegics						
		Atropine Sulfate	ATROPINE SULFATE	Y	1	2+	
		Cyclopentolate HCl	CYCLOGYL	Y	1	2+	1% & 2% Only
		Cyclopentolate-Phenyleph	CYCLOMYDRIL	N		NP	
		Homatropine HBr	Homatropine HBr	Y	1	2+	
		Scopolamine-Phenylephrine	MUROCOLL-2	N		NP	
		Tropicamide	MYDRIACYL	Y	1	2+	
61G.	Ophthalmic Decongestants						
		Naphazoline HCl	Naphazoline HCl	Y	1	2+	
		Phenylephrine HCl	MYDFRIN	Y	1	2+	
61H.	Miotics						
		Echothiophate Iodide	PHOSPHOLINE IODIDE	N		2	
		Pilocarpine HCl	ISOPTO CARPINE	Y	1	2+	
		Pilocarpine HCl	PILOPINE HS	N		NP	
61I.	Adrenergic Agents						
		Apraclonidine HCl	IOPIDINE	Y	1	2+	
		Brimonidine Tartrate	Brimonidine Tartrate 0.2%	Y	1	2+	
		Brimonidine Tartrate	ALPHAGAN P	Y	1	2+	
		Dipivefrin HCl	PROPINE	Y	1	2+	
61J.	Ophthalmic Local Anesthetics						
		Lidocaine HCl Gel	AKTEN	N		NP	
		Proparacaine HCl	ALCAINE	Y	1	2+	
		Tetracaine HCl	Tetracaine HCl	Y	NP	NP	
61K.	Ophthalmics, Misc.						
		Alcaftadine	LASTACAFT	N		2	
		Azelastine HCl	OPTIVAR	Y	NP	NP	

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						G	B	
			Brinzolamide	AZOPT	N		2	
			Bromfenac Sodium	PROLENSA	N		NP	
			Cromolyn Sodium	CROLOM	Y	1	2+	
			Cyclosporine	RESTASIS	N		NP	
			Cysteamine Hydrochloride	CYSTARAN	N		2	
			Diclofenac Sodium	VOLTAREN	Y	1	2+	
			Dorzolamide HCl	TRUSOPT	Y	1	2+	
			Emedastine Difumarate	EMADINE	N		NP	
			Epinastine HCl	ELESTAT	Y	NP	NP	
			Flurbiprofen Sodium	OCUFEN	Y	1	2+	
			Ketorolac Tromethamine	ACULAR, LS	Y	1	2+	
			Lodoxamide Tromethamine	ALOMIDE	N		2	
			Nedocromil Sodium	ALOCRIAL	N		NP	
			Nepafenac	ILEVRO	N		NP	
			Nepafenac	NEVANAC	N		NP	
			Olopatadine HCl	PATANOL	N		NP	
			Olopatadine HCl	PATADAY	N		2	2.5ml per month
			Ophthalmic Irr Sol-Intraoc	BSS	Y	1	2+	
			Pemirolast Potassium	ALAMAST	N		NP	
			Brinzolamide-Brimonidine	SIMBRINZA	N		NP	
62.	OTICS							
	62A.	Otic Anti-infectives						
		Ofloxacin	FLOXIN OTIC	Y	1	2+		
	62B.	Otic Analgesics						
		Benzocaine	Benzocaine	Y	1	2+		
	62C.	Otic Steroids						
		Hydrocortisone-Acetic Acid	ACETASOL-HC	N		2		
	62D.	Otics, Misc.						
		Acetic Acid	Acetic Acid	Y	1	2+		
		Acetic Acid-Aluminum Acet	Acetic Acid-Aluminum Acet	Y	1	2+		
		Cresyl Acetate	CRESYLATE	N		NP		
	62E.	Otic Agents - For External Ear						
		Pramoxine-Chloroxylonol-HC	CORTANE-B	N	NP	NP		
	62F.	Otic Combinations						
		Acetic Acid-Antip-Benzoc-poly	AURALGAN	Y	NP	NP		
		Benzocaine-Antipyrine	Benzocaine-Antipyrine	Y	1	2+		

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					G	B	
		Ciprofloxacin-Dexameth	CIPRODEX OTIC	N		2	
		Ciprofloxacin-Hydrocort	CIPRO HC	N		2	
		Neomycin-Colistin-HC	COLY-MYCIN S	N		2	
		Neomycin-Col-HC-Thonzon	CORTISPORIN-TC	N		NP	
		Neomycin-Polymyxin-HC	CORTISPORIN	Y	1	2+	
		Pramoxine-Chloroxylenol	PRAMOTIC	Y	1	2+	
		Pramoxine-HC-Chlor-Benz	OTOMAR-HC	Y	1	2+	
		Pramoxine-HC-Chloroxylenol	CORTANE-B-OTIC	Y	1	2+	
63.	MOUTH & THROAT (Local)						
	63A.	Anti-infectives - Throat					
		Clotrimazole	MYCELEX	Y	1	2+	
	63B.	Steroids - Mouth					
		Triamcinolone Acetonide	Triamcinolone Acetonide	Y	1	2+	
	63C.	Antiallergy Agents					
		Amlexanox	APHTHASOL	N		NP	
	63D.	Anesthetics Topical Oral					
		Lidocaine HCl	XYLOCAINE	Y	1	2+	
	63E.	Periodontal Agents					
	63F.	Throat Agents, Misc.					
		Cevimeline HCl	EVOXAC	Y	NP	NP	
		Pilocarpine HCl	SALAGEN	Y	1	2+	
64.	ANORECTAL						
	64A.	Rectal Steroids					
		Hydrocortisone	ANUSOL-HC	Y	1	2+	
	64B.	Intrarectal Steroids					
		Hydrocortisone	COLOCORT	Y	1	2+	
		Hydrocortisone	CORTIFOAM	N		2	
	64C.	Rectal Combinations					
		Hydrocortisone-Pramoxine	ANALPRAM-HC	Y	1	2+	
		Hydrocortisone-Pramoxine	PROCTOFOAM-HC	N		2	
65.	DERMATOLOGICAL						
	65A.	Acne Agents					
		Adapalene	DIFFERIN	Y	1	2+	
		Adapalene	DIFFERIN .3% GEL	N		2	
		Azelaic Acid	AZELEX	N		2	

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Health Net of Arizona Preferred Drug Lists

			Generic Available	2-Tier		Comments	
Generic Name				Brand Name			
				G	B		
		Azelaic Acid	FINACEA (15%)	N		2	
		Benzoyl Peroxide-Eryth	BENZAMYCIN	Y	1	2+	
		Benzoyl Peroxide-HC	VANOXIDE	N		NP	
		Clindamycin Phosphate	CLEOCIN	Y	1	2+	
		Clindamycin Phosphate	CLEOCIN-T	Y	1	2+	
		Clindamycin-Benzoyl Per	DUAC, CS	Y	1	2+	
		Clindamycin-Benzoyl Per	BENZACLIN	Y	NP	NP	
		Clindamycin-Tretinoin	ZIANA GEL	N		NP	
		Erythromycin (Acne Aid)	Erythromycin (Acne Aid)	Y	1	2+	
		Isotretinoin	Isotretinoin	Y	1	2+	5 month limit
		Isotretinoin	ABSORICA	N		NP	
		Metronidazole	METROCREAM	Y	1	2+	
		Metronidazole	METROGEL, KIT	Y	1	2+	
		Metronidazole	METROLOTION	Y	1	2+	
		Metronidazole	NORITATE	N		NP	
		Sulfacetamide	KLARON	Y	1	2+	
		Sulfacetamide-Sulfur	PLEXION, TS	Y	1	2+	
		Sulfacetamide-Sulfur	SULFACET-R	Y	1	2+	1 Bottle Per Copay Smallest Bottle Only
		Sulfur	SULFOAM	N		NP	
		Tretinoin	RETIN-A	Y	1	2+	
		Tretinoin	RETIN-A MICRO	N		2	PA required for >45 Yrs
	65B.	Antibiotics - Topical					
		Bacitracin-Poly-Neo-HC	CORTISPORIN OINT	N		2	
		Erythromycin	Erythromycin Gel	Y	1	2+	
		Erythromycin	Erythromycin	Y	1	2+	
		Gentamicin Sulfate	GENTAMICIN	Y	1	2+	
		Mupirocin Calcium	BACTROBAN CREAM	Y	1	2+	
		Mupirocin Calcium	BACTROBAN OINT	Y	1	2+	
		Mupirocin Calcium	CENTANY	N		NP	
		Neomycin-Polymyxin-HC	CORTISPORIN CREAM	N		2	
	65C.	Antifungals - Topical					
		Butenafine HCl	MENTAX	N		NP	
		Ciclopirox	PENLAC NAIL LACQUER	Y	1	2+	
		Ciclopirox Olamine	LOPROX	Y	1	2+	
		Clotrimazole-Betameth	CLOTRIM-BETAM CREAM	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

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				G	B	
	Clotrimazole-Betameth	LOTRISONE LOTION	Y	1	2+	
	Econazole Nitrate	ECONAZOLE	Y	1	2+	
	Ketoconazole	NIZORAL	Y	1	2+	
	Naftifine HCl	NAFTIN	N		NP	
	Nystatin	Nystatin	Y	1	2+	
	Nystatin-Triamcinolone	Nystatin-Triamcinolone	Y	1	2+	
	Oxiconazole Nitrate	OXISTAT	N		NP	
	Sertraconazole	ERTACZO	N		NP	
	Sodium Thiosulfate-Sal Acid	EXODERM	Y	NP	NP	
	Sulconazole Nitrate	EXELDERM	N		NP	
	Triacetin	TRIACETIN	Y	NP	NP	
	Undecylenic Acid-Chloroxyl	GORDOCHOM	N		NP	
65D.	Antipruritics					
	Doxepin HCl	ZONALON	Y	NP	NP	
65E.	Antipsoriatics					
	Acitretin	SORIATANE	Y	1	2+	
	Anthralin	PSORiatec	Y	NP	NP	
	Calcipotriene	DOVONEX SOL	Y	1	2+	
	Calcipotriene	DOVONEX	Y	1	2+	
	Calcitriol	VECTICAL	N		2	
	Methoxsalen	8-MOP	N		NP	
	Methoxsalen Rapid	OXSORALEN	N		NP	
	Tazarotene	TAZORAC	N		2	PA required for >45 Yrs
	Calcipotriene-Betamethasone-Dip	TACLONEX	N		ST/NP	Requires previous use of: steroid plus Vectical/Dovonex
65F.	Antiseborrheic Agents					
	Selenium Sulfide	SELSUN RX	Y	1	2+	
	Sulfacetamide Sodium-Urea	CARMOL SCALP	Y	NP	NP	
65G.	Antiviral - Topical					
	Acyclovir Topical	ZOVIRAX	N		NP	
	Penciclovir	DENAVIR	N		NP	
65H.	Antineoplastic or Premalignant Lesions - Topical					
	Alitretinoin	PANRETIN	N		PA/NP	
	Aminolevulinic Acid HCl	LEVULAN KERASTICK	N		NC	
	Bexarotene	TARGRETIN	N		NP	
	Diclofenac Sodium (AK)	SOLARAZE	N		NP	
	Fluorouracil	EFUDEX CREAM	Y	1	2+	

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Health Net of Arizona Preferred Drug Lists

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				G	B	
	Fluorouracil	EFUDEX SOLUTION	Y	1	2+	
	Fluorouracil	CARAC	N		NP	
	Ingenol Mebutate	PICATO	N		2	
65I.	Burn Agents					
	Mafenide Acetate	SULFAMYLON	N		NP	
	Silver Sulfadiazine	SILVADENE	Y	1	2+	
65J.	Cauterizing Agents					
	Silver Nitrate	SILVER NITRATE	N		NP	
	Trichloroacetic Acid	TRI-CHLOR	N		NP	
65K.	Tar Agents					
65L.	Corticosteroids - Topical					
	Alclometasone Dipropionate	ACLOVATE	Y	1	2+	
	Amcinonide	AMCINONIDE	Y	1	2+	
	Aug Betameth Dipropionate	DIPROLENE GEL, CREAM, AF	Y	1	2+	
	Aug Betameth Dipropionate	DIPROLENE OINT	Y	1	2+	
	Betamethasone Diprop	Betamethasone Diprop	Y	1	2+	
	Betamethasone Valerate	BETAMETHASONE VAL	Y	1	2+	
	Clobetasol Propionate	TEMOVATE, E	Y	1	2+	
	Clocortolone Pivalate	CLODERM	N		NP	
	Desonide	DESOWEN	Y	1	2+	
	Desonide	DESONATE	N		NP	
	Desoximetasone	TOPICORT SPRAY	N		ST/NP	
	Desoximetasone	TOPICORT	Y	1	2+	
	Diflorasone Diacetate	Diflorasone Diacetate	Y	1	2+	
	Fluocinolone Acetonide	Fluocinolone Acetonide	Y	1	2+	
	Fluocinonide	LIDEX	Y	1	2+	
	Flurandrenolide	CORDRAN	N		2	
	Fluticasone Propionate	CUTIVATE	Y	1	2+	Qty Limit = 30Gm
	Halcinonide	HALOG	N		NP	
	Halobetasol Propionate	ULTRAVATE	Y	1	2+	
	Hydrocortisone	Hydrocortisone	Y	1	2+	
	Hydrocortisone Buteprate	PANDEL	N		NP	
	Hydrocortisone Butyrate	LOCOID	Y	1	2+	
	Hydrocortisone Butyrate	LOCOID LIPOCREAM	N		2	
	Hydrocortisone Valerate	WESTCORT	Y	1	2+	
	Lidocaine-Hydrocortisone	LIDA MANTLE HC	Y	NP	NP	

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Health Net of Arizona Preferred Drug Lists

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Generic Name			Brand Name	G	B	
		Mometasone Furoate	ELOCON	Y	1	2+
		Pramoxine-HC	EPIFOAM	N		NP
		Pramoxine-HC	PRAMOSONE	Y	1	2+
		Prednicarbate	DERMATOP	Y	1	2+
		Triamcinolone Acetonide	KENALOG	Y	1	2+
		Urea-HC Acetate	CARMOL-HC	Y	1	2+
65M.	Emollients					
		Lactic Acid (Ammonium Lac)	LACTINOL	Y	NP	NP
65N.	Enzymes - Topical					
		Collagenase	SANTYL	N		NP
		Trypsin-Castor Oil-Peru Bal	GRANULEX	Y	1	2+
		Trypsin-Castor Oil-Peru Bal	XENADERM	Y	1	2+
65O.	Keratolytics/Antimitotics					
		Podofilox	CONDYLOX 0.5% TOP SOL	Y	1	2+
		Podofilox	CONDYLOX 0.5% GEL	N		2
		Podophyllum Resin	PODOCON	Y	NP	NP
		Pyrogallol-Chlorobutanol	Pyrogallol-Chlorobutanol	N		NP
		Salicylic Acid-Lactic Acid	GORDOFILM	N		NP
		Salicylic Acid Shampoo	SALEX SHAMPOO	Y	1	2+
		Sinecatechins	VEREGEN	N		NP
		Urea	CARMOL 40	Y	1	2+
		Urea Foam	HYDRO 40 AER FOAM	N		NP
65P.	Immunomodulating Agents - Topical					
		Imiquimod	ALDARA	Y	1	2+
		Imiquimod	ZYCLARA	N		NP
65Q.	Immunosuppressive Agents - Topical					
		Pimecrolimus	ELIDEL	N		PA/NP
		Tacrolimus	PROTOPIC	N		PA/NP
65R.	Local Anesthetics - Topical					
		Benzocaine	AMERICAINE	N		NP
		Butamben-Tetracaine-Benzo	CETACAINE	Y	1	2+
		Butamben-Tetracaine-Benzo	CETACAINE MEDICAL KIT E	N		NP
		Cocaine HCl	COCAINE HCL	N		NP
		Ethyl Chloride	Ethyl Chloride	Y	NP	NP
		Lidocaine	LIDODERM	N		PA/NP
		Lidocaine-Tetracaine	SYNERA	N		NP

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Health Net of Arizona Preferred Drug Lists

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					G	B	
		Lidocaine HCl	XYLOCAINE	Y	1	2+	
		Lidocaine-Prilocaine	EMLA	Y	1	2+	
		Lidocaine-Vit E-Aloe-Col	REGENECARE	N		NP	
		Tetracaine HCl	PONTOCAINE	Y	1	2+	
65S.	Pigmenting-Depigmenting Agents						
		Methoxsalen	OXSORALEN	N		2	
65T.	Scabicides & Pediculicides						
		Crotamiton	EURAX	N		2	
		Lindane Lotion	LINDANE LOTION	Y	1	2+	
		Lindane Shampoo	LINDANE SHAMPOO	Y	1	2+	
		Malathion	OVIDE	Y	1	2+	1 Bottle Per Copay
		Permethrin	ELIMITE	Y	1	2+	
65U.	Wound Care Agents						
		Becaplermin	REGRANEX	N		NP	
65V.	Dermatologicals Topical, Misc.						
		Aluminum Chloride	DRYSOL	Y	1	2+	
		Aluminum Chloride in Alc	XERAC AC	N		NP	
66.	DIAGNOSTIC AGENTS						
66A.	Diagnostic Reagents						
		Acetone (Urine) Test	ACETEST	N		2	Max 100 Per Copay
		Glucose Urine Test	CHEMSTRIP-UG	N		2	Max 100 Per Copay
		Glucose Urine Test	CLINITEST	N		NP	Max 100 Per Copay
		Ketone Blood Test	PRECISION XTRA	N		2	Max 100 Per Copay
		Urine Glucose-Ketones Test	CHEMSTRIP UGK	N		2	Max 100 Per Copay
67.	MEDICAL DEVICES						
67A.	Parenteral Therapy Supplies						
		Insulin Syringe/Needle	INSULIN SYRINGES	N		2	Max 100 Per Copay
		Insulin Pen Needles	PEN NEEDLES	N		2	
67B.	Diabetic Supplies						
		Blood Glucose Monitor (Preferred)	ABBOTT AND LIFESCAN MONITORS AND STRIPS	N		P	
67C.	Contraceptives						
		Diaphragms	VARIOUS BRANDS	N		2	
67D.	Miscellaneous						
		Spacer Devices	AEROCHAMBER	N		1	
		Spacer Devices	MICROCHAMBER	N		1	

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				G	B	
68.	MISCELLANEOUS DRUGS					
68A.	Chelating Agents					
	Penicillamine	CUPRIMINE	N		2	
	Succimer	CHEMET	N		2	
	Trientine HCl	SYPRINE*	N		NP	*Specialty Tier List if Applicable
68B.	Immunomodulators					
	Lenalidomide	REVLIMID*	N		PA/2	*Specialty Tier List if Applicable
	Pomalidomide	POMALYST*	N		2	*Specialty Tier List if Applicable
	Thalidomide	THALOMID*	N		NP	*Specialty Tier List if Applicable
68C.	Immunosuppressive Agents					
	Alefacept	AMEVIVE	N		PA	
	Azathioprine	AZASAN	N		NP	
	Azathioprine	IMURAN	Y	1	2+	
	Cyclosporine	SANDIMMUNE	Y	1	2+	
	Cyclosporine Modified	NEORAL	Y	1	2+	
	Mycophenolate Mofetil	CELLCEPT	Y	1	2+	
	Mycophenolate Sodium	MYFORTIC	N		2	
	Sirolimus	RAPAMUNE	N		2	
	Tacrolimus	PROGRAF	N		2	
68D.	Potassium Removing Resin					
	Sodium Polystyrene Sulfonate	KAYEXALATE	Y	1	2+	
68E.	Other					
	Exenatide	BYETTA*	N		PA/J	*Specialty Tier List if Applicable
	Exenatide	BYDUREON*	N		PA/J	*Specialty Tier List if Applicable
	Everolimus	AFINITOR*	N		PA/NP	*Specialty Tier List if Applicable
	Glycerol Phenylbutyrate	RAVICTI*	N		NF	*Specialty Tier List if Applicable
	Sapropterin Dihydrochloride	KUVAN*	N		PA/P	*Specialty Tier List if Applicable
	Sildenafil	VIAGRA	N		NC*	Cover for FEHB member only; 6 Tablets Per Month; Other Members - Not Covered
	Tadalafil	CIALIS	N		NC*	Cover for FEHB member only; 6 Tablets Per Month; Other Members - Not Covered

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