



## Description of the Healthy Options Preferred Drug List

The Health Options **Preferred Drug List** (also known as the Drug Formulary) lists the drugs that are eligible for coverage for New Jersey Healthy Options members, except as otherwise authorized by the plan. For those occasions where an unlisted drug is required for proper medical management, the alternative, unlisted medication may be requested as an exception through the Prior Authorization procedure, by faxing the Health Net Pharmaceutical Services (HNPS) Prior Authorization Department at (800) 977-8226.

The list of medications includes:

- Brand-name medications (listed in UPPER-CASE letters)
- Generic names (listed in lower-case letters).
- Drugs that require prior authorization are indicated by the letters "PA".
- Drugs that are subject to quantity limits are indicated by the letters "QL".
- Drugs that are available over-the-counter (see explanation below) are indicated by the letters "OTC".

Please note that all generic medications are listed by generic name. This list is subject to change. For further information, members may telephone the Customer Contact Center at the number listed on the back of their member ID card.

### How the Preferred Drug List is Developed

The medications on the Healthy Options Preferred Drug List are selected by the Health Net Pharmacy & Therapeutics (P&T) Committee. The P&T Committee meets quarterly to evaluate the clinical effectiveness, safety profile, dosing regimen and affordability of medications before including them on the Preferred Drug List. The Preferred Drug List may change as medications are continually reviewed by the P&T Committee. Physicians are encouraged to submit comments and recommendations on the Health Net Healthy Options Preferred Drug List to the Pharmacy & Therapeutics Committee. Requests should be faxed to: (203) 225-3232 or addressed to:

**Health Net Pharmacy Management  
One Far Mill Crossing  
P.O. Box 904  
Shelton, CT 06484-0944**

### Generic Medications

Generic drugs meet strict guidelines established by the FDA. The FDA approval certifies that the drugs are safe and effective, contain the same active ingredients as brand-name drugs and are judged to be equivalent to those drugs in strength, quality and purity. When available, generic drugs must be used unless the medical necessity of a brand prescription is established via the prior authorization process.

### Non-Prescription (Over-The-Counter) Medications

Medications available without a prescription that are listed in the description of OTC covered medications from the Division of Medical Assistance and Health Services (DMAHS) are covered for Healthy Options members (i.e., Benadryl, Polysporin, etc.). These products are covered when obtained with a prescription order through a network pharmacy.

### Drug Utilization Review (DUR)

The DUR program evaluates a prescription when the pharmacy provider electronically submits the prescription. As the prescription is submitted, a quality assurance check is made to determine if the medication poses a potential problem for the member. The criteria for this review is based on rational drug therapy, referenced interaction information, suggested dosage limits, and recommended length of therapy as indicated by the drug manufacturer's FDA-approved package insert and primary medical literature. The prior authorization process may also be used to request a dosing regimen that is outside the usual recommended DUR range.

DUR edits used to assist the pharmacist in the provision of quality care are:

- Drug / Age conflicts
- Drug / Disease conflicts
- Drug / Drug Interactions
- Drug / Gender Conflicts
- Drug/Pregnancy Conflicts
- Excessive Daily Doses
- Ingredient Duplication
- Insufficient Daily Doses
- Insufficient Duration
- Refill Too Late
- Refill Too Soon
- Therapeutic Duplication



### Medications Subject to Prior Authorization

Drugs requiring prior authorization are denoted with the letters "PA" in the Preferred Drug List. Brand name drugs for which a generic is available, and drugs which do not meet DUR criteria, are also subject to prior authorization.

### Prior Authorization Process

To seek prior authorization for a drug not listed on the Healthy Options Preferred Drug List or for a drug labeled "PA", the participating physician or provider must fax a completed Prior Authorization Form to:

**Health Net Pharmaceutical Services (HNPS)**

**Prior Authorization Department:**

**Fax: (800) 977-8226**

**Monday – Friday: 9 am – 9 pm EST**

When prescribing or dispensing a medication that requires prior authorization, there are three communication options:

1. Using the Health Net Prior Authorization form, complete and fax the documented justification with reference to the criteria to (800) 977-8226.
2. When a prescription is written for a drug that requires Prior Authorization, please indicate on the prescription the specific documented justification for that drug based on specific criteria (i.e., diagnosis or drugs previously used).
3. The dispensing pharmacist can obtain the Prior Authorization from HNPS if the pharmacist has the necessary patient information, or can call the prescriber to obtain the necessary patient information.

### Exception Process for Drugs Not on Preferred Drug List

In the majority of cases, the Preferred Drug List will contain a drug that should meet the needs of the individual, and these choices should be considered first.

Exceptions will be granted where medically necessary and medically appropriate. The factors that will be considered in determining whether those definitions are met include the following:

1. Documented allergic/adverse reaction to drugs on the Preferred Drug List.
2. Documented failure on drugs on the Preferred Drug List.
3. Documented patient stability/control issues where change is contraindicated or not advisable.

Although some situations may require written documentation, the three means of communication listed for the Prior Authorization process also apply here.

### Pharmacist Responsibilities

- When a claim is rejected, contact the physician or HNPS Prior Authorization Department.
- No member should leave the pharmacy without being assisted in obtaining his/her prescription or an alternative medication.
- Provide 72-hour supply of medication while awaiting prior authorization.

### Physician Responsibilities

- For Health Net Healthy Options members, please consider drugs on the Preferred Drug List first.
- When contacted by a pharmacist regarding a drug not on the Preferred Drug List or requiring a prior authorization:
  - Non-Preferred: when appropriate, change medication to preferred drug list option, or fax HNPS Prior Authorization Dept **(800) 977-8226** to provide justification/documentation for non-preferred selection.

Prior Authorization: fax HNPS Prior Authorization Dept **(800) 977-8226**

## Preferred Drug List (PDL) for Healthy Options (Medicaid)

ACCU-CHEK ACTIVE	AROMASIN (QL)	brimonidine tartrate	clindamycin oral
ACCU-CHEK ADVANTAGE	ASACOL	brimonidine tartrate pres. free	clindamycin topical solution
ACCU-CHEK AVIVA	ASMANEX (QL)	bromocriptine	clindamycin vaginal
ACCU-CHEK COMFORT	ASTELIN	bumetadine	clobetasol
ACCU-CHEK COMPACT	ASTEPRO (QL)	bupropion	clomipramine
acebutolol	atenolol	bupropion sr	clonazepam
acetaminophen (otc)	atenolol/chlorthalidone	bupropion xl 150mg (QL)	clonidine
acetaminophen w/codeine	ATRIPLA	bupropion xl 300mg (QL)	clonidine/chlorthalidone
acetazolamide	ATROVENT HFA	buspirone	clorazepate
acetazolamide sr	augmented betamethasone	butalbital/apap/caffeine	clotrimazole troche
acetic acid 2%	augmented betamethasone cream	butalbital/apap/caffeine/codeine	clotrimazole/betamethasone
acetic acid 2%/hydrocortisone 1%	AUGMENTIN XR	butalbital/aspirin/caffeine	colchicine
acetylcysteine	AVANDAMET	butalbital/aspirin/caffeine/codeine	colestipol
ACIPHEX (PA)	AVANDARYL	butorphanol tartrate (QL)	COMBIVENT (QL)
ACTOPLUS MET	AVANDIA 2MG, 4MG (QL)	CANASA	COMBIVIR
ACTOS (QL)	AVANDIA 8MG (QL)	captopril	COMTAN
ACULAR	AVELOX (PA)	captopril/hctz	CONCERTA 18MG, 27MG (QL)
ACULAR LS	AVINZA	carbamazepine	CONCERTA 36MG (QL)
acyclovir oral	AXERT (QL)	carbidopa/levodopa	CONCERTA 54MG (QL)
ADVAIR DISKUS (QL)	AZASAN	carbidopa/levodopa cr	CONDYLOX GEL
ADVAIR HFA (QL)	azathioprine	carisoprodol	CORTISPORIN OPHTH SUSP
ADVICOR 1000-20MG (QL)	azithromycin 250mg (QL)	carisoprodol/aspirin	CREON
ADVICOR 500-20MG, 750-20MG (	azithromycin 500mg (QL)	carvedilol	CRESTOR (QL)
albuterol inhalation solution	azithromycin 600mg (QL)	CATAPRES-TTS	CRIXIVAN
albuterol sulfate sr	azithromycin powder pak 1gm (QL)	cefaclor	cromolyn
alclometasone	AZMACORT (QL)	cefadroxil	cyclobenzaprine
alendronate 35mg, 70mg (QL)	AZOPT	cefdinir	cyclophosphamide
alendronate 5mg, 10mg, 40mg (QL)	bacitracin ophthalmic	cefprozil	cyclosporine microemulsion (PA)
allopurinol	bacitracin/polymixin b	cefuroxime	CYMBALTA (PA)
alprazolam	baclofen	CELEBREX (QL) (PA)	cyproheptadine
alprazolam xr	BACTROBAN CREAM (PA)	CELLCEPT	DAPSONE
amantadine	belladonna/phenobarbital	cephalexin	desipramine
AMERGE (QL)	benazapril/hctz	cetirizine (OTC)	desmopressin
amiloride	benazepril	chlordiazepoxide	desonide
amiloride/hctz	BENICAR (PA)	chloroquine	desoximetasone
amitriptyline	BENICAR HCT (PA)	cholestyramine can	dexamethasone
amitriptyline/chlordiazepoxide	benzocaine/antipyrine	ciclopirox	dexamethasone/neomycin/poly-b
amlodipine	benzonatate	CIPRO HC	dexmethylphenidate
amlodipine/benazepril	benzoyl peroxide creamy wash	CIPRODEX	dextroamphetamine
amoxicillin	benzoyl peroxide gel	ciprofloxacin	diazepam
amoxicillin/clavulanate	benzoyl peroxide/erythromycin	ciprofloxacin ophthalmic	diclofenac
amoxicillin/clavulanate suspension	benztropine	citalopram 10mg	diclofenac ophthalmic
amphetamine/dextroamphetamine	betamethasone dipropionate	citalopram 20mg	diclofenac potassium
amphetamine/dextroamphetamine sr (	betamethasone valerate	citalopram 40mg	diclofenac sr
APTIVUS	BETOPTIC-S	clarithromycin	dicyclomine
ARICEPT (PA)	bicalutamide	clarithromycin xl	didanosine
ARIMIDEX (QL)	bisoprolol/hctz	CLIMARA PRO	didanosine ec
ARMOUR THYROID	BLEPHAMIDE	CLINDAGEL	DIFFERIN CREAM, GEL (QL)

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digoxin	fexofenadine (PA)	hydrocortisone enema	liothyronine
diltiazem	finasteride	hydrocortisone rectal cream 2.5%	lisinopril
diltiazem sr	<a href="#">FLOMAX (QL)</a>	hydrocortisone suppository	lisinopril/hctz
<a href="#">DIOVAN (PA)</a>	<a href="#">FLOVENT HFA (QL)</a>	hydrocortisone valerate	lithium carbonate er
<a href="#">DIOVAN HCT (PA)</a>	fluconazole	hydromorphone	loratadine (OTC)
divalproex	fluconazole 150mg (QL)	hydroxazine	lorazepam
divalproex er	flunisolide nasal (QL)	hydroxychloroquine	<a href="#">LOSEASONIQUE</a>
dorzolamide/timolol	fluocinolone	hydroxyurea	<a href="#">LOTEMAX</a>
<a href="#">DOVONEX</a>	fluocinonide	hydroxyzine pamoate	<a href="#">LOTRIMIN AF (OTC)</a>
doxazosin	fluorometholone	ibuprofen (rx & otc)	lovastatin
doxepin	fluoxetine	imipramine	<a href="#">LOVENOX (QL)</a>
doxycycline hyclate	flurazepam	indomethacin	<a href="#">LUMIGAN (QL)</a>
doxycycline monohydrate	flurbiprofen ophthalmic	indomethacin sr	<a href="#">MALARONE</a>
<a href="#">DUETACT</a>	fluticasone nasal spray (QL)	<a href="#">INFERGEN</a>	meclizine
econazole	fluvoxamine	<a href="#">INTAL INHALER (QL)</a>	medroxyprogesterone
<a href="#">EFFEXOR XR (PA)</a>	<a href="#">FML-S</a>	<a href="#">INTELENCE</a>	medroxyprogesterone acetate 150mg/
<a href="#">EMSAM (PA)</a>	folic acid	<a href="#">INVIRASE</a>	mefloquine (QL)
<a href="#">EMTRIVA</a>	<a href="#">FORADIL (QL)</a>	iodoquinol/hydrocortisone	megestrol
enalapril	fortical (QL)	ipratropium inhalation solution	meloxicam (QL)
enalapril/hctz	<a href="#">FOSAMAX PLUS D</a>	ipratropium nasal	<a href="#">MENEST</a>
<a href="#">EPIPEN (QL)</a>	fosinopril	ipratropium/albuterol inhalation solut	meperidine
<a href="#">EPIPEN JR (QL)</a>	fosinopril/hctz	isoniazid	meprobamate
<a href="#">EPIVIR</a>	<a href="#">FREESTYLE FLASH</a>	isosorbide mononitrate	<a href="#">MEPRON (PA)</a>
<a href="#">EPIVIR 300MG (QL)</a>	<a href="#">FREESTYLE FREEDOM</a>	isosorbide mononitrate sr	mercaptapurine
<a href="#">EPZICOM</a>	<a href="#">FREESTYLE LITE</a>	isotretinoin	<a href="#">METADATE CD</a>
ergotamine/cafeine	furosemide	itraconazole (PA)	metformin
erythromycin ophthalmic	<a href="#">FUZEON (PA)</a>	<a href="#">JANUMET (QL)</a>	metformin er
estazolam	gabapentin	<a href="#">JANUVIA (QL)</a>	methadone
<a href="#">ESTRACE CREAM</a>	gemfibrozil	jolessa, quasense	<a href="#">METHERGINE</a>
estradiol patch (PA)	glimepiride	<a href="#">KADIAN</a>	methimazole
estradiol tablet	glipizide	<a href="#">KALETRA</a>	methocarbamol
<a href="#">ESTRATEST HS</a>	glipizide sr	ketoconazole	methotrexate
estropipate	<a href="#">GLUCAGON (QL)</a>	ketoconazole shampoo	methotrexate
etidronate	<a href="#">GLUMETZA</a>	ketorolac	methyl dopa
etodolac	glyburide	labetalol	methyl dopa/hctz
<a href="#">EURAX</a>	glyburide, micronized	lamotrigine	methylphenidate
<a href="#">EVISTA</a>	glyburide/metformin	<a href="#">LANTUS</a>	methylphenidate cr
<a href="#">EXELDERM</a>	<a href="#">GRIS-PEG</a>	<a href="#">LEVEMIR</a>	methylprednisolone
<a href="#">EXELON (PA)</a>	guanfacine	levetiracetam	metoclopramide
<a href="#">EXELON PATCH (PA)</a>	<a href="#">HUMALOG</a>	levobunolol	metoprolol
<a href="#">EXFORGE (PA)</a>	<a href="#">HUMULIN</a>	levonorgestrel (QL)	metoprolol xl
<a href="#">EXFORGE HCT (PA)</a>	hydalazine	levothyroxine or levoxyl or levothroi	<a href="#">METROGEL</a>
famotidine	hydralazine/hctz	<a href="#">LEXAPRO (QL)</a>	<a href="#">METROGEL KIT</a>
felodipine	hydrochlorothiazide tablets	<a href="#">LEXIVA</a>	metronidazole
<a href="#">FEMARA (QL)</a>	hydrocodone/apap	l-hyoscyamine	metronidazole cream
fenofibrate	hydrocortisone	lidocaine topical	metronidazole vaginal gel
fentanyl patch (PA)	hydrocortisone 2.5%	lidocaine viscous	microgestin fe
ferrous sulfate (otc)	hydrocortisone butyrate	lindane	minocycline

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MIRAPEX	ORAMORPH SR (PA)	prochlorperazine	sumatriptan inj statdose (QL)
mirtazapine	ORTHO EVRA (QL)	PROGRAF	sumatriptan inj vials (QL)
mirtazapine odt	ORTHO TRI-CYCLEN LO	promethazine	sumatriptan spray (QL)
misoprostol	oxaprozin	propoxyphene-n/apap	sumatriptan tablets (QL)
moexipril	oxcarbazepine	propranolol	SUPRAX
moexipril/hctz	OXISTAT	propranolol sr	SUSTIVA
mometasone	oxybutynin	propranolol/hctz	SUTENT (PA)
morphine sulfate sr	oxybutynin er	propylthiouracil	TAMIFLU (QL)
mupirocin ointment	oxycodone (QL)	PROVENTIL HFA (QL)	TAMIFLU SUSPENSION (QL)
nabumetone	oxycodone w/apap	PULMICORT FLEXHALER (QL)	tamoxifen
nadolol	pantoprazole (PA)	PULMICORT SOLUTION (QL)	TAZORAC (QL)
NAFTIN	paroxetine (QL)	PULMOZYME	TEGRETOL XR
naltrexone	paroxetine cr (QL)	quinapril	TEKTURNA (PA)
naproxen	PATADAY	quinapril/hctz	TEKTURNA HCT (PA)
naproxen sodium ec	PATANOL	QVAR (QL)	temazepam
NASONEX (QL)	penicillin v potassium	ramipril	TEMODAR
necon 1/35	PENTASA	ranitidine	terazosin capsules
necon 1/50	periogard	RAPAMUNE	terbinafine
necon 10/11	permethrin	RELENZA	terbutaline
necon 7/7/7	phenobarbital	RESCRIPTOR	terconazole suppository
nefazodone	phenytoin	RETIN-A MICRO GEL (QL)	tetracycline
neomycin/poly-b/gramicidin	pilocarpine	RETIN-A MICRO GEL PUMP (QL)	theophylline er
NEXAVAR (PA)	piroxicam	REYATAZ	timolol maleate
NIASPAN	PLAVIX (QL) (PA)	rifampin	timolol maleate gel
nifedipine sr	podofilox solution	ropinirole	tizanidine tablets
nisoldipine	polymyxin-b/trimethoprim	SEASONIQUE	tobramycin
nitrofurantoin macrocrystals	polyvitamins (otc)	selegiline	tobramycin/dexamethasone
nitroglycerin ointment	potassium chloride	SELZENTRY	topiramate
nitroglycerin oral sr	pramoxine/hydrocortisone	sertraline	tramadol
nitroglycerin patch	PRANDIN (PA)	silver sulfadiazine	tramadol/apap
nitroglycerin sl	pravastatin 10mg, 20mg (QL)	SIMCOR	trandolapril
NITROLINGUAL SPRAY	pravastatin 40mg (QL)	simvastatin (QL)	TRAVATAN
nora-be	prazosin	SINGULAIR (QL)	TRAVATAN Z
nortriptyline	PRECISION XTRA	sodium polysterene sulfonate	trazodone
NORVIR	PRED-G	SPIRIVA (QL)	tretinoin
NUVARING (QL)	prednisolone ophth	spironolactone	triamcinolone
nystatin oral	prednisolone sodium phosphate soluti	spironolactone/hctz	triamterene/hctz
nystatin topical	prednisone	sprintec	triazolam
nystatin vaginal	PREMARIN	STALEVO	TRICOR (QL)
nystatin/triamcinolone	PREMARIN VAGINAL CREAM	stavudine	trihexyphenidyl
ob-natal one	PREMPHASE	STRATTERA (PA)	trimethobenzamide
ofloxacin ophthalmic	PREMPRO	sucralfate	tri-vitamins (otc)
ofloxacin otic	PRENATE DHA	sulfacetamide sodium	trivora
ogestrel	PREZISTA 150MG (QL)	sulfacetamide sodium w/ sulfur	TRIZIVIR
omeprazole (PA)	PREZISTA 300MG (QL)	sulfacetamide/prednisolone	TRUVADA
ondansetron (QL)	PREZISTA 400MG, 600MG (QL)	sulfamethoxazole/trimethoprim	urea
ondansetron odt (QL)	PREZISTA 75MG (QL)	sulfasalazine	ursodiol
OPANA ER (QL)	probenecid	sulindac	valacyclovir

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VALCYTE  
VANCOCIN (PA)  
venlafaxine  
VERAMYST (QL)  
verapamil  
VIGAMOX  
vinate  
VIRACEPT  
VIRAMUNE  
VIREAD  
VITAFOL-OB  
VITAFOL-OB + DHA  
VYTORIN (QL)  
VYVANSE (QL)  
warfarin  
XELODA  
XOPENEX HFA (QL)  
YASMIN  
YAZ  
YODOXIN  
ZIAGEN  
ZMAX (QL)  
zolpidem (QL)  
zonidamide  
ZYLET

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