

2016 Employer Group Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO)

HPMS Approved Formulary File Submission ID: 16219, Version Number: 27

This formulary was updated on 12/1/2016. For more recent information or other questions, please contact Health Net at:

Arizona Plans: 1-800-977-7522

California HMO Plans: 1-800-275-4737

California PPO Plans: 1-800-960-4638

Oregon/Washington Plans: 1-888-445-8913

or, for **TTY users**, 711, 8:00 a.m. - 8:00 p.m., seven days a week (automated telephone service is used on some weekends and holidays), or visit www.healthnet.com/medicare.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Net. When it refers to “plan” or “our plan,” it means Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of the date on the front and back cover pages. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change

becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of the date on the front and back cover pages. To get updated information about the drugs covered by us, please contact us. Our contact information appears on the front and back cover pages.

If we make any other negative changes to a drug you are taking, we will notify you via mail. We will also post the changes on our website.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR AGENTS - MISC.". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to

the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides two each per day per prescription for *simvastatin 40 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We

have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?" on page iii for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Level of care changes

If you experience a change in your level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a transition supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a transition supply, we will cover one 31-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 31-day supply.

We understand that there are other circumstances when an override may be granted. These situations are managed on a case-by-case basis through communication between the dispensing pharmacy and Health Net.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Formulary tier descriptions

To find out how much you pay for a drug, the abbreviations below appear in the Drug Tier column on the formulary. The copayment or coinsurance level is shown in the Copayment/Coinsurance column. To find out your copayment or coinsurance for each tier, please check your *Evidence of Coverage*.

<i>Abbreviation</i>	<i>Copayment/Coinsurance</i>	<i>Description</i>
1	Tier 1 copayment	Preferred generic drugs (both Part D and non-Part D)
2	Tier 2 copayment	Preferred brand drugs (both Part D and non-Part D) These drugs are not eligible for exceptions for payment at a lower tier.
3	Tier 3 copayment	Non-Preferred brand drugs (both Part D and non-Part D)
4	Tier 4 copayment	Injectable drugs that do not meet the CMS minimum cost threshold required to be placed on Tier 5 (both Part D and non-Part D)
5 (Specialty)	Tier 5 copayment or coinsurance	High-cost drugs. (both Part D and non-Part D) These drugs are not eligible for exceptions for payment at a lower tier.
NF	Non-formulary - If an exception request is approved for a non-formulary drug; the Tier 3 copayment applies. You may not ask us to provide the drug at a lower cost-sharing level.	Drugs not covered on Health Net's Medicare Part D formulary. You may request an exception from Health Net to cover these drugs. See the section, "How do I request an exception to the Health Net Medicare Part D Employer Group Formulary?"

Abbreviations

The abbreviations below may appear in the Requirement/Limits column on the formulary.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	This drug may require prior authorization if your age does not meet manufacturer, FDA, or clinical recommendations.
B/D	Medicare Part B vs. Part D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GL	Gender Limit	This drug is only covered for males or females based on manufacturer, FDA, or clinical recommendations.
LA	Limited Access	This drug may be subject to limited access or restricted access. This means that a drug may only be available at one or a limited number of pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. You should talk to your doctor, or other prescriber, or pharmacist for details about getting limited access drugs.
MO	Mail Order	This drug is available at Health Net’s mail order pharmacy in addition to other network pharmacies.
NT	Non-TrOOP	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you don’t get approval, we may not cover the drug.
QL	Quantity Limit	This drug has a limit on the amount that Health Net will cover. For example, we cover two each per day per prescription for <i>simvastatin 40 mg</i> . This may be in addition to a standard one-month or three-month supply limits.
RX/OTC	Prescription and Over-the-Counter (OTC)	This drug is available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
SL	Safety Limit	This drug has a maximum daily dose limit for safety supported by the FDA. This means that Health Net will not cover more than the maximum daily dose. For example, the FDA maximum daily dose of <i>simvastatin</i> is 80 mg. Therefore, we will only cover two tablets per day for <i>simvastatin</i> 40 mg.
ST	Step Therapy	This drug requires step therapy. This means that you must first try certain drugs to treat your medical condition before Health Net covers another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
*	Additional Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.
+	Additional Gap Coverage	Only for Health Net CoCare Plan B (Employer HMO) and some Health Net Seniority Plus (Employer HMO) plans: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (<i>Amphetamine-Dextroamphetamine</i>)	3	MO; +
<i>amphetamine-dextroamphetamine cp24</i>	1	MO; *
<i>amphetamine-dextroamphetamine tabs</i>	1	MO; *
DEXEDRINE CP24 (<i>Dextroamphetamine Sulfate</i>)	3	MO; +
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	1	MO; *
<i>dextroamphetamine sulfate tabs 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; *
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; +
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; +
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; +
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; +
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; +
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; +
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; +
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>guanfacine hcl (adhd) tb24</i>	1	AL; MO; *
INTUNIV TB24 (<i>Guanfacine HCl (ADHD)</i>)	NF	AL; MO
STRATTERA CAPS 10 MG	2	SL(10 ea daily); MO; +
STRATTERA CAPS 100 MG	2	SL(1 ea daily); MO; +
STRATTERA CAPS 18 MG	2	SL(5.55 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAPS 25 MG	2	SL(4 ea daily); MO; +
STRATTERA CAPS 40 MG	2	SL(2.5 ea daily); MO; +
STRATTERA CAPS 60 MG	2	SL(1.66 ea daily); MO; +
STRATTERA CAPS 80 MG	2	SL(1.25 ea daily); MO; +
Stimulants - Misc.		
<i>armodafinil tabs 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; *
CONCERTA TBCR (<i>Methylphenidate HCl</i>)	3	MO; +
DAYTRANA PTCH 30 MG/9HR	3	MO; +
<i>dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg</i>	1	MO; *
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	MO; *
FOCALIN TABS (<i>Dexmethylphenidate HCl</i>)	3	MO; +
FOCALIN XR CP24 10 MG, 20 MG (<i>Dexmethylphenidate HCl</i>)	3	MO; +
FOCALIN XR CP24 15 MG (<i>Dexmethylphenidate HCl</i>)	NF	MO
METADATE CD CPCR (<i>Methylphenidate HCl</i>)	NF	MO
<i>methylphenidate hcl cp24 or 20 mg, 30 mg, 40 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	MO; *
<i>methylphenidate hcl tabs or 10 mg, 20 mg, 5 mg</i>	1	MO; *
<i>methylphenidate hcl tb24 or 18 mg, 27 mg, 36 mg, 54 mg</i>	1	*
<i>methylphenidate hcl tbcR or 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1	MO; *
<i>modafinil tabs 100 mg</i>	1	PA; MO; *
<i>modafinil tabs 200 mg</i>	5	PA; MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TABS 150 MG, 250 MG, 50 MG (<i>Armodafinil</i>)	3	PA; MO; +
NUVIGIL TABS 200 MG	3	PA; MO; +
PROVIGIL TABS (<i>Modafinil</i>)	5	PA; MO; +
RITALIN LA CP24 10 MG, 60 MG	3	MO; +
RITALIN LA CP24 20 MG, 30 MG, 40 MG (<i>Methylphenidate HCl</i>)	3	MO; +
RITALIN TABS (<i>Methylphenidate HCl</i>)	3	MO; +

AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

<i>amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml</i>	4	MO; +
BETHKIS NEBU	5	B/D; +
<i>gentamicin in saline soln 0.9%-1mg/ml</i>	4	+
<i>gentamicin sulfate soln ij 40 mg/ml</i>	4	MO; +
KITABIS PAK NEBU	5	B/D; +
<i>neomycin sulfate tabs or</i>	1	MO; *
<i>paromomycin sulfate caps</i>	1	MO; *
TOBI NEBU (<i>Tobramycin</i>)	5	B/D; +
TOBI PODHALER CAPS	5	+
<i>tobramycin nebu in</i>	1	B/D; *
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml</i>	4	MO; +
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	+

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Anti-TNF-alpha - Monoclonal Antibodies

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; +
HUMIRA PEN PNKT	5	PA; +
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	5	PA; +
HUMIRA PEN-PSORIASIS STARTER PNKT	5	PA; +
HUMIRA PSKT	5	PA; +
SIMPONI ARIA SOLN	5	PA; +
SIMPONI SOAJ	5	PA; +
SIMPONI SOSY	5	PA; +

Antirheumatic - Enzyme Inhibitors

XELJANZ TABS	5	PA; +
XELJANZ XR TB24	5	PA; +

Antirheumatic Antimetabolites

OTREXUP SOAJ	4	PA; +
RASUVO SOAJ	4	PA; +
RHEUMATREX TABS	2	MO; +

Gold Compounds

RIDAURA CAPS	5	MO; +
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Interleukin-1 Blockers

ARCALYST SOLR	5	LA; +
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Interleukin-1 Receptor Antagonist (IL-1Ra)

KINERET SOSY	5	PA; +
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Interleukin-1beta Blockers

ILARIS SOLR	5	LA; +
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Interleukin-6 Receptor Inhibitors

ACTEMRA SOLN	5	PA; +
ACTEMRA SOSY	5	PA; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Naproxen Sodium</i>)	3	MO; +
ARTHROTEC 50 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO
ARTHROTEC 75 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO
CATAFLAM TABS (<i>Diclofenac Potassium</i>)	3	MO; +
CELEBREX CAPS (<i>Celecoxib</i>)	NF	MO
<i>celecoxib caps</i>	1	MO; *
DAYPRO TABS (<i>Oxaprozin</i>)	3	MO; +
<i>diclofenac potassium tabs</i>	1	MO; *
<i>diclofenac sodium tb24 or 100 mg</i>	1	MO; *
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *
DUEXIS TABS	5	PA; MO; +
EC-NAPROSYN TBEC (<i>Naproxen</i>)	3	MO; +
<i>etodolac caps 200 mg, 300 mg</i>	1	MO; *
<i>etodolac tabs 400 mg, 500 mg</i>	1	MO; *
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	MO; *
FELDENE CAPS (<i>Piroxicam</i>)	3	MO; +
<i>fenoprofen calcium tabs or 600 mg</i>	1	MO; *
<i>flurbiprofen tabs or 100 mg, 50 mg</i>	1	MO; *
<i>ibuprofen susp or 100 mg/5ml</i>	1	RX/OTC; MO; *
<i>ibuprofen tabs or 400 mg</i>	1	SL(8 ea daily); MO; *
<i>ibuprofen tabs or 600 mg</i>	1	SL(5.33 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tabs or 800 mg</i>	1	SL(4 ea daily); MO; *
INDOCIN SUSP OR 25 MG/5ML	3	AL; MO; +
<i>indomethacin caps or 25 mg, 50 mg</i>	1	AL; MO; *
<i>indomethacin cpcr or 75 mg</i>	1	AL; MO; *
<i>ketoprofen caps or 50 mg, 75 mg</i>	1	MO; *
<i>ketoprofen cp24 or 200 mg</i>	1	MO; *
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	4	AL; MO; +
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	4	AL; MO; +
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL; MO; *
<i>meclofenamate sodium caps or 100 mg, 50 mg</i>	1	MO; *
<i>mefenamic acid caps or</i>	1	MO; *
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	1	MO; *
MOBIC TABS 15 MG, 7.5 MG (<i>Meloxicam</i>)	3	MO; +
<i>nabumetone tabs</i>	1	MO; *
NAPRELAN TB24 375 MG, 500 MG (<i>Naproxen Sodium</i>)	3	MO; +
NAPRELAN TB24 750 MG	3	MO; +
NAPROSYN TABS 250 MG, 375 MG, 500 MG (<i>Naproxen</i>)	3	MO; +
<i>naproxen sodium tabs or 275 mg, 550 mg</i>	1	MO; *
<i>naproxen sodium tb24 or 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tbec or 375 mg, 500 mg</i>	1	MO; *
<i>oxaprozin tabs</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam caps or 10 mg, 20 mg</i>	1	MO; *
PONSTEL CAPS (Mefenamic Acid)	3	MO; +
<i>sulindac tabs or 150 mg, 200 mg</i>	1	MO; *
<i>tolmetin sodium caps 400 mg</i>	1	MO; *
<i>tolmetin sodium tabs 200 mg</i>	1	*
<i>tolmetin sodium tabs 600 mg</i>	1	MO; *
VIMOVO TBEC	5	PA; MO; +
ZIPSOR CAPS	3	MO; +
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5	PA; +
OTEZLA TBPK	5	PA; +
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Leflunomide)	3	MO; +
<i>leflunomide tabs</i>	1	MO; *
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	5	PA; +
ORENCIA SOLR	5	PA; +
ORENCIA SOSY	5	PA; +
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	5	PA; +
ENBREL SOSY	5	PA; +
ENBREL SURECLICK SOAJ	5	PA; +
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL 100 MCG	3	PA; QL(6 ea daily); +
ABSTRAL SUBL 200 MCG	5	PA; QL(6 ea daily); +
ABSTRAL SUBL 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); +
ACTIQ LPOP 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(4 ea daily); MO; +
ACTIQ LPOP 200 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(6 ea daily); MO; +
<i>codeine sulfate tabs 15 mg</i>	1	SL(24 ea daily); MO; *
<i>codeine sulfate tabs 30 mg</i>	1	SL(12 ea daily); MO; *
<i>codeine sulfate tabs 60 mg</i>	1	SL(6 ea daily); MO; *
DILAUDID LIQD OR 1 MG/ML (<i>Hydromorphone HCl</i>)	NF	QL(32 ml daily); MO
DILAUDID SOLN IJ 2 MG/ML	4	+
DILAUDID TABS OR 2 MG (<i>Hydromorphone HCl</i>)	3	QL(29 ea daily); MO; +
DILAUDID TABS OR 4 MG (<i>Hydromorphone HCl</i>)	3	QL(14 ea daily); MO; +
DILAUDID TABS OR 8 MG (<i>Hydromorphone HCl</i>)	3	QL(7 ea daily); MO; +
DOLOPHINE TABS 10 MG (<i>Methadone HCl</i>)	3	QL(19 ea daily); MO; +
DOLOPHINE TABS 5 MG (<i>Methadone HCl</i>)	3	QL(38 ea daily); MO; +
DURAGESIC PT72 100 MCG/HR (<i>Fentanyl</i>)	5	QL(1 ea daily); MO; +
DURAGESIC PT72 12 MCG/HR (<i>Fentanyl</i>)	3	Limit 43 patches per month; QL(1.44 ea daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
DURAGESIC PT72 25 MCG/HR (<i>Fentanyl</i>)	3	Limit 21 patches per month; QL(0.7 ea daily); MO; +
DURAGESIC PT72 50 MCG/HR (<i>Fentanyl</i>)	3	Limit 22 patches per month; QL(0.74 ea daily); MO; +
DURAGESIC PT72 75 MCG/HR (<i>Fentanyl</i>)	5	Limit 18 patches per month; QL(0.61 ea daily); MO; +
EXALGO T24A 12 MG (<i>Hydromorphone HCl</i>)	NF	QL(4 ea daily); MO
EXALGO T24A 16 MG (<i>Hydromorphone HCl</i>)	NF	QL(3.67 ea daily); MO
EXALGO T24A 32 MG (<i>Hydromorphone HCl</i>)	3	QL(2 ea daily); MO; +
EXALGO T24A 8 MG (<i>Hydromorphone HCl</i>)	NF	QL(7 ea daily); MO
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL(4 ea daily); MO; +
<i>fentanyl citrate lpop bu 200 mcg</i>	5	PA; QL(6 ea daily); MO; +
<i>fentanyl pt72 100 mcg/hr</i>	1	QL(1 ea daily); MO; *
<i>fentanyl pt72 12 mcg/hr</i>	1	Limit 43 patches per month; QL(1.44 ea daily); MO; *
<i>fentanyl pt72 25 mcg/hr</i>	1	Limit 21 patches per month; QL(0.7 ea daily); MO; *
<i>fentanyl pt72 50 mcg/hr</i>	1	Limit 22 patches per month; QL(0.74 ea daily); MO; *
<i>fentanyl pt72 75 mcg/hr</i>	1	Limit 18 patches per month; QL(0.61 ea daily); MO; *
FENTORA TABS 100 MCG, 200 MCG	5	PA; QL(6 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO; +
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	QL(32 ml daily); MO; *
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	+
<i>hydromorphone hcl soln ij 2 mg/ml</i>	4	MO; +
<i>hydromorphone hcl t24a or 12 mg</i>	1	QL(4 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	1	QL(3.67 ea daily); MO; *
<i>hydromorphone hcl t24a or 32 mg</i>	1	QL(2 ea daily); MO; *
<i>hydromorphone hcl t24a or 8 mg, 8mg</i>	1	QL(7 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg</i>	1	QL(29 ea daily); MO; *
<i>hydromorphone hcl tabs or 4 mg</i>	1	QL(14 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(7 ea daily); MO; *
HYSINGLA ER T24A 100 MG, 120 MG	3	PA; QL(2 ea daily); +
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL(2 ea daily); MO; +
KADIAN CP24 10 MG (<i>Morphine Sulfate</i>)	3	QL(6 ea daily); MO; +
KADIAN CP24 100 MG (<i>Morphine Sulfate</i>)	5	QL(6 ea daily); MO; +
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>Morphine Sulfate</i>)	3	QL(5 ea daily); MO; +
KADIAN CP24 200 MG	3	QL(1 ea daily); MO; +
KADIAN CP24 40 MG	3	PA; QL(5 ea daily); MO; +
LAZANDA SOLN 100 MCG/ACT	5	PA; QL(6 ea daily); MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; QL(5 ea daily); +
LAZANDA SOLN 400 MCG/ACT	5	PA; QL(4 ea daily); +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(4 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(20 ml daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(40 ml daily); MO; *
<i>methadone hcl tabs or 10 mg</i>	1	QL(19 ea daily); MO; *
<i>methadone hcl tabs or 5 mg</i>	1	QL(38 ea daily); MO; *
METHADOSE CONC (Methadone HCl)	3	QL(4 ml daily); MO; +
METHADOSE SUGAR-FREE CONC (Methadone HCl)	3	QL(4 ml daily); MO; +
<i>morphine sulfate beads cp24</i>	1	QL(5 ea daily); MO; *
<i>morphine sulfate cp24 or 10 mg</i>	1	QL(6 ea daily); MO; *
<i>morphine sulfate cp24 or 100 mg</i>	5	QL(6 ea daily); MO; +
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL(5 ea daily); MO; *
<i>morphine sulfate soln ij 0.5 mg/ml</i>	4	+
<i>morphine sulfate soln ij 1 mg/ml</i>	4	MO; +
<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(60 ml daily); MO; *
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	1	QL(6 ml daily); MO; *
<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(30 ml daily); MO; *
<i>morphine sulfate tabs or 15 mg</i>	1	QL(8 ea daily); MO; *
<i>morphine sulfate tabs or 30 mg</i>	1	QL(14 ea daily); MO; *
<i>morphine sulfate tbcR or 100 mg</i>	1	QL(6 ea daily); MO; *
<i>morphine sulfate tbcR or 15 mg</i>	1	QL(8 ea daily); MO; *
<i>morphine sulfate tbcR or 200 mg</i>	1	QL(3 ea daily); MO; *
<i>morphine sulfate tbcR or 30 mg, 60 mg</i>	1	QL(5 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TBCR 100 MG (Morphine Sulfate)	3	QL(6 ea daily); MO; +
MS CONTIN TBCR 15 MG (Morphine Sulfate)	3	QL(8 ea daily); MO; +
MS CONTIN TBCR 200 MG (Morphine Sulfate)	3	QL(3 ea daily); MO; +
MS CONTIN TBCR 30 MG, 60 MG (Morphine Sulfate)	3	QL(5 ea daily); MO; +
NUCYNTA ER TB12 100 MG	2	QL(4 ea daily); MO; +
NUCYNTA ER TB12 150 MG, 200 MG, 250 MG	2	QL(2 ea daily); MO; +
NUCYNTA ER TB12 50 MG	2	QL(8 ea daily); MO; +
NUCYNTA TABS 100 MG	3	QL(6 ea daily); MO; +
NUCYNTA TABS 50 MG	3	QL(12 ea daily); MO; +
NUCYNTA TABS 75 MG	3	QL(8 ea daily); MO; +
OPANA ER (CRUSH RESISTANT) T12A 40 MG	5	QL(2 ea daily); MO; +
OPANA TABS OR 10 MG (Oxymorphone HCl)	3	QL(4 ea daily); MO; +
OPANA TABS OR 5 MG (Oxymorphone HCl)	3	QL(8 ea daily); MO; +
<i>oxycodone hcl caps or 5 mg</i>	1	QL(17 ea daily); MO; *
<i>oxycodone hcl conc or 100 mg/5ml</i>	1	QL(4 ml daily); MO; *
OXYCODONE HCL ER T12A 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	QL(2 ea daily); MO; +
OXYCODONE HCL ER T12A 80 MG	2	QL(7 ea daily); MO; +
<i>oxycodone hcl tabs or 10 mg</i>	1	QL(16 ea daily); MO; *
<i>oxycodone hcl tabs or 15 mg</i>	1	QL(11 ea daily); MO; *
<i>oxycodone hcl tabs or 20 mg</i>	1	QL(8 ea daily); MO; *
<i>oxycodone hcl tabs or 30 mg</i>	1	QL(15 ea daily); MO; *
<i>oxycodone hcl tabs or 5 mg</i>	1	QL(17 ea daily); MO; *

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	QL(2 ea daily); MO; +
OXYCONTIN T12A 80 MG	2	QL(7 ea daily); MO; +
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(4 ea daily); MO; *
<i>oxymorphone hcl tabs 5 mg</i>	1	QL(8 ea daily); MO; *
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(4 ea daily); MO; *
<i>oxymorphone hcl tb12 15 mg</i>	1	QL(2.67 ea daily); MO; *
<i>oxymorphone hcl tb12 20 mg, 30 mg, 40 mg</i>	1	QL(2 ea daily); MO; *
<i>oxymorphone hcl tb12 5 mg</i>	1	QL(8 ea daily); MO; *
<i>oxymorphone hcl tb12 7.5 mg</i>	1	QL(5 ea daily); MO; *
ROXICODONE TABS 15 MG (<i>Oxycodone HCl</i>)	3	QL(11 ea daily); MO; +
ROXICODONE TABS 30 MG (<i>Oxycodone HCl</i>)	3	QL(15 ea daily); MO; +
ROXICODONE TABS 5 MG (<i>Oxycodone HCl</i>)	NF	QL(17 ea daily); MO
SUBSYS LIQD 100 MCG, 200 MCG	5	PA; QL(6 ea daily); MO; +
SUBSYS LIQD 1200 MCG	5	PA; QL(4 ea daily); +
SUBSYS LIQD 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO; +
<i>tramadol hcl tabs or 50 mg</i>	1	SL(8 ea daily); MO; *
<i>tramadol hcl tb24 or 100 mg</i>	1	SL(3 ea daily); MO; *
<i>tramadol hcl tb24 or 200 mg</i>	1	SL(1.5 ea daily); MO; *
<i>tramadol hcl tb24 or 300 mg</i>	1	SL(1 ea daily); MO; *
ULTRAM ER TB24 100 MG (<i>Tramadol HCl</i>)	3	SL(3 ea daily); MO; +
ULTRAM ER TB24 200 MG (<i>Tramadol HCl</i>)	3	SL(1.5 ea daily); MO; +
ULTRAM ER TB24 300 MG (<i>Tramadol HCl</i>)	3	SL(1 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (<i>Tramadol HCl</i>)	3	SL(8 ea daily); MO; +
ZOHYDRO ER C12A 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL(2 ea daily); MO; +
ZOHYDRO ER CP12 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL(2 ea daily); +
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4980mls per month; SL(166 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg, 300mg-60mg</i>	1	SL(13 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	AL; SL(13 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	AL; SL(12 ea daily); MO; *
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	AL; MO; *
FIORINAL/CODEINE #3 CAPS (<i>Butalbital-Aspirin-Caffeine w/Cod</i>)	3	AL; MO; +
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	Limit 5535mls per month; SL(184.5 ml daily); MO; *
<i>hydrocodone-acetaminophen tabs 10mg-300mg, 5mg-300mg, 7.5mg-300mg</i>	1	SL(13.3 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	1	SL(12.3 ea daily); MO; *
<i>hydrocodone-ibuprofen tabs 200mg-10mg, 200mg-5mg, 200mg-7.5mg</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</i>	1	Limit 1845mls per month;SL(61.5 ml daily); *
<i>oxycodone w/ acetaminophen tabs 10mg-325mg, 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	1	SL(12.3 ea daily); MO; *
<i>oxycodone-aspirin tabs 4.835mg-325mg</i>	1	MO; *
<i>tramadol-acetaminophen tabs</i>	1	SL(8 ea daily); MO; *
ULTRACET TABS (<i>Tramadol-Acetaminophen</i>)	3	SL(8 ea daily); MO; +
Opioid Partial Agonists		
BUNAVAIL FILM 2.1MG-0.3MG, 4.2MG-0.7MG	3	PA; +
BUNAVAIL FILM 6.3MG-1MG	3	PA; MO; +
<i>buprenorphine hcl subl sl 2 mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg</i>	1	PA; QL(4 ea daily); MO; *
<i>butorphanol tartrate soln ij 2 mg/ml</i>	4	MO; +
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 126mls per month;QL(4.2 ml daily); MO; *
BUTRANS PTWK 10 MCG/HR	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +
BUTRANS PTWK 15 MCG/HR	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +
BUTRANS PTWK 5 MCG/HR	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
SUBOXONE FILM	3	PA; MO; +
TALWIN SOLN	4	AL; +
ZUBSOLV SUBL 1.4MG-0.36MG, 5.7MG-1.4MG, 8.6MG-2.1MG	3	PA; MO; +
ZUBSOLV SUBL 11.4MG-2.9MG, 2.9MG-0.71MG	3	PA; +
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	MO; +
OXANDRIN TABS 10 MG (<i>Oxandrolone</i>)	5	MO; +
OXANDRIN TABS 2.5 MG (<i>Oxandrolone</i>)	NF	MO
<i>oxandrolone tabs or 10 mg</i>	5	MO; +
<i>oxandrolone tabs or 2.5 mg</i>	1	MO; *
Androgens		
ANDRODERM PT24	2	GL; MO; +
ANDROGEL GEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	2	GL; MO; +
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (<i>Testosterone</i>)	2	GL; MO; +

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP GEL 1.62 %	2	GL; MO; +
AVEED SOLN	3	LA; +
AXIRON SOLN	3	GL; MO; +
<i>danazol caps or 100 mg, 200 mg, 50 mg</i>	1	MO; *
DEPO-TESTOSTERONE SOLN (<i>Testosterone Cypionate</i>)	4	MO; +
<i>flouxymesterone tabs or</i>	1	MO; *
FORTESTA GEL	3	GL; MO; +
NATESTO GEL	3	GL; MO; +
TESTIM GEL	3	GL; MO; +
<i>testosterone cypionate soln</i>	4	MO; +
<i>testosterone enanthate soln im</i>	4	MO; +
TESTOSTERONE GEL TD 1 %, 10 MG/ACT, 25 MG/2.5GM, 50 MG/5GM	3	GL; MO; +
<i>testosterone gel td 1 %, 25 mg/2.5gm, 50 mg/5gm</i>	1	GL; MO; *
TESTOSTERONE PUMP GEL	3	GL; MO; +
VOGELXO GEL	3	GL; MO; +
VOGELXO PUMP GEL	3	GL; MO; +
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Hydrocortisone (Intrarectal)</i>)	NF	MO
CORTIFOAM FOAM	3	MO; +
<i>hydrocortisone (intrarectal) enem</i>	1	MO; *
UCERIS FOAM RE 2 MG/ACT	3	MO; +
Rectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) crea 1 %, 2.5 %</i>	1	MO; *
PROCTOCORT CREA 1 % (<i>Hydrocortisone (Rectal)</i>)	3	MO; +
Vasodilating Agents		
RECTIV OINT	3	MO; +
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	MO; +
BILTRICIDE TABS	2	MO; +
<i>ivermectin tabs or</i>	1	MO; *
STROMECTOL TABS (<i>Ivermectin</i>)	3	MO; +
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM SOLR (<i>Aztreonam</i>)	4	MO; +
<i>aztreonam solr</i>	4	MO; +
CAYSTON SOLR	5	LA; +
<i>colistimethate sodium solr ij</i>	4	MO; +
COLY-MYCIN M SOLR (<i>Colistimethate Sodium</i>)	4	MO; +
FLAGYL CAPS 375 MG (<i>Metronidazole</i>)	3	SL(10.6 ea daily); MO; +
FLAGYL TABS 250 MG (<i>Metronidazole</i>)	3	SL(16 ea daily); MO; +
FLAGYL TABS 500 MG (<i>Metronidazole</i>)	3	SL(8 ea daily); MO; +
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *
<i>metronidazole in nacl soln</i>	4	+
<i>metronidazole tabs or 250 mg</i>	1	SL(16 ea daily); MO; *
<i>metronidazole tabs or 500 mg</i>	1	SL(8 ea daily); MO; *

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Drug Name	Drug Tier	Requirements/Limits
NEBUPENT SOLR	2	MO; B/D; +
ORBACTIV SOLR	5	+
PENTAM 300 SOLR	4	MO; +
PRIMSOL SOLN	2	MO; +
TINDAMAX TABS (Tinidazole)	NF	MO
<i>tinidazole tabs or 250 mg, 500 mg</i>	1	MO; *
<i>trimethoprim tabs or</i>	1	MO; *
VANCOGIN HCL CAPS (Vancomycin HCl)	5	PA; MO; +
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	5	PA; MO; +
VANCOMYCIN HCL IN DEXTROSE SOLN	4	+
<i>vancomycin hcl solr iv 10 gm, 1000 mg, 5000 mg</i>	4	+
<i>vancomycin hcl solr iv 500 mg</i>	4	MO; +
XIFAXAN TABS	5	MO; +
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Sulfamethoxazole- Trimethoprim)	3	MO; +
BACTRIM TABS (Sulfamethoxazole- Trimethoprim)	3	MO; +
<i>sulfamethoxazole- trimethoprim susp</i>	1	MO; *
<i>sulfamethoxazole- trimethoprim tabs</i>	1	MO; *
SULFAMETHOXAZOLE/T RIMETHOPRIM SOLN	4	MO; +
Antiprotozoal Agents		
ALINIA TABS 500 MG	3	MO; +
<i>atovaquone susp</i>	5	MO; +
MEPRON SUSP (Atovaquone)	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
Carbapenems		
DORIBAX SOLR 500 MG	4	+
<i>imipenem-cilastatin solr</i>	1	MO; *
INVANZ SOLR IJ	4	MO; +
<i>meropenem solr 1 gm</i>	4	MO; +
<i>meropenem solr 500 mg</i>	1	MO; *
MERREM SOLR 1 GM (Meropenem)	4	MO; +
MERREM SOLR 500 MG (Meropenem)	NF	MO
PRIMAXIN IV SOLR (Imipenem-Cilastatin)	3	MO; +
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
Cyclic Lipopeptides		
CUBICIN RF SOLR (Daptomycin)	5	+
CUBICIN SOLR (Daptomycin)	5	+
<i>daptomycin solr</i>	5	+
Glycylcyclines		
TIGECYCLINE SOLR	5	+
TYGACIL SOLR	5	+
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	1	MO; *
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG, 75 MG (Clindamycin HCl)	3	MO; +
CLEOCIN IN D5W SOLN (Clindamycin Phosphate in D5W)	4	+

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML (<i>Clindamycin Phosphate</i>)	4	MO; +
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (<i>Clindamycin Phosphate</i>)	4	+
CLEOCIN PHOSPHATE SOLN IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (<i>Clindamycin Phosphate in D5W</i>)	4	+
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML	4	+
<i>clindamycin hcl caps or 150 mg, 300 mg, 75 mg</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+
<i>clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln iv 150 mg/ml</i>	4	+
LINCOCIN SOLN (<i>Lincomycin HCl</i>)	4	MO; +
<i>lincomycin hcl soln ij</i>	4	MO; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	+
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	+
<i>linezolid susr or 100 mg/5ml</i>	5	MO; +
<i>linezolid tabs or 600 mg</i>	5	MO; +
SIVEXTRO SOLR IV	5	+
SIVEXTRO TABS OR	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
ZYVOX SOLN IV 200 MG/100ML	5	+
ZYVOX SOLN IV 600 MG/300ML (<i>Linezolid</i>)	5	+
ZYVOX SUSR OR 100 MG/5ML (<i>Linezolid</i>)	5	MO; +
ZYVOX TABS OR 600 MG (<i>Linezolid</i>)	5	MO; +
Polymyxins		
<i>polymyxin b sulfate solr ij</i>	4	+
Streptogramins		
SYNERCID SOLR	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	3	PA; MO; +
Nitrates		
DILATRATE SR CPR	3	MO; +
ISORDIL TITRADOSE TABS 40 MG	3	MO; +
ISORDIL TITRADOSE TABS 5 MG (<i>Isosorbide Dinitrate</i>)	3	MO; +
<i>isosorbide dinitrate tabs</i>	1	MO; *
<i>isosorbide dinitrate tbcr</i>	1	MO; *
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	MO; *
<i>isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg</i>	1	MO; *
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Nitroglycerin</i>)	3	MO; +
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +
NITROGLYCERIN LINGUAL AERS	3	MO; +
<i>nitroglycerin oint td 2 %</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; *
NITROLINGUAL PUMPSPRAY SOLN (Nitroglycerin)	NF	MO
NITROMIST AERS	3	MO; +
NITROSTAT SUBL (Nitroglycerin)	2	MO; +
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs or 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO; *
<i>hydroxyzine hcl soln im 50 mg/ml</i>	4	AL; MO; +
<i>hydroxyzine hcl soln or 10 mg/5ml</i>	1	AL; MO; *
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	AL; MO; *
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL; MO; *
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	1	AL; MO; *
<i>meprobamate tabs</i>	1	AL; MO; *
VISTARIL CAPS (Hydroxyzine Pamoate)	3	AL; MO; +
Benzodiazepines		
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; *
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
ATIVAN SOLN IJ 2 MG/ML (Lorazepam)	3	MO; +
ATIVAN SOLN IJ 4 MG/ML (Lorazepam)	3	+

Drug Name	Drug Tier	Requirements/Limits
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Lorazepam)	3	MO; +
<i>clorazepate dipotassium tabs</i>	1	MO; *
<i>diazepam conc or 5 mg/ml</i>	1	MO; *
<i>diazepam soln ij 5 mg/ml</i>	1	MO; *
<i>diazepam soln or 1 mg/ml</i>	1	MO; *
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	MO; *
<i>lorazepam conc or 2 mg/ml</i>	1	MO; *
<i>lorazepam soln ij 2 mg/ml, 20 mg/10ml</i>	1	MO; *
<i>lorazepam soln ij 4 mg/ml</i>	1	*
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
TRANXENE T TABS (Clorazepate Dipotassium)	NF	MO
VALIUM TABS (Diazepam)	NF	MO
XANAX TABS (Alprazolam)	3	MO; +
XANAX XR TB24 (Alprazolam)	3	MO; +
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	AL; MO; *
NORPACE CAPS (Disopyramide Phosphate)	3	AL; MO; +
NORPACE CR CP12	3	AL; MO; +
<i>quinidine gluconate tbc or 324 mg</i>	1	MO; *
<i>quinidine sulfate tabs</i>	1	MO; *
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) soln 10 mg/ml</i>	1	MO; *
<i>mexiletine hcl caps</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs 100 mg</i>	1	SL(4 ea daily); MO; *
<i>flecainide acetate tabs 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>flecainide acetate tabs 50 mg</i>	1	SL(8 ea daily); MO; *
<i>propafenone hcl cp12</i>	1	MO; *
<i>propafenone hcl tabs</i>	1	MO; *
RYTHMOL SR CP12 (<i>Propafenone HCl</i>)	3	MO; +
RYTHMOL TABS (<i>Propafenone HCl</i>)	3	MO; +
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	MO; *
CORDARONE TABS (<i>Amiodarone HCl</i>)	3	MO; +
<i>dofetilide caps</i>	1	*
MULTAQ TABS	2	MO; +
TIKOSYN CAPS (<i>Dofetilide</i>)	3	+
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	MO; B/D; *
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5	PA; +
NUCALA SOLR	5	PA; LA; +
XOLAIR SOLR	5	PA; LA; +
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.86 gm daily); MO; +
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide soln in</i>	1	MO; B/D; *
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily); MO; +
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT, 2.5 MCG/ACT	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 2 inhalers per month (Institutional Pack) ;SL(0.29 gm daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month; QL(0.04 ea daily); MO; +
Leukotriene Modulators		
ACCOLATE TABS (<i>Zafirlukast</i>)	3	MO; +
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily); MO; *
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily); MO; *
SINGULAIR CHEW 4 MG, 5 MG (<i>Montelukast Sodium</i>)	2	QL(1 ea daily); MO; +
SINGULAIR TABS 10 MG (<i>Montelukast Sodium</i>)	2	QL(1 ea daily); MO; +
<i>zafirlukast tabs</i>	1	MO; *
ZYFLO CR TB12	5	SL(4 ea daily); MO; +
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily); MO; +
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month (120 actuations); SL(0.6 gm daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
AEROSPAN AERS	2	Limit 3 inhalers per month (Institutional pack); SL(0.6 gm daily); MO; +
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month; SL(0.41 gm daily); MO; +
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month; SL(0.82 gm daily); MO; +
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month; SL(0.87 gm daily); MO; +
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month; SL(0.44 gm daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month; SL(0.29 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month; SL(0.14 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month; SL(0.07 ea daily); MO; +
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 4 inhalers per month; SL(0.15 ea daily); MO; +
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	QL(8 ml daily); MO; B/D; *
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	QL(4 ml daily); MO; B/D; *
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily); MO; B/D; *
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; +
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	SL(8 ea daily); MO; +
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	SL(40 ea daily); MO; +
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily); MO; +
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily); MO; +
PULMICORT FLEXHALER AEPB 180 MCG/ACT	3	Limit 2 inhalers per month; QL(0.07 ea daily); MO; +
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month; QL(0.27 ea daily); MO; +
PULMICORT SUSP 0.25 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	QL(8 ml daily); MO; B/D; +
PULMICORT SUSP 0.5 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	QL(4 ml daily); MO; B/D; +

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT SUSP 1 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	QL(2 ml daily); MO; B/D; +
QVAR AERS	2	Limit 3 inhalers per month; QL(0.87 gm daily); MO; +
Sympathomimetics		
ADVAIR DISKUS AEPB	2	QL(2 ea daily); MO; +
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	MO; B/D; *
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	MO; *
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; *
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; +
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 2 inhalers per month (Institutional Pack); SL(2 ea daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 1 inhaler per month; SL(2 ea daily); MO; +
BROVANA NEBU	3	MO; B/D; +
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; SL(0.2 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +
FORADIL AEROLIZER CAPS	2	QL(2 ea daily); +

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol soln</i>	1	MO; B/D; *
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	MO; B/D; *
LEVALBUTEROL TARTRATE HFA AERO	3	MO; +
<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	1	MO; *
PERFOROMIST NEBU	3	QL(4 ml daily); MO; B/D; +
PROAIR HFA AERS	2	MO; +
PROAIR RESPICLICK AEPB	2	MO; +
PROVENTIL HFA AERS	2	MO; +
SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.14 gm daily); MO; +
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT	3	Limit 1 inhaler per month; QL(0.34 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.46 gm daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	1	MO; *
VENTOLIN HFA AERS	3	MO; +
XOPENEX CONCENTRATE NEBU (<i>Levalbuterol HCl</i>)	3	MO; B/D; +
XOPENEX HFA AERO	3	MO; +
XOPENEX NEBU (<i>Levalbuterol HCl</i>)	NF	MO; B/D
Xanthines		
<i>aminophylline soln</i>	4	+
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Warfarin Sodium</i>)	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
Direct Factor Xa Inhibitors		
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPK	2	MO; +
XARELTO TABS	2	MO; +
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Fondaparinux Sodium</i>)	4	MO; +
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Fondaparinux Sodium</i>)	NF	MO
ARIXTRA SOLN 5 MG/0.4ML, 7.5 MG/0.6ML (<i>Fondaparinux Sodium</i>)	5	MO; +
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln sc 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	MO; *
<i>enoxaparin sodium soln sc 30 mg/0.3ml, 40 mg/0.4ml</i>	4	MO; +
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	MO; +
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; *
<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO; +
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; +
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	4	MO; +
FRAGMIN SOLN 25000 UNIT/ML	4	+
FRAGMIN SOLN 95000 UNIT/3.8ML	5	MO; +
<i>heparin sodium (porcine) soln</i>	4	MO; +
LOVENOX SOLN IJ 300 MG/3ML (<i>Enoxaparin Sodium</i>)	4	MO; +
LOVENOX SOLN SC 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>Enoxaparin Sodium</i>)	NF	MO
LOVENOX SOLN SC 30 MG/0.3ML, 40 MG/0.4ML (<i>Enoxaparin Sodium</i>)	4	MO; +
Thrombin Inhibitors		
<i>argatroban soln 250 mg/2.5ml</i>	4	MO; +
IPRIVASK SOLR	5	+
PRADAXA CAPS	2	MO; +
ANTICONVULSANTS - Drugs to Treat Seizures		

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Drug Name	Drug Tier	Requirements/Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML	3	+
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	MO; +
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs or 0.5 mg</i>	1	SL(40 ea daily); MO; *
<i>clonazepam tabs or 1 mg</i>	1	SL(20 ea daily); MO; *
<i>clonazepam tabs or 2 mg</i>	1	SL(10 ea daily); MO; *
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
DIASTAT ACUDIAL GEL	3	MO; +
DIASTAT PEDIATRIC GEL	3	MO; +
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	3	MO; +
KLONOPIN TABS 0.5 MG (Clonazepam)	3	SL(40 ea daily); MO; +
KLONOPIN TABS 1 MG (Clonazepam)	3	SL(20 ea daily); MO; +
KLONOPIN TABS 2 MG (Clonazepam)	3	SL(10 ea daily); MO; +
ONFI SUSP 2.5 MG/ML	3	MO; +
ONFI TABS 10 MG	3	MO; +
ONFI TABS 20 MG	5	MO; +
Anticonvulsants - Misc.		
APTIOM TABS 200 MG	3	MO; +
APTIOM TABS 400 MG, 600 MG, 800 MG	5	MO; +
BANZEL SUSP 40 MG/ML	3	MO; +
BANZEL TABS 200 MG	3	MO; +
BANZEL TABS 400 MG	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN IV 50 MG/5ML	5	SL(20 ml daily); +
BRIVIACT SOLN OR 10 MG/ML	5	PA; SL(20 ml daily); +
BRIVIACT TABS OR 10 MG	5	PA; SL(20 ea daily); +
BRIVIACT TABS OR 100 MG	5	PA; SL(2 ea daily); MO; +
BRIVIACT TABS OR 25 MG	5	PA; SL(8 ea daily); MO; +
BRIVIACT TABS OR 50 MG	5	PA; SL(4 ea daily); MO; +
BRIVIACT TABS OR 75 MG	5	PA; SL(2.67 ea daily); +
<i>carbamazepine chew or 100 mg</i>	1	MO; *
<i>carbamazepine cp12 or 100 mg, 200 mg, 300 mg</i>	1	MO; *
<i>carbamazepine susp or 100 mg/5ml</i>	1	MO; *
<i>carbamazepine tabs or 200 mg</i>	1	MO; *
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	1	MO; *
CARBATROL CP12 (Carbamazepine)	3	MO; +
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	1	MO; *
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	MO; *
<i>gabapentin tabs or 600 mg, 800 mg</i>	1	MO; *
KEPPRA SOLN IV 500 MG/5ML (Levetiracetam)	4	MO; +
KEPPRA SOLN OR 100 MG/ML (Levetiracetam)	3	MO; +
KEPPRA TABS OR 1000 MG, 250 MG, 500 MG, 750 MG (Levetiracetam)	3	MO; +
KEPPRA XR TB24 (Levetiracetam)	3	MO; +
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Lamotrigine)	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Lamotrigine</i>)	3	MO; +
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT	3	MO; +
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT	3	MO; +
LAMICTAL STARTER/TAKING VALPROATE KIT	3	MO; +
LAMICTAL TABS (<i>Lamotrigine</i>)	3	MO; +
LAMICTAL XR KIT	3	MO; +
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>Lamotrigine</i>)	3	MO; +
<i>lamotrigine chew 25 mg, 5 mg</i>	1	MO; *
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO; *
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO; *
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; *
LEVETIRACETAM SOLN IV 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML, 500MG/100ML-820MG/100ML	4	+
<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *
<i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *
LYRICA CAPS 100 MG	2	SL(6 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 150 MG	2	SL(4 ea daily); MO; +
LYRICA CAPS 200 MG	2	SL(3 ea daily); MO; +
LYRICA CAPS 225 MG	2	SL(2.66 ea daily); MO; +
LYRICA CAPS 25 MG	2	SL(24 ea daily); MO; +
LYRICA CAPS 300 MG	2	SL(2 ea daily); MO; +
LYRICA CAPS 50 MG	2	SL(12 ea daily); MO; +
LYRICA CAPS 75 MG	2	SL(8 ea daily); MO; +
LYRICA SOLN 20 MG/ML	2	SL(30 ml daily); MO; +
MYSOLINE TABS (<i>Primidone</i>)	3	MO; +
NEURONTIN CAPS (<i>Gabapentin</i>)	3	MO; +
NEURONTIN SOLN (<i>Gabapentin</i>)	3	MO; +
NEURONTIN TABS (<i>Gabapentin</i>)	3	MO; +
<i>oxcarbazepine susp</i>	1	MO; *
<i>oxcarbazepine tabs</i>	1	MO; *
POTIGA TABS 200 MG	5	SL(6 ea daily); MO; +
POTIGA TABS 300 MG	3	SL(4 ea daily); MO; +
POTIGA TABS 400 MG	3	SL(3 ea daily); MO; +
POTIGA TABS 50 MG	3	SL(24 ea daily); MO; +
<i>primidone tabs or 250 mg, 50 mg</i>	1	MO; *
SPRITAM TB3D 1000 MG	3	PA; SL(3 ea daily); MO; +
SPRITAM TB3D 250 MG	3	PA; SL(12 ea daily); +
SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; +
SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL SUSP (Carbamazepine)	3	MO; +
TEGRETOL TABS (Carbamazepine)	3	MO; +
TEGRETOL-XR TB12 (Carbamazepine)	3	MO; +
TOPAMAX SPRINKLE CPSP (Topiramate)	3	MO; +
TOPAMAX TABS (Topiramate)	3	MO; +
<i>topiramate cpsp or 15 mg, 25 mg</i>	1	MO; *
<i>topiramate tabs or 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; *
TRILEPTAL SUSP (Oxcarbazepine)	3	MO; +
TRILEPTAL TABS (Oxcarbazepine)	3	MO; +
VIMPAT SOLN IV 200 MG/20ML	4	+
VIMPAT SOLN OR 10 MG/ML	3	MO; +
VIMPAT TABS OR 100 MG, 50 MG	3	MO; +
VIMPAT TABS OR 150 MG, 200 MG	5	MO; +
ZONEGRAN CAPS (Zonisamide)	3	MO; +
<i>zonisamide caps</i>	1	MO; *
Carbamates		
<i>felbamate susp</i>	1	MO; *
<i>felbamate tabs</i>	1	MO; *
FELBATOL SUSP (Felbamate)	3	MO; +
FELBATOL TABS (Felbamate)	3	MO; +
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	3	MO; +
GABITRIL TABS 2 MG, 4 MG (Tiagabine HCl)	3	MO; +
SABRIL PACK	5	LA; +

Drug Name	Drug Tier	Requirements/Limits
SABRIL TABS	5	LA; +
<i>tiagabine hcl tabs</i>	1	MO; *
Hydantoins		
CEREBYX SOLN 100 MG PE/2ML (Fosphenytoin Sodium)	4	+
CEREBYX SOLN 500 MG PE/10ML (Fosphenytoin Sodium)	4	MO; +
DILANTIN-125 SUSP (Phenytoin)	3	MO; +
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	4	+
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	4	MO; +
PEGANONE TABS	3	MO; +
<i>phenytoin chew or 50 mg</i>	1	MO; *
<i>phenytoin sodium extended caps</i>	1	MO; *
<i>phenytoin sodium soln ij</i>	4	+
<i>phenytoin susp or 125 mg/5ml</i>	1	MO; *
Succinimides		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps or 250 mg</i>	1	MO; *
<i>ethosuximide soln or 250 mg/5ml</i>	1	MO; *
ZARONTIN CAPS (Ethosuximide)	3	MO; +
Valproic Acid		
DEPAON SOLN (Valproate Sodium)	4	+
DEPAKENE CAPS (Valproic Acid)	3	MO; +
DEPAKENE SYRP (Valproate Sodium)	3	MO; +
DEPAKOTE ER TB24 (Divalproex Sodium)	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES CSDR (<i>Divalproex Sodium</i>)	3	MO; +
DEPAKOTE TBEC (<i>Divalproex Sodium</i>)	3	MO; +
<i>divalproex sodium csdr</i>	1	MO; *
<i>divalproex sodium tb24</i>	1	MO; *
<i>divalproex sodium tbec</i>	1	MO; *
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	4	+
<i>valproate sodium soln or 250 mg/5ml</i>	1	MO; *
<i>valproate sodium syrp or 250 mg/5ml</i>	1	MO; *
<i>valproic acid caps or</i>	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
REMERON SOLTAB TBDP (<i>Mirtazapine</i>)	NF	MO
REMERON TABS (<i>Mirtazapine</i>)	NF	MO
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; +
<i>bupropion hcl tabs or 100 mg</i>	1	SL(4.5 ea daily); MO; *
<i>bupropion hcl tabs or 75 mg</i>	1	SL(6 ea daily); MO; *
<i>bupropion hcl tb12 or 100 mg</i>	1	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 or 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 or 200 mg</i>	1	SL(2 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 or 150 mg</i>	1	SL(3 ea daily); MO; *
<i>bupropion hcl tb24 or 300 mg</i>	1	SL(1.5 ea daily); MO; *
FORFIVO XL TB24	3	ST; MO; +
<i>maprotiline hcl tabs</i>	1	MO; *
WELLBUTRIN SR TB12 100 MG (<i>Bupropion HCl</i>)	NF	SL(4 ea daily); MO
WELLBUTRIN SR TB12 150 MG (<i>Bupropion HCl</i>)	NF	SL(2.66 ea daily); MO
WELLBUTRIN SR TB12 200 MG (<i>Bupropion HCl</i>)	NF	SL(2 ea daily); MO
WELLBUTRIN TABS 100 MG (<i>Bupropion HCl</i>)	NF	SL(4.5 ea daily); MO
WELLBUTRIN TABS 75 MG (<i>Bupropion HCl</i>)	NF	SL(6 ea daily); MO
WELLBUTRIN XL TB24 150 MG (<i>Bupropion HCl</i>)	NF	SL(3 ea daily); MO
WELLBUTRIN XL TB24 300 MG (<i>Bupropion HCl</i>)	NF	SL(1.5 ea daily); MO
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	MO; +
MARPLAN TABS	3	MO; +
NARDIL TABS (<i>Phenelzine Sulfate</i>)	NF	MO
PARNATE TABS (<i>Tranlycypromine Sulfate</i>)	5	MO; +
<i>phenelzine sulfate tabs or</i>	1	MO; *
<i>tranlycypromine sulfate tabs</i>	1	MO; *
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(4 ea daily); MO
CELEXA TABS 20 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(2 ea daily); MO
CELEXA TABS 40 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(1 ea daily); MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	SL(20 ml daily); MO; *
<i>citalopram hydrobromide tabs 10 mg</i>	1	SL(4 ea daily); MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<i>citalopram hydrobromide tabs 40 mg</i>	1	SL(1 ea daily); MO; *
<i>escitalopram oxalate soln</i>	1	MO; *
<i>escitalopram oxalate tabs</i>	1	MO; *
<i>fluoxetine hcl caps or 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>fluoxetine hcl cpdr or 90 mg</i>	1	MO; *
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	MO; *
<i>fluoxetine hcl tabs or 10 mg, 20 mg</i>	1	MO; *
FLUOXETINE HCL TABS OR 60 MG	3	MO; +
<i>fluvoxamine maleate cp24</i>	1	MO; *
<i>fluvoxamine maleate tabs</i>	1	MO; *
LEXAPRO SOLN (<i>Escitalopram Oxalate</i>)	NF	MO
LEXAPRO TABS (<i>Escitalopram Oxalate</i>)	NF	MO
LUVOX CR CP24 (<i>Fluvoxamine Maleate</i>)	NF	MO
<i>paroxetine hcl tabs</i>	1	MO; *
<i>paroxetine hcl tb24</i>	1	MO; *
PAXIL CR TB24 (<i>Paroxetine HCl</i>)	NF	MO
PAXIL SUSP 10 MG/5ML	3	MO; +
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (<i>Paroxetine HCl</i>)	NF	MO
PEXEVA TABS	3	ST; MO; +
PROZAC CAPS (<i>Fluoxetine HCl</i>)	NF	MO
PROZAC WEEKLY CPDR (<i>Fluoxetine HCl</i>)	NF	MO
<i>sertraline hcl conc or 20 mg/ml</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
ZOLOFT CONC (<i>Sertraline HCl</i>)	NF	MO
ZOLOFT TABS (<i>Sertraline HCl</i>)	NF	MO
Serotonin Modulators		
BRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
BRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
BRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
<i>nefazodone hcl tabs</i>	1	MO; *
<i>trazodone hcl tabs or 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO; *
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
VIIBRYD KIT	3	ST; +
VIIBRYD STARTER PACK KIT	3	ST; MO; +
VIIBRYD TABS 10 MG, 20 MG, 40 MG	3	ST; MO; +
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Duloxetine HCl</i>)	NF	MO
DESVENLAFAXINE ER TB24 100 MG, 50 MG	3	ST; Fumarate; +
DESVENLAFAXINE ER TB24 100 MG, 50 MG	3	ST; MO; +
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	MO; *
EFFEXOR XR CP24 150 MG (<i>Venlafaxine HCl</i>)	NF	SL(1.5 ea daily); MO
EFFEXOR XR CP24 37.5 MG (<i>Venlafaxine HCl</i>)	NF	SL(6 ea daily); MO
EFFEXOR XR CP24 75 MG (<i>Venlafaxine HCl</i>)	NF	SL(3 ea daily); MO

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 120 MG, 40 MG, 80 MG	3	ST; QL(1 ea daily); MO; +
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +
FETZIMA TITRATION PACK C4PK	3	ST; MO; +
KHEDEZLA TB24	3	ST; MO; +
PRISTIQ TB24	3	ST; MO; +
<i>venlafaxine hcl cp24 150 mg</i>	1	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl cp24 37.5 mg</i>	1	SL(6 ea daily); MO; *
<i>venlafaxine hcl cp24 75 mg</i>	1	SL(3 ea daily); MO; *
VENLAFAXINE HCL ER TB24	3	ST; SL(1 ea daily); MO; +
<i>venlafaxine hcl tabs 100 mg</i>	1	SL(3.75 ea daily); MO; *
<i>venlafaxine hcl tabs 25 mg</i>	1	SL(15 ea daily); MO; *
<i>venlafaxine hcl tabs 37.5 mg</i>	1	SL(10 ea daily); MO; *
<i>venlafaxine hcl tabs 50 mg</i>	1	SL(7.5 ea daily); MO; *
<i>venlafaxine hcl tabs 75 mg</i>	1	SL(5 ea daily); MO; *
<i>venlafaxine hcl tb24 150 mg</i>	1	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl tb24 37.5 mg</i>	1	SL(6 ea daily); MO; *
<i>venlafaxine hcl tb24 75 mg</i>	1	SL(3 ea daily); MO; *
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	AL; MO; *
<i>amoxapine tabs</i>	1	MO; *
ANAFRANIL CAPS (<i>Clomipramine HCl</i>)	NF	AL; MO
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	1	AL; MO; *
<i>desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps or 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	AL; MO; *
<i>doxepin hcl conc or 10 mg/ml</i>	1	AL; MO; *
ELAVIL TABS (<i>Amitriptyline HCl</i>)	3	AL; MO; +
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL; MO; *
<i>imipramine pamoate caps</i>	1	AL; MO; *
NORPRAMIN TABS (<i>Desipramine HCl</i>)	NF	MO
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; *
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	MO; *
PAMELOR CAPS (<i>Nortriptyline HCl</i>)	NF	MO
<i>protriptyline hcl tabs</i>	1	MO; *
SURMONTIL CAPS (<i>Trimipramine Maleate</i>)	3	AL; MO; +
TOFRANIL-PM CAPS (<i>Imipramine Pamoate</i>)	NF	AL; MO
<i>trimipramine maleate caps or 100 mg, 25 mg, 50 mg</i>	1	AL; MO; *

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Alpha-Glucosidase Inhibitors

<i>acarbose tabs</i>	1	QL(3 ea daily); MO; *
GLYSET TABS (<i>Miglitol</i>)	3	QL(3 ea daily); MO; +
<i>miglitol tabs</i>	1	QL(3 ea daily); MO; *
PRECOSE TABS (<i>Acarbose</i>)	3	QL(3 ea daily); MO; +

Antidiabetic - Amylin Analogs

SYMLINPEN 120 SOPN	4	Limit 12mls per month; QL(0.4 ml daily); MO; +
SYMLINPEN 60 SOPN	4	Limit 12mls per month; QL(0.4 ml daily); MO; +

Antidiabetic Combinations

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET TABS (<i>Pioglitazone HCl-Metformin HCl</i>)	2	SL(3 ea daily); MO; +
ACTOPLUS MET XR TB24 15MG-1000MG	2	SL(2.55 ea daily); MO; +
ACTOPLUS MET XR TB24 30MG-1000MG	2	SL(1.5 ea daily); MO; +
ALOGLIPTIN/METFORMIN HCL TABS	3	PA; SL(2 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-45MG, 25MG-15MG, 25MG- 30MG, 25MG-45MG	3	PA; SL(1 ea daily); MO; +
DUETACT TABS (<i>Pioglitazone HCl-Glimepiride</i>)	2	SL(1.5 ea daily); MO; +
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 2.5mg-500mg, 5mg-500mg</i>	1	SL(4 ea daily); MO; *
GLUCOVANCE TABS 1.25MG-250MG (<i>Glyburide-Metformin</i>)	NF	AL; SL(8 ea daily); MO
GLUCOVANCE TABS 2.5MG-500MG, 5MG- 500MG (<i>Glyburide-Metformin</i>)	NF	AL; SL(4 ea daily); MO
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	AL; SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 2.5mg-500mg, 5mg-500mg</i>	1	AL; SL(4 ea daily); MO; *
INVOKAMET TABS 150MG-1000MG, 150MG- 500MG, 50MG-1000MG	2	SL(2 ea daily); MO; +
INVOKAMET TABS 50MG- 500MG	2	SL(4 ea daily); MO; +
JANUMET TABS	2	SL(2 ea daily); MO; +
JANUMET XR TB24 100MG-1000MG	2	SL(1 ea daily); MO; +
JANUMET XR TB24 50MG-1000MG, 50MG- 500MG	2	SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TABS	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 2.5MG-1000MG	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 5MG-1000MG	2	SL(1 ea daily); MO; +
KAZANO TABS	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 2.5MG-1000MG	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 5MG-1000MG, 5MG- 500MG	3	PA; SL(1 ea daily); MO; +
OSENI TABS 12.5MG- 15MG	3	PA; SL(2 ea daily); MO; +
OSENI TABS 12.5MG- 30MG	3	PA; SL(1.5 ea daily); MO; +
OSENI TABS 12.5MG- 45MG, 25MG-15MG, 25MG-30MG, 25MG-45MG	3	PA; SL(1 ea daily); MO; +
<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; *
PRANDIMET TABS (<i>Repaglinide-Metformin HCl</i>)	2	SL(5 ea daily); MO; +
<i>repaglinide-metformin hcl tabs</i>	1	SL(5 ea daily); MO; *
SYNJARDY TABS 12.5MG-1000MG, 5MG- 1000MG	2	SL(2 ea daily); MO; +
SYNJARDY TABS 12.5MG-500MG, 5MG- 500MG	2	SL(4 ea daily); MO; +
XIGDUO XR TB24 10MG- 1000MG, 10MG-500MG	3	SL(1 ea daily); MO; +
XIGDUO XR TB24 5MG- 1000MG, 5MG-500MG	3	SL(2 ea daily); MO; +
Biguanides		
FORTAMET TB24 1000 MG (<i>Metformin HCl</i>)	3	(FORTAMET); SL(2.5 ea daily); MO; +
FORTAMET TB24 500 MG (<i>Metformin HCl</i>)	3	(FORTAMET); SL(5 ea daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE TABS 1000 MG (<i>Metformin HCl</i>)	3	SL(2.55 ea daily); MO; +
GLUCOPHAGE TABS 500 MG (<i>Metformin HCl</i>)	3	SL(5.1 ea daily); MO; +
GLUCOPHAGE TABS 850 MG (<i>Metformin HCl</i>)	3	SL(3 ea daily); MO; +
GLUCOPHAGE XR TB24 500 MG (<i>Metformin HCl</i>)	3	(GLUCOPHAGE XR); SL(4 ea daily); MO; +
GLUCOPHAGE XR TB24 750 MG (<i>Metformin HCl</i>)	3	(GLUCOPHAGE XR); SL(2.66 ea daily); MO; +
<i>metformin hcl tabs or 1000 mg</i>	1	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs or 500 mg</i>	1	SL(5.1 ea daily); MO; *
<i>metformin hcl tabs or 850 mg</i>	1	SL(3 ea daily); MO; *
<i>metformin hcl tb24 or 1000 mg</i>	1	(FORTAMET); SL(2.5 ea daily); MO; *
<i>metformin hcl tb24 or 1000 mg</i>	3	(GLUMETZA); SL(2 ea daily); MO; +
<i>metformin hcl tb24 or 500 mg</i>	1	(FORTAMET); SL(5 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	1	(GLUCOPHAGE XR); SL(4 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	3	(GLUMETZA); SL(4 ea daily); MO; +
<i>metformin hcl tb24 or 750 mg</i>	1	(GLUCOPHAGE XR); SL(2.66 ea daily); MO; *
RIOMET SOLN	2	Limit 765mls per month; SL(25.5 ml daily); MO; +
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	2	MO; +
<i>glucagon (rdna) kit</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
KORLYM TABS	3	SL(4 ea daily); LA; +
PROGLYCEM SUSP	3	MO; +
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	PA; MO; +
JANUVIA TABS	2	MO; +
NESINA TABS	3	PA; MO; +
ONGLYZA TABS	3	PA; MO; +
TRADJENTA TABS	2	MO; +
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON PEN PEN	2	ST; MO; +
BYDUREON SRER	2	ST; MO; +
BYETTA SOPN	2	ST; MO; +
TANZEUM PEN	3	ST; MO; +
TRULICITY SOPN	3	ST; MO; +
VICTOZA SOPN	2	ST; MO; +
Insulin Sensitizing Agents		
ACTOS TABS 15 MG (<i>Pioglitazone HCl</i>)	2	SL(3 ea daily); MO; +
ACTOS TABS 30 MG (<i>Pioglitazone HCl</i>)	2	SL(1.5 ea daily); MO; +
ACTOS TABS 45 MG (<i>Pioglitazone HCl</i>)	2	SL(1 ea daily); MO; +
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +
<i>pioglitazone hcl tabs 15 mg</i>	1	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	1	SL(1.5 ea daily); MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tabs 45 mg</i>	1	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD	3	QL(18 ea daily); MO; +
APIDRA SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN 70/30 RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R RELION SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ml daily); MO; +
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; *
PRANDIN TABS 0.5 MG (<i>Repaglinide</i>)	NF	SL(32 ea daily); MO
PRANDIN TABS 1 MG (<i>Repaglinide</i>)	NF	SL(16 ea daily); MO
PRANDIN TABS 2 MG (<i>Repaglinide</i>)	NF	SL(8 ea daily); MO
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; *
STARLIX TABS (<i>Nateglinide</i>)	3	QL(3 ea daily); MO; +
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
AMARYL TABS 1 MG (<i>Glimepiride</i>)	3	SL(8 ea daily); MO; +
AMARYL TABS 2 MG (<i>Glimepiride</i>)	3	SL(4 ea daily); MO; +
AMARYL TABS 4 MG (<i>Glimepiride</i>)	3	SL(2 ea daily); MO; +
<i>chlorpropamide tabs 100 mg</i>	1	AL; SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	1	AL; SL(3 ea daily); MO; *
DIABETA TABS 1.25 MG (<i>Glyburide</i>)	3	AL; SL(16 ea daily); MO; +
DIABETA TABS 2.5 MG (<i>Glyburide</i>)	3	AL; SL(8 ea daily); MO; +
DIABETA TABS 5 MG (<i>Glyburide</i>)	3	AL; SL(4 ea daily); MO; +
<i>glimepiride tabs 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	1	SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
<i>glipizide tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 or 10 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tb24 or 2.5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 or 5 mg</i>	1	SL(4 ea daily); MO; *
GLUCOTROL TABS 10 MG (<i>Glipizide</i>)	3	SL(4 ea daily); MO; +
GLUCOTROL TABS 5 MG (<i>Glipizide</i>)	3	SL(8 ea daily); MO; +
GLUCOTROL XL TB24 10 MG (<i>Glipizide</i>)	3	SL(2 ea daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TB24 2.5 MG (<i>Glipizide</i>)	3	SL(8 ea daily); MO; +
GLUCOTROL XL TB24 5 MG (<i>Glipizide</i>)	3	SL(4 ea daily); MO; +
<i>glyburide micronized tabs 1.5 mg</i>	1	AL; SL(8 ea daily); MO; *
<i>glyburide micronized tabs 3 mg</i>	1	AL; SL(4 ea daily); MO; *
<i>glyburide micronized tabs 6 mg</i>	1	AL; SL(2 ea daily); MO; *
<i>glyburide tabs or 1.25 mg</i>	1	AL; SL(16 ea daily); MO; *
<i>glyburide tabs or 2.5 mg</i>	1	AL; SL(8 ea daily); MO; *
<i>glyburide tabs or 5 mg</i>	1	AL; SL(4 ea daily); MO; *
GLYNASE TABS 1.5 MG (<i>Glyburide Micronized</i>)	NF	AL; SL(8 ea daily); MO
GLYNASE TABS 3 MG (<i>Glyburide Micronized</i>)	NF	AL; SL(4 ea daily); MO
GLYNASE TABS 6 MG (<i>Glyburide Micronized</i>)	NF	AL; SL(2 ea daily); MO
<i>tolazamide tabs 500 mg</i>	1	SL(2 ea daily); MO; *
<i>tolbutamide tabs</i>	1	SL(6 ea daily); MO; *
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	3	PA; QL(2 ea daily); MO; +
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	MO; *
<i>diphenoxylate w/ atropine tabs</i>	1	MO; *
LOMOTIL TABS (<i>Diphenoxylate w/ Atropine</i>)	3	MO; +
<i>loperamide hcl caps or 2 mg</i>	1	RX/OTC; MO; *
<i>opium tincture tinc</i>	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; +
EXJADE TBSO	5	LA; +
FERRIPROX TABS 500 MG	3	PA; LA; +
JADENU TABS	5	+
Opioid Antagonists		
EVZIO SOAJ	3	PA; MO; +
<i>naloxone hcl sosy ij 2 mg/2ml</i>	1	MO; *
<i>naltrexone hcl tabs or</i>	1	MO; *
NARCAN LIQD	3	Limit 4 per month; QL(0.13 4 ea daily); MO; +
REVIA TABS (<i>Naltrexone HCl</i>)	NF	MO
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	1	MO; B/D; *
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	4	MO; +
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	MO; B/D; *
<i>ondansetron hcl tabs or 24 mg, 4 mg, 8 mg</i>	1	MO; B/D; *
<i>ondansetron tbdp</i>	1	MO; B/D; *
SANCUSO PTCH	5	MO; +
ZOFRAN ODT TBDP (<i>Ondansetron</i>)	3	MO; B/D; +
ZOFRAN SOLN IJ 40 MG/20ML (<i>Ondansetron HCl</i>)	4	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN SOLN OR 4 MG/5ML (<i>Ondansetron HCl</i>)	3	MO; B/D; +
ZOFRAN TABS OR 4 MG, 8 MG (<i>Ondansetron HCl</i>)	3	MO; B/D; +
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	1	RX/OTC; MO; *
TIGAN CAPS OR 300 MG (<i>Trimethobenzamide HCl</i>)	3	AL; MO; +
TIGAN SOLN IM 100 MG/ML	4	AL; MO; +
TRANSDERM-SCOP PT72	3	MO; +
<i>trimethobenzamide hcl caps or</i>	1	AL; MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	MO; B/D; +
CESAMET CAPS	3	MO; B/D; +
<i>dronabinol caps 10 mg</i>	5	MO; B/D; +
<i>dronabinol caps 2.5 mg, 5 mg</i>	1	MO; B/D; *
MARINOL CAPS 10 MG, 5 MG (<i>Dronabinol</i>)	5	MO; B/D; +
MARINOL CAPS 2.5 MG (<i>Dronabinol</i>)	3	MO; B/D; +
Substance P/Neurokinin 1 (NK1) Receptor		
EMEND CAPS OR 125 MG, 80 MG	3	MO; B/D; +
EMEND CAPS OR 40 MG	3	PA; MO; +
VARUBI TABS	3	B/D; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR 100 MG	4	+
MYCAMINE SOLR 100 MG	5	MO; +
Antifungals		
ABELCET SUSP	4	+

Drug Name	Drug Tier	Requirements/Limits
AMBISOME SUSR	4	+
AMPHOTERICIN B SOLR IJ 50 MG	4	MO; +
ANCOBON CAPS 500 MG (<i>Flucytosine</i>)	NF	MO
<i>flucytosine caps 500 mg</i>	1	MO; *
GRIS-PEG TABS (<i>Griseofulvin Ultramicrosize</i>)	NF	MO
<i>griseofulvin microsize susp</i>	1	MO; *
<i>griseofulvin microsize tabs</i>	1	MO; *
<i>griseofulvin ultramicrosize tabs</i>	1	MO; *
LAMISIL PACK 125 MG	2	PA; MO; +
LAMISIL TABS 250 MG (<i>Terbinafine HCl</i>)	3	MO; +
<i>nystatin tabs or</i>	1	MO; *
<i>terbinafine hcl tabs or</i>	1	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	MO; +
CRESEMBA SOLR IV 372 MG	5	+
DIFLUCAN SUSR (<i>Fluconazole</i>)	3	MO; +
DIFLUCAN TABS (<i>Fluconazole</i>)	3	MO; +
<i>fluconazole in dextrose soln</i>	4	+
<i>fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%</i>	4	+
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	1	MO; *
<i>fluconazole tabs or 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO; *
<i>itraconazole caps or</i>	1	MO; *
<i>ketoconazole tabs or</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL SOLN IV 300 MG/16.7ML	5	+
NOXAFIL SUSP OR 40 MG/ML	5	MO; +
NOXAFIL TBEC OR 100 MG	5	MO; +
ONMEL TABS	3	MO; +
SPORANOX CAPS 100 MG (<i>Itraconazole</i>)	3	MO; +
SPORANOX PULSEPAK CAPS (<i>Itraconazole</i>)	3	MO; +
SPORANOX SOLN 10 MG/ML	5	MO; +
VFEND IV SOLR (<i>Voriconazole</i>)	NF	
VFEND SUSR 40 MG/ML (<i>Voriconazole</i>)	NF	MO
VFEND TABS 200 MG, 50 MG (<i>Voriconazole</i>)	5	MO; +
<i>voriconazole solr iv 200 mg</i>	1	*
<i>voriconazole susr or 40 mg/ml</i>	1	MO; *
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	1	AL; MO; *
<i>carbinoxamine maleate tabs</i>	1	AL; MO; *
<i>clemastine fumarate tabs or 2.68 mg</i>	1	AL; MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	AL; MO; +
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
<i>cetirizine hcl syrps 1 mg/ml</i>	1	RX/OTC; MO; *
CLARINEX TABS 5 MG (<i>Desloratadine</i>)	3	MO; +
<i>desloratadine tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tbdp</i>	1	MO; *
<i>levocetirizine dihydrochloride soln</i>	1	MO; *
<i>levocetirizine dihydrochloride tabs</i>	1	MO; *
XYZAL SOLN (<i>Levocetirizine Dihydrochloride</i>)	3	MO; +
XYZAL TABS (<i>Levocetirizine Dihydrochloride</i>)	3	MO; +
Antihistamines - Phenothiazines		
PHENERGAN SOLN (<i>Promethazine HCl</i>)	4	AL; MO; +
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	4	AL; MO; +
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL; MO; *
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	1	AL; MO; *
<i>promethazine hcl syrps or 6.25 mg/5ml</i>	1	AL; MO; *
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	1	AL; MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrps or 2 mg/5ml</i>	1	AL; MO; *
<i>cyproheptadine hcl tabs or 4 mg</i>	1	AL; MO; *
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
VYTORIN TABS 10MG-10MG	2	QL(8 ea daily); MO; +
VYTORIN TABS 10MG-20MG	2	QL(4 ea daily); MO; +
VYTORIN TABS 40MG-10MG	2	QL(2 ea daily); MO; +
VYTORIN TABS 80MG-10MG	2	PA; QL(1 ea daily); MO; +
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	5	PA; LA; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
LOVAZA CAPS (<i>Omega-3-acid Ethyl Esters</i>)	NF	MO
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS 0.5 GM	3	ST; +
VASCEPA CAPS 1 GM	3	ST; MO; +
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack or 4 gm</i>	1	MO; *
<i>cholestyramine powd or 4 gm/dose</i>	1	Powder Canister; MO; *
COLESTID FLAVORED GRAN (<i>Colestipol HCl</i>)	3	MO; +
COLESTID FLAVORED PACK (<i>Colestipol HCl</i>)	3	MO; +
COLESTID GRAN (<i>Colestipol HCl</i>)	3	MO; +
COLESTID PACK (<i>Colestipol HCl</i>)	3	MO; +
COLESTID TABS (<i>Colestipol HCl</i>)	3	MO; +
<i>colestipol hcl gran</i>	1	MO; *
<i>colestipol hcl pack</i>	1	MO; *
<i>colestipol hcl tabs</i>	1	MO; *
WELCHOL PACK	3	MO; +
WELCHOL TABS	3	MO; +
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	3	SL(4.33 ea daily); MO; +
ANTARA CAPS 90 MG	3	SL(1.44 ea daily); MO; +
<i>choline fenofibrate cpdr</i>	1	MO; *
FENOFIBRATE CAPS 150 MG, 50 MG	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	MO; *
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *
<i>fenofibrate tabs 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	MO; *
FENOFIBRIC ACID TABS	3	MO; +
FENOGLIDE TABS (<i>Fenofibrate</i>)	3	MO; +
FIBRICOR TABS	3	MO; +
<i>gemfibrozil tabs or</i>	1	MO; *
LIPOFEN CAPS	3	MO; +
LOPID TABS (<i>Gemfibrozil</i>)	3	MO; +
TRICOR TABS (<i>Fenofibrate</i>)	3	MO; +
TRIGLIDE TABS	3	MO; +
TRILIPIX CPDR (<i>Choline Fenofibrate</i>)	NF	MO
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	MO; +
<i>atorvastatin calcium tabs</i>	1	MO; *
CRESTOR TABS (<i>Rosuvastatin Calcium</i>)	3	ST; MO; +
<i>fluvastatin sodium caps</i>	1	MO; *
<i>fluvastatin sodium tb24</i>	1	MO; *
LESCOL CAPS (<i>Fluvastatin Sodium</i>)	3	MO; +
LESCOL XL TB24 (<i>Fluvastatin Sodium</i>)	3	MO; +
LIPITOR TABS (<i>Atorvastatin Calcium</i>)	3	MO; +
LIVALO TABS	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs</i>	1	MO; *
MEVACOR TABS (<i>Lovastatin</i>)	3	MO; +
PRAVACHOL TABS (<i>Pravastatin Sodium</i>)	3	MO; +
<i>pravastatin sodium tabs</i>	1	MO; *
<i>rosuvastatin calcium tabs</i>	1	ST; MO; *
<i>simvastatin tabs or 10 mg</i>	1	SL(8 ea daily); MO; *
<i>simvastatin tabs or 20 mg</i>	1	SL(4 ea daily); MO; *
<i>simvastatin tabs or 40 mg</i>	1	SL(2 ea daily); MO; *
<i>simvastatin tabs or 5 mg</i>	1	SL(16 ea daily); MO; *
<i>simvastatin tabs or 80 mg</i>	1	SL(1 ea daily); MO; *
ZOCOR TABS 10 MG (<i>Simvastatin</i>)	3	SL(8 ea daily); MO; +
ZOCOR TABS 20 MG (<i>Simvastatin</i>)	3	SL(4 ea daily); MO; +
ZOCOR TABS 40 MG (<i>Simvastatin</i>)	3	SL(2 ea daily); MO; +
ZOCOR TABS 5 MG (<i>Simvastatin</i>)	3	SL(16 ea daily); MO; +
ZOCOR TABS 80 MG (<i>Simvastatin</i>)	3	SL(1 ea daily); MO; +
Intestinal Cholesterol Absorption Inhibitors		
ZETIA TABS	2	MO; +
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5	PA; SL(6 ea daily); LA; +
JUXTAPID CAPS 20 MG	5	PA; SL(3 ea daily); LA; +
JUXTAPID CAPS 30 MG	5	PA; SL(2 ea daily); LA; +
JUXTAPID CAPS 40 MG	5	PA; SL(1.5 ea daily); LA; +
JUXTAPID CAPS 5 MG	5	PA; SL(12 ea daily); LA; +
JUXTAPID CAPS 60 MG	5	PA; SL(1 ea daily); LA; +

Drug Name	Drug Tier	Requirements/Limits
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tabs</i>	1	MO; *
<i>niacin (antihyperlipidemic) tbc</i>	1	MO; *
NIASPAN TBCR (<i>Niacin (Antihyperlipidemic)</i>)	NF	MO
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily); +
PRALUENT SOPN 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily); +
PRALUENT SOSY 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily); +
PRALUENT SOSY 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily); +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; +
REPATHA SOSY	5	PA; +
REPATHA SURECLICK SOAJ	5	PA; +
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Quinapril HCl</i>)	3	MO; +
ALTACE CAPS (<i>Ramipril</i>)	3	MO; +
<i>benazepril hcl tabs or 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; *
<i>captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO; *
<i>enalapril maleate tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
<i>enalapril maleate tabs or 2.5 mg</i>	1	SL(16 ea daily); MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tabs or 20 mg</i>	1	SL(2 ea daily); MO; *
<i>enalapril maleate tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
<i>fosinopril sodium tabs</i>	1	MO; *
<i>lisinopril tabs or 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO; *
LOTENSIN TABS 20 MG, 40 MG (<i>Benazepril HCl</i>)	3	MO; +
MAVIK TABS (<i>Trandolapril</i>)	3	MO; +
<i>moexipril hcl tabs</i>	1	MO; *
<i>perindopril erbumine tabs 2 mg</i>	1	SL(8 ea daily); MO; *
<i>perindopril erbumine tabs 4 mg</i>	1	SL(4 ea daily); MO; *
<i>perindopril erbumine tabs 8 mg</i>	1	SL(2 ea daily); MO; *
PRINIVIL TABS (<i>Lisinopril</i>)	3	MO; +
<i>quinapril hcl tabs</i>	1	MO; *
<i>ramipril caps</i>	1	MO; *
<i>trandolapril tabs</i>	1	MO; *
VASOTEC TABS 10 MG (<i>Enalapril Maleate</i>)	3	SL(4 ea daily); MO; +
VASOTEC TABS 2.5 MG (<i>Enalapril Maleate</i>)	3	SL(16 ea daily); MO; +
VASOTEC TABS 20 MG (<i>Enalapril Maleate</i>)	3	SL(2 ea daily); MO; +
VASOTEC TABS 5 MG (<i>Enalapril Maleate</i>)	3	SL(8 ea daily); MO; +
ZESTRIL TABS (<i>Lisinopril</i>)	3	MO; +
Agents for Pheochromocytoma		
DEMSER CAPS	5	MO; +
DIBENZYLINE CAPS (<i>Phenoxybenzamine HCl</i>)	3	MO; +
<i>phenoxybenzamine hcl caps or</i>	1	MO; *
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ATACAND TABS (<i>Candesartan Cilexetil</i>)	NF	MO
AVAPRO TABS (<i>Irbesartan</i>)	3	MO; +
BENICAR TABS (<i>Olmesartan Medoxomil</i>)	2	MO; +
<i>candesartan cilexetil tabs</i>	1	MO; *
COZAAR TABS (<i>Losartan Potassium</i>)	3	MO; +
DIOVAN TABS (<i>Valsartan</i>)	NF	MO
EDARBI TABS	3	MO; +
<i>eprosartan mesylate tabs</i>	1	MO; *
<i>irbesartan tabs</i>	1	MO; *
<i>losartan potassium tabs</i>	1	MO; *
MICARDIS TABS (<i>Telmisartan</i>)	NF	MO
<i>olmesartan medoxomil tabs</i>	1	MO; *
<i>telmisartan tabs</i>	1	MO; *
<i>valsartan tabs</i>	1	MO; *
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Doxazosin Mesylate</i>)	3	MO; +
CATAPRES TABS (<i>Clonidine HCl</i>)	3	MO; +
CATAPRES-TTS-1 PTWK (<i>Clonidine HCl</i>)	3	MO; +
CATAPRES-TTS-2 PTWK (<i>Clonidine HCl</i>)	3	MO; +
CATAPRES-TTS-3 PTWK (<i>Clonidine HCl</i>)	3	MO; +
<i>clonidine hcl ptwk td 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO; *
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO; *
<i>doxazosin mesylate tabs</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tabs</i>	1	AL; MO; *
<i>methyldopa tabs</i>	1	AL; MO; *
MINIPRESS CAPS (Prazosin HCl)	3	MO; +
<i>prazosin hcl caps</i>	1	MO; *
RESERPINE TABS OR 0.1 MG	3	+
RESERPINE TABS OR 0.25 MG	3	AL; +
TENEX TABS (<i>Guanfacine HCl</i>)	3	AL; MO; +
<i>terazosin hcl caps</i>	1	MO; *
Antihypertensive Combinations		
ACCURETIC TABS (<i>Quinapril-Hydrochlorothiazide</i>)	3	MO; +
<i>amlodipine besylate-benazepril hcl caps</i>	1	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	MO; *
<i>amlodipine besylate-valsartan tabs</i>	1	MO; *
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	MO; *
ATACAND HCT TABS (<i>Candesartan Cilexetil-Hydrochlorothiazide</i>)	3	MO; +
<i>atenolol & chlorthalidone tabs</i>	1	MO; *
AVALIDE TABS (<i>Irbesartan-Hydrochlorothiazide</i>)	3	MO; +
AZOR TABS (<i>Amlodipine Besylate-Olmesartan Medoxomil</i>)	2	MO; +
<i>benazepril & hydrochlorothiazide tabs</i>	1	MO; *
BENICAR HCT TABS (<i>Olmesartan Medoxomil-Hydrochlorothiazide</i>)	2	MO; +
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
BYVALSON TABS	3	MO; +
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *
<i>captopril & hydrochlorothiazide tabs</i>	1	MO; *
CORZIDE TABS (<i>Nadolol & Bendroflumethiazide</i>)	3	MO; +
DIOVAN HCT TABS (<i>Valsartan-Hydrochlorothiazide</i>)	3	MO; +
EDARBYCLOR TABS	3	MO; +
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; *
EXFORGE HCT TABS (<i>Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NF	MO
EXFORGE TABS (<i>Amlodipine Besylate-Valsartan</i>)	NF	MO
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; *
HYZAAR TABS (<i>Losartan Potassium & Hydrochlorothiazide</i>)	3	MO; +
<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>lisinopril & hydrochlorothiazide tabs</i>	1	MO; *
LOPRESSOR HCT TABS 50MG-25MG (<i>Metoprolol & Hydrochlorothiazide</i>)	3	MO; +
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; *
LOTENSIN HCT TABS (<i>Benazepril & Hydrochlorothiazide</i>)	3	MO; +
LOTREL CAPS (<i>Amlodipine Besylate-Benazepril HCl</i>)	3	MO; +
<i>metoprolol & hydrochlorothiazide tabs</i>	1	MO; *
MICARDIS HCT TABS (<i>Telmisartan-Hydrochlorothiazide</i>)	NF	MO

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril-hydrochlorothiazide tabs</i>	1	MO; *
<i>nadolol & bendroflumethiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
TARKA TBCR 2MG-240MG, 4MG-240MG (Trandolapril-Verapamil HCl)	3	MO; +
TEKTURNA HCT TABS	2	MO; +
<i>telmisartan-amlodipine tabs</i>	1	MO; *
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
TENORETIC 100 TABS (Atenolol & Chlorthalidone)	3	MO; +
TENORETIC 50 TABS (Atenolol & Chlorthalidone)	3	MO; +
<i>trandolapril-verapamil hcl tbc</i> <i>2mg-240mg, 4mg-240mg</i>	1	MO; *
TRIBENZOR TABS (Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	2	MO; +
TWYNSTA TABS (Telmisartan-Amlodipine)	NF	MO
<i>valsartan-hydrochlorothiazide tabs</i>	1	MO; *
VASERETIC TABS (Enalapril Maleate & Hydrochlorothiazide)	3	MO; +
ZESTORETIC TABS (Lisinopril & Hydrochlorothiazide)	3	MO; +
ZIAC TABS (Bisoprolol & Hydrochlorothiazide)	3	MO; +
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA TABS	2	MO; +
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; *
INSPIRA TABS (Eplerenone)	3	MO; +
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO; *
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *
COARTEM TABS	3	MO; +
MALARONE TABS (Atovaquone-Proguanil HCl)	3	MO; +
Antimalarials		
ARALEN TABS (Chloroquine Phosphate)	NF	MO
<i>chloroquine phosphate tabs or 250 mg, 500 mg</i>	1	MO; *
DARAPRIM TABS	3	+
<i>hydroxychloroquine sulfate tabs or</i>	1	MO; *
<i>mefloquine hcl tabs</i>	1	MO; *
PLAQUENIL TABS (Hydroxychloroquine Sulfate)	3	MO; +
<i>primaquine phosphate tabs</i>	1	MO; *
QUALAQUIN CAPS (Quinine Sulfate)	2	PA; MO; +
<i>quinine sulfate caps or</i>	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>guanidine hcl tabs</i>	1	*
MESTINON TABS 60 MG (Pyridostigmine Bromide)	3	MO; +
MESTINON TIMESPAN TBCR (Pyridostigmine Bromide)	3	MO; +
<i>pyridostigmine bromide tabs or 60 mg</i>	1	MO; *
<i>pyridostigmine bromide tbcr or 180 mg</i>	1	MO; *
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
<i>isoniazid & rifampin caps</i>	1	MO; *
RIFATER TABS	3	MO; +
Antimycobacterial Agents		
<i>aminosalicylic acid pack or</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	MO; *
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
MYAMBUTOL TABS 100 MG (Ethambutol HCl)	NF	MO
MYAMBUTOL TABS 400 MG (Ethambutol HCl)	3	MO; +
MYCOBUTIN CAPS (Rifabutin)	NF	MO
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs or</i>	1	MO; *
<i>rifabutin caps</i>	1	MO; *
RIFADIN CAPS OR 300 MG (Rifampin)	3	MO; +
RIFADIN SOLR IV 600 MG (Rifampin)	4	MO; +
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin solr iv 600 mg</i>	4	MO; +
SIRTURO TABS	5	+
TRECATOR TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Melfalan HCl)	4	+
ALKERAN TABS OR 2 MG	3	MO; B/D; +
BENDEKA SOLN	5	+
BICNU SOLR	4	+
BUSULFEX SOLN	4	+
<i>carboplatin soln</i>	1	*
<i>cisplatin soln 100 mg/100ml, 50 mg/50ml</i>	4	+
CISPLATIN SOLN 200 MG/200ML	4	+
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG	2	MO; B/D; +
ELOXATIN SOLN 100 MG/20ML (Oxaliplatin)	NF	
ELOXATIN SOLN 50 MG/10ML (Oxaliplatin)	5	+
EVOMELA SOLR	5	+
GLEOSTINE CAPS	3	+
HEXALEN CAPS	5	MO; +
IFEX SOLR 1 GM (Ifosfamide)	4	+
IFEX SOLR 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>ifosfamide solr 1 gm</i>	4	+
IFOSFAMIDE SOLR 3 GM	4	+

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABS	3	MO; +
<i>melfhalan hcl solr</i>	4	+
MUSTARGEN SOLR	4	+
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	+
<i>oxaliplatin solr 100 mg, 50 mg</i>	5	+
TEMODAR SOLR IV 100 MG	5	+
THIOTEPA SOLR IJ	5	+
TREANDA SOLN	5	+
TREANDA SOLR	5	+
YONDELIS SOLR	5	LA; +
ZANOSAR SOLR	4	MO; +
Antimetabolites		
ALIMTA SOLR 100 MG	5	+
ALIMTA SOLR 500 MG	5	MO; +
ARRANON SOLN	5	+
<i>azacitidine susr</i>	5	+
<i>cladribine soln</i>	4	+
CLOLAR SOLN	4	+
<i>cytarabine soln</i>	4	+
CYTARABINEAQUEOUS SOLN	4	+
DACOGEN SOLR (<i>Decitabine</i>)	NF	
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln iv 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	4	+
FOLOTYN SOLN	5	+
<i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5	+
<i>gemcitabine hcl solr 1 gm, 2 gm</i>	1	*
<i>gemcitabine hcl solr 200 mg</i>	5	+
GEMZAR SOLR 1 GM (<i>Gemcitabine HCl</i>)	NF	
GEMZAR SOLR 200 MG (<i>Gemcitabine HCl</i>)	5	+
<i>mercaptopurine tabs or</i>	1	MO; *
<i>methotrexate sodium soln ij 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml</i>	4	+
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	4	+
<i>methotrexate sodium solr ij 1 gm</i>	4	+
<i>methotrexate sodium tabs or 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; *
PURINETHOL TABS (<i>Mercaptopurine</i>)	NF	MO
PURIXAN SUSP	5	PA; +
TABLOID TABS	2	MO; +
VIDAZA SUSR (<i>Azacitidine</i>)	5	+
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	+
CYRAMZA SOLN	5	LA; +
ZALTRAP SOLN	5	+
Antineoplastic - Antibodies		

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Drug Name	Drug Tier	Requirements/Limits
ARZERRA CONC	5	+
BLINCYTO SOLR	5	+
CAMPATH SOLN	5	+
DARZALEX SOLN	5	LA; +
EMPLICITI SOLR	5	+
ERBITUX SOLN	5	+
GAZYVA SOLN	5	LA; +
HERCEPTIN SOLR	5	+
KADCYLA SOLR	5	+
KEYTRUDA SOLN	5	+
KEYTRUDA SOLR	5	+
LARTRUVO SOLN	5	+
OPDIVO SOLN	5	+
PERJETA SOLN	5	+
PORTRAZZA SOLN	5	+
RITUXAN SOLN	5	+
TECENTRIQ SOLN	5	+
VECTIBIX SOLN	5	+
YERVOY SOLN	5	+
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	PA; LA; +
VENCLEXTA TABS	3	PA; LA; +
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	5	LA; +
ODOMZO CAPS	5	LA; +

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</i>	1	MO; *
ARIMIDEX TABS (Anastrozole)	NF	MO
AROMASIN TABS (Exemestane)	NF	MO
<i>bicalutamide tabs</i>	1	MO; *
CASODEX TABS (Bicalutamide)	NF	MO
DEPO-PROVERA SUSP	4	MO; +
ELIGARD KIT	4	+
EMCYT CAPS	3	MO; +
<i>exemestane tabs</i>	1	MO; *
FARESTON TABS	5	MO; +
FASLODEX SOLN	5	+
FEMARA TABS (Letrozole)	NF	MO
FIRMAGON SOLR 120 MG	5	+
FIRMAGON SOLR 80 MG	4	+
<i>flutamide caps</i>	1	MO; *
HYDROXYPROGESTERONE CAPROATE SOLN IM	5	+
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit ij</i>	4	+
LUPRON DEPOT KIT 11.25 MG, 22.5 MG	5	+
LUPRON DEPOT KIT 3.75 MG	4	+
LUPRON DEPOT KIT 30 MG	5	+
LUPRON DEPOT KIT 45 MG	5	+
LUPRON DEPOT KIT 7.5 MG	5	+

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TABS	2	MO; +
MEGACE ORAL SUSP (Megestrol Acetate)	NF	AL; MO
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	AL; MO; *
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	AL; MO; *
NILANDRON TABS (Nilutamide)	5	MO; +
<i>nilutamide tabs</i>	1	MO; *
SOLTAMOX SOLN	3	MO; +
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	MO; *
TRELSTAR MIXJECT SUSR 11.25 MG, 3.75 MG	4	+
TRELSTAR MIXJECT SUSR 22.5 MG	5	+
TRELSTAR SUSR	4	+
VANTAS KIT	5	+
XTANDI CAPS	5	PA; LA; +
ZOLADEX IMPL	3	+
ZYTIGA TABS	5	+
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	LA; +
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	+
COSMEGEN SOLR	4	+
<i>daunorubicin hcl inj</i>	4	+
DOXIL INJ (<i>Doxorubicin HCl Liposomal</i>)	NF	
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
DOXORUBICIN HCL SOLR 10 MG, 50 MG	4	+
ELLECE SOLN (Epirubicin HCl)	4	+
<i>epirubicin hcl soln</i>	4	+
IDAMYCIN PFS SOLN (Idarubicin HCl)	4	+
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr iv 20 mg, 40 mg</i>	4	MO; +
MITOMYCIN SOLR IV 5 MG	4	MO; +
<i>mitoxantrone hcl conc</i>	1	*
VALSTAR SOLN	5	+
Antineoplastic Combinations		
LONSURF TABS	5	PA; +
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	+
AFINITOR TABS	5	+
ALECENSA CAPS	5	PA; LA; +
BELEODAQ SOLR	5	+
BOSULIF TABS	5	PA; +
CABOMETYX TABS	5	PA; +
CAPRELSA TABS	5	LA; +
COMETRIQ KIT	5	LA; +
COTELLIC TABS	5	LA; +
FARYDAK CAPS	5	PA; LA; +
GILOTRIF TABS	5	LA; +
GLEEVEC TABS 100 MG, 400 MG (<i>Imatinib Mesylate</i>)	2	+
GLEEVEC TABS 400 MG	2	+

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS	5	LA; +
ICLUSIG TABS	5	LA; +
<i>imatinib mesylate tabs</i>	1	*
IMBRUVICA CAPS	5	PA; LA; +
INLYTA TABS	5	PA; LA; +
IRESSA TABS	5	LA; MO; +
ISTODAX (OVERFILL) SOLR	5	+
ISTODAX SOLR	5	+
JAKAFI TABS	5	LA; +
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; +
LYNPARZA CAPS	5	PA; LA; +
MEKINIST TABS	5	+
NEXAVAR TABS	5	LA; +
NINLARO CAPS	5	PA; +
SPRYCEL TABS	5	+
STIVARGA TABS	5	PA; LA; +
SUTENT CAPS	5	+
TAFINLAR CAPS	5	+
TAGRISSO TABS	5	LA; +

Drug Name	Drug Tier	Requirements/Limits
TARCEVA TABS	2	+
TASIGNA CAPS	5	+
TORISEL SOLN	5	+
TYKERB TABS	5	+
VELCADE SOLR	5	+
VOTRIENT TABS	5	+
XALKORI CAPS	5	+
ZELBORAF TABS	5	LA; +
ZOLINZA CAPS	5	+
ZYDELIG TABS	5	PA; LA; +
ZYKADIA CAPS	5	PA; LA; +
Antineoplastic Enzymes		
ERWINAZE SOLR	5	+
ONCASPAR SOLN	5	+
Antineoplastics Misc.		
ACTIMMUNE SOLN	5	LA; +
<i>bexarotene caps</i>	5	+
DACARBAZINE SOLR 100 MG	4	+
<i>dacarbazine solr 200 mg</i>	4	+
HYDREA CAPS (Hydroxyurea)	NF	MO
<i>hydroxyurea caps or</i>	1	MO; *
INTRON A SOLN 10 MU/ML	5	+
INTRON A SOLN 6000000 UNIT/ML	4	+
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	+
INTRON A W/DILUENT SOLR	5	+

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Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS	5	LA; +
NIPENT SOLR	4	+
PROLEUKIN SOLR	5	+
SYLATRON KIT	5	+
SYNRIBO SOLR	5	+
TARGRETIN CAPS OR 75 MG (<i>Bexarotene</i>)	5	+
THERACYS SUSR	5	+
TICE BCG SUSR	5	+
<i>tretinoin (chemotherapy) caps</i>	5	MO; +
TRISENOX SOLN	4	+
UVADEX SOLN	4	+
Chemotherapy Adjuncts		
ELITEK SOLR	5	+
KEPIVANCE SOLR	5	+
Chemotherapy Rescue/Antidote Agents		
<i>amifostine crystalline solr</i>	1	MO; *
<i>dexrazoxane solr 250 mg, 500 mg</i>	4	+
FUSILEV SOLR (<i>Levoleucovorin Calcium</i>)	4	+
<i>leucovorin calcium solr ij 100 mg, 350 mg</i>	4	MO; +
<i>leucovorin calcium solr ij 200 mg, 50 mg</i>	4	+
LEUCOVORIN CALCIUM SOLR IJ 500 MG	4	+
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO; *
<i>levoleucovorin calcium soln 175 mg/17.5ml</i>	5	+
<i>levoleucovorin calcium solr 50 mg</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
LEVOLEUCOVORIN SOLN	5	+
<i>mesna soln</i>	4	MO; +
MESNEX SOLN IV 100 MG/ML (<i>Mesna</i>)	4	MO; +
MESNEX TABS OR 400 MG	5	MO; +
ZINECARD SOLR (<i>Dexrazoxane</i>)	4	+
Mitotic Inhibitors		
ABRAXANE SUSR	5	MO; +
DOCEFREZ SOLR	5	+
DOCETAXEL CONC 140 MG/7ML, 20 MG/ML, 80 MG/4ML	5	+
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	+
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML	5	+
ETOPOPHOS SOLR	4	+
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	+
HALAVEN SOLN	5	+
IXEMPRA KIT SOLR	5	+
JEVTANA SOLN	5	+
MARQIBO SUSP	5	+
<i>paclitaxel conc 100 mg/16.7ml</i>	4	+
PACLITAXEL CONC 150 MG/25ML	4	+
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml</i>	4	MO; +
TAXOTERE CONC (<i>Docetaxel</i>)	5	+
VINBLASTINE SULFATE SOLN	4	MO; +

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Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate soln</i>	4	MO; +
<i>vinorelbine tartrate soln 10 mg/ml, 50 mg/5ml</i>	4	MO; +
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 100 MG/5ML, 40 MG/2ML (<i>Irinotecan HCl</i>)	NF	
HYCAMTIN SOLR IV 4 MG (<i>Topotecan HCl</i>)	5	MO; +
<i>irinotecan hcl soln</i>	1	*
<i>topotecan hcl solr 4 mg</i>	5	MO; +
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	1	MO; *
LODOSYN TABS (<i>Carbidopa</i>)	NF	MO
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; +
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL; MO; *
COGENTIN SOLN (<i>Benztropine Mesylate</i>)	4	MO; +
<i>trihexyphenidyl hcl elix</i>	1	AL; MO; *
<i>trihexyphenidyl hcl tabs</i>	1	AL; MO; *
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Entacapone</i>)	NF	SL(8 ea daily); MO
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; *
TASMAR TABS (<i>Tolcapone</i>)	2	MO; +
<i>tolcapone tabs</i>	1	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl syrpf or 50 mg/5ml</i>	1	MO; *
<i>amantadine hcl tabs or 100 mg</i>	1	MO; *
APOKYN SOLN	5	LA; +
<i>bromocriptine mesylate caps or 5 mg</i>	1	MO; *
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *
<i>carbidopa-levodopa tbcf</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
<i>carbidopa-levodopa-entacapone tabs</i>	1	MO; *
DUOPA SUSP	3	B/D; +
MIRAPEX ER TB24 (<i>Pramipexole Dihydrochloride</i>)	3	MO; +
MIRAPEX TABS (<i>Pramipexole Dihydrochloride</i>)	NF	MO
NEUPRO PT24	3	MO; +
PARLODEL CAPS (<i>Bromocriptine Mesylate</i>)	NF	MO
PARLODEL TABS (<i>Bromocriptine Mesylate</i>)	NF	MO
<i>pramipexole dihydrochloride tabs</i>	1	MO; *
<i>pramipexole dihydrochloride tb24</i>	1	MO; *
REQUIP TABS (<i>Ropinirole Hydrochloride</i>)	NF	MO
REQUIP XL TB24 (<i>Ropinirole Hydrochloride</i>)	NF	MO
<i>ropinirole hydrochloride tabs</i>	1	MO; *
<i>ropinirole hydrochloride tb24</i>	1	MO; *
RYTARY CPCR	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
SINEMET CR TBCR (<i>Carbidopa-Levodopa</i>)	NF	MO
SINEMET TABS (<i>Carbidopa-Levodopa</i>)	NF	MO
STALEVO 100 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
STALEVO 125 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
STALEVO 150 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
STALEVO 200 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
STALEVO 50 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
STALEVO 75 TABS (<i>Carbidopa-Levodopa-Entacapone</i>)	NF	MO
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS	2	MO; +
ELDEPRYL CAPS (<i>Selegiline HCl</i>)	NF	MO
<i>selegiline hcl caps or</i>	1	MO; *
<i>selegiline hcl tabs or</i>	1	MO; *
ZELAPAR TBDP	3	MO; +
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	MO; *
<i>lithium carbonate tabs or 300 mg</i>	1	MO; *
<i>lithium carbonate tbc or 300 mg, 450 mg</i>	1	MO; *
<i>lithium soln</i>	1	MO; *
LITHOBID TBCR (<i>Lithium Carbonate</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics - Misc.		
EQUETRO CP12	3	MO; +
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Ziprasidone HCl</i>)	NF	MO
GEODON SOLR IM 20 MG	4	MO; +
LATUDA TABS 120 MG	5	SL(1.33 ea daily); MO; +
LATUDA TABS 20 MG	5	SL(8 ea daily); MO; +
LATUDA TABS 40 MG	5	SL(4 ea daily); MO; +
LATUDA TABS 60 MG	5	SL(2.67 ea daily); MO; +
LATUDA TABS 80 MG	5	SL(2 ea daily); MO; +
NUPLAZID TABS	5	PA; LA; +
VRAYLAR CAPS 1.5 MG	3	PA; SL(4 ea daily); MO; +
VRAYLAR CAPS 3 MG	3	PA; SL(2 ea daily); MO; +
VRAYLAR CAPS 4.5 MG	3	PA; SL(1.4 ea daily); MO; +
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; +
VRAYLAR CPPK	3	PA; MO; +
<i>ziprasidone hcl caps</i>	1	MO; *
Benzisoxazoles		
FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG	3	MO; +
FANAPT TABS 12 MG, 6 MG, 8 MG	5	MO; +
FANAPT TITRATION PACK TABS	3	+
INVEGA SUSTENNA SUSP	4	MO; +
INVEGA TB24 1.5 MG (<i>Paliperidone</i>)	5	SL(8 ea daily); MO; +
INVEGA TB24 3 MG (<i>Paliperidone</i>)	5	SL(4 ea daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TB24 6 MG (Paliperidone)	5	SL(2 ea daily); MO; +
INVEGA TB24 9 MG (Paliperidone)	5	SL(1.33 ea daily); MO; +
INVEGA TRINZA SUSP	4	+
<i>paliperidone tb24 1.5 mg</i>	1	SL(8 ea daily); MO; *
<i>paliperidone tb24 3 mg</i>	1	SL(4 ea daily); MO; *
<i>paliperidone tb24 6 mg</i>	1	SL(2 ea daily); MO; *
<i>paliperidone tb24 9 mg</i>	5	SL(1.33 ea daily); MO; +
RISPERDAL CONSTA SUSR 12.5 MG	4	Limit 8 vials per 28 days; SL(0.29 ea daily); MO; +
RISPERDAL CONSTA SUSR 25 MG	4	Limit 4 vials per 28 days; SL(0.15 ea daily); MO; +
RISPERDAL CONSTA SUSR 37.5 MG	5	Limit 4 vials per 42 days; SL(0.1 ea daily); MO; +
RISPERDAL CONSTA SUSR 50 MG	5	Limit 2 vials per 28 days; SL(0.08 ea daily); MO; +
RISPERDAL M-TAB TBDP (Risperidone)	NF	MO
RISPERDAL SOLN (Risperidone)	NF	MO
RISPERDAL TABS (Risperidone)	NF	MO
<i>risperidone soln</i>	1	MO; *
<i>risperidone tabs</i>	1	MO; *
<i>risperidone tbdp</i>	1	MO; *
Butyrophenones		

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 100 SOLN (Haloperidol Decanoate)	NF	MO
HALDOL DECANOATE 50 SOLN (Haloperidol Decanoate)	NF	MO
HALDOL SOLN (Haloperidol Lactate)	NF	MO
<i>haloperidol decanoate soln</i>	1	MO; *
<i>haloperidol lactate conc</i>	1	MO; *
<i>haloperidol lactate soln</i>	1	MO; *
<i>haloperidol tabs</i>	1	MO; *
Dibenzapines		
CLOZAPINE ODT TBDP 12.5 MG, 150 MG	3	+
CLOZAPINE ODT TBDP 200 MG	5	+
<i>clozapine tabs</i>	1	*
<i>clozapine tbdp</i>	1	*
CLOZARIL TABS (Clozapine)	NF	
FAZACLO TBDP 100 MG, 25 MG (Clozapine)	3	+
FAZACLO TBDP 12.5 MG, 150 MG	3	+
FAZACLO TBDP 200 MG	5	+
<i>loxapine succinate caps</i>	1	MO; *
<i>olanzapine solr</i>	1	MO; *
<i>olanzapine tabs</i>	1	MO; *
<i>olanzapine tbdp</i>	1	MO; *
QUETIAPINE FUMARATE ER TB24	3	PA; MO; +
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; *
<i>quetiapine fumarate tb24 400 mg</i>	1	PA; MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 10 MG	3	SL(2 ea daily); MO; +
SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (<i>Quetiapine Fumarate</i>)	NF	MO
SEROQUEL TABS 300 MG, 400 MG (<i>Quetiapine Fumarate</i>)	5	MO; +
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 50 MG	3	PA; MO; +
SEROQUEL XR TB24 400 MG (<i>Quetiapine Fumarate</i>)	5	PA; MO; +
VERSACLOZ SUSP	5	PA; SL(18 ml daily); +
ZYPREXA RELPREVV SUSR 210 MG	4	+
ZYPREXA SOLR IM 10 MG (<i>Olanzapine</i>)	NF	MO
ZYPREXA TABS OR 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>Olanzapine</i>)	NF	MO
ZYPREXA TABS OR 15 MG, 20 MG (<i>Olanzapine</i>)	5	MO; +
ZYPREXA ZYDIS TBDP (<i>Olanzapine</i>)	NF	MO
Dihydroindolones		
<i>molindone hcl tabs</i>	1	MO; *
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	4	+
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; *
<i>fluphenazine decanoate soln ij</i>	4	MO; +
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	4	MO; +
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO; *
<i>perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO; *
<i>prochlorperazine edisylate soln ij</i>	4	MO; +
<i>prochlorperazine maleate tabs or 10 mg, 5 mg</i>	1	MO; *
<i>prochlorperazine supp</i>	1	MO; *
<i>thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	1	AL; MO; *
<i>trifluoperazine hcl tabs</i>	1	MO; *
Quinolinone Derivatives		
ABILIFY DISCMELT TBDP 10 MG	5	SL(3 ea daily); MO; +
ABILIFY DISCMELT TBDP 15 MG	5	SL(2 ea daily); MO; +
ABILIFY MAINTENA SUSR	5	MO; +
ABILIFY SOLN IM 9.75 MG/1.3ML	4	SL(4 ml daily); MO; +
ABILIFY SOLN OR 1 MG/ML	5	SL(30 ml daily); MO; +
ABILIFY TABS OR 10 MG (<i>Aripiprazole</i>)	5	SL(3 ea daily); MO; +
ABILIFY TABS OR 15 MG (<i>Aripiprazole</i>)	5	SL(2 ea daily); MO; +
ABILIFY TABS OR 2 MG (<i>Aripiprazole</i>)	5	SL(15 ea daily); MO; +
ABILIFY TABS OR 20 MG (<i>Aripiprazole</i>)	5	SL(1.5 ea daily); MO; +
ABILIFY TABS OR 30 MG (<i>Aripiprazole</i>)	5	SL(1 ea daily); MO; +
ABILIFY TABS OR 5 MG (<i>Aripiprazole</i>)	5	SL(6 ea daily); MO; +
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; *
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; *
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; *

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Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; *
<i>aripiprazole tabs 20 mg</i>	5	SL(1.5 ea daily); MO; +
<i>aripiprazole tabs 30 mg</i>	5	SL(1 ea daily); MO; +
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	SL(3 ea daily); MO; +
<i>aripiprazole tbdp 15 mg</i>	5	SL(2 ea daily); MO; +
ARISTADA PRSY	5	+
REXULTI TABS 0.25 MG	5	PA; SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; SL(8 ea daily); MO; +
REXULTI TABS 1 MG	5	PA; SL(4 ea daily); MO; +
REXULTI TABS 2 MG	5	PA; SL(2 ea daily); MO; +
REXULTI TABS 3 MG	5	PA; SL(1.33 ea daily); MO; +
REXULTI TABS 4 MG	5	PA; SL(1 ea daily); MO; +
Thioxanthenes		
<i>thiothixene caps</i>	1	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	1	MO; *
<i>abacavir sulfate-lamivudine tabs</i>	5	MO; +
<i>abacavir sulfate- lamivudine-zidovudine tabs</i>	5	MO; +
APTIVUS CAPS 250 MG	2	MO; +
APTIVUS SOLN 100 MG/ML	2	+
ATRIPLA TABS	2	MO; +
COMBIVIR TABS (<i>Lamivudine-Zidovudine</i>)	5	MO; +

Drug Name	Drug Tier	Requirements/ Limits
COMPLERA TABS	5	MO; +
CRIXIVAN CAPS	3	MO; +
DESCOVY TABS	5	MO; +
<i>didanosine cpdr</i>	1	MO; *
EDURANT TABS	5	MO; +
EMTRIVA CAPS	3	MO; +
EMTRIVA SOLN	3	MO; +
EPIVIR SOLN 10 MG/ML (<i>Lamivudine</i>)	2	MO; +
EPIVIR TABS 150 MG, 300 MG (<i>Lamivudine</i>)	NF	MO
EPZICOM TABS (<i>Abacavir Sulfate-Lamivudine</i>)	5	MO; +
EVOTAZ TABS	5	MO; +
FUZEON SOLR	5	+
GENVOYA TABS	5	MO; +
INTELENCE TABS 100 MG	2	MO; +
INTELENCE TABS 200 MG	5	MO; +
INTELENCE TABS 25 MG	3	+
INVIRASE CAPS	5	MO; +
INVIRASE TABS	5	MO; +
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; +
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; +
ISENTRESS PACK 100 MG	3	SL(2 ea daily); +
ISENTRESS TABS 400 MG	5	MO; +
KALETRA SOLN 400MG/5ML-100MG/5ML	2	MO; +
KALETRA TABS 100MG- 25MG	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 200MG-50MG	2	MO; +
<i>lamivudine soln</i>	1	MO; *
<i>lamivudine tabs</i>	1	MO; *
<i>lamivudine-zidovudine tabs</i>	1	MO; *
LEXIVA SUSP 50 MG/ML	2	MO; +
LEXIVA TABS 700 MG	5	MO; +
NEVIRAPINE SUSP 50 MG/5ML	2	MO; +
<i>nevirapine tabs 200 mg</i>	1	MO; *
<i>nevirapine tb24 100 mg, 400 mg</i>	1	MO; *
NORVIR CAPS	2	MO; +
NORVIR SOLN	2	MO; +
NORVIR TABS	2	MO; +
ODEFSEY TABS	5	MO; +
PREZCOBIX TABS	5	MO; +
PREZISTA SUSP 100 MG/ML	5	MO; +
PREZISTA TABS 150 MG	3	MO; +
PREZISTA TABS 600 MG, 800 MG	5	MO; +
PREZISTA TABS 75 MG	2	MO; +
RESCRIPTOR TABS 100 MG	2	MO; +
RESCRIPTOR TABS 200 MG	3	MO; +
RETROVIR CAPS (<i>Zidovudine</i>)	NF	MO
RETROVIR IV INFUSION SOLN	4	+
RETROVIR SYRP (<i>Zidovudine</i>)	NF	MO
REYATAZ CAPS	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK	5	MO; +
SELZENTRY TABS	5	MO; +
<i>stavudine caps</i>	1	MO; *
<i>stavudine solr</i>	1	MO; *
STRIBILD TABS	5	MO; +
SUSTIVA CAPS 200 MG, 50 MG	3	MO; +
SUSTIVA TABS 600 MG	5	MO; +
TIVICAY TABS 10 MG	3	MO; +
TIVICAY TABS 25 MG, 50 MG	5	MO; +
TRIUMEQ TABS	5	MO; +
TRIZIVIR TABS (<i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	5	MO; +
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	5	MO; +
TRUVADA TABS 300MG-200MG	2	MO; +
TYBOST TABS	3	MO; +
VIDEX EC CPDR (<i>Didanosine</i>)	3	MO; +
VIDEXPEDIATRIC SOLR	3	MO; +
VIRACEPT TABS	5	MO; +
VIRAMUNE SUSP 50 MG/5ML	2	MO; +
VIRAMUNE TABS 200 MG (<i>Nevirapine</i>)	NF	MO
VIRAMUNE XR TB24 100 MG (<i>Nevirapine</i>)	3	MO; +
VIRAMUNE XR TB24 400 MG (<i>Nevirapine</i>)	5	MO; +
VIREAD POWD	5	MO; +
VIREAD TABS	5	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
VITEKTA TABS	5	+
ZERIT CAPS (<i>Stavudine</i>)	NF	MO
ZERIT SOLR (<i>Stavudine</i>)	NF	MO
ZIAGEN SOLN 20 MG/ML	2	MO; +
ZIAGEN TABS 300 MG (<i>Abacavir Sulfate</i>)	NF	MO
<i>zidovudine caps</i>	1	MO; *
<i>zidovudine syrp</i>	1	MO; *
<i>zidovudine tabs</i>	1	MO; *
CMV Agents		
<i>cidofovir soln</i>	5	+
CYTOVENE SOLR (<i>Ganciclovir Sodium</i>)	4	MO; +
<i>ganciclovir sodium solr</i>	1	MO; *
VALCYTE SOLR (<i>Valganciclovir HCl</i>)	5	MO; +
VALCYTE TABS (<i>Valganciclovir HCl</i>)	5	MO; +
<i>valganciclovir hcl solr</i>	5	MO; +
<i>valganciclovir hcl tabs</i>	5	MO; +
VISTIDE SOLN (<i>Cidofovir</i>)	5	+
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
BARACLUDE TABS 0.5 MG, 1 MG (<i>Entecavir</i>)	2	MO; +
COPEGUS TABS (<i>Ribavirin (Hepatitis C)</i>)	3	+
DAKLINZA TABS	5	PA; +
<i>entecavir tabs</i>	1	MO; *
EPIVIR HBV SOLN 5 MG/ML	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV TABS 100 MG (<i>Lamivudine (HBV)</i>)	NF	MO
HARVONI TABS	5	PA; +
HEPSERA TABS (<i>Adefovir Dipivoxil</i>)	5	MO; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
OLYSIO CAPS	5	PA; +
PEG-INTRON KIT	5	+
PEG-INTRON REDIPEN KIT	5	+
PEG-INTRON REDIPEN PAK 4 KIT	5	+
PEGASYS PROCLICK SOLN	5	+
PEGASYS SOLN	5	+
PEGINTRON KIT	5	+
REBETOL CAPS 200 MG (<i>Ribavirin (Hepatitis C)</i>)	5	+
REBETOL SOLN 40 MG/ML	2	+
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) misc</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	1	*
SOVALDI TABS	5	PA; +
TECHNIVIE TABS	5	PA; +
TYZEKA TABS	5	MO; +
VICTRELIS CAPS	5	PA; +
VIEKIRA PAK TBPK	5	PA; +
ZEPATIER TABS	5	PA; +
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium soln 50 mg/ml</i>	4	+
ACYCLOVIR SODIUM SOLR 500 MG	4	MO; +
<i>acyclovir susp or 200 mg/5ml</i>	1	MO; *
<i>acyclovir tabs or 400 mg, 800 mg</i>	1	MO; *
<i>famciclovir tabs</i>	1	MO; *
FAMVIR TABS (<i>Famciclovir</i>)	3	MO; +
<i>valacyclovir hcl tabs or 1 gm, 1000 mg, 500 mg</i>	1	MO; *
VALTREX TABS (<i>Valacyclovir HCl</i>)	3	MO; +
ZOVIRAX CAPS OR 200 MG (<i>Acyclovir</i>)	3	MO; +
ZOVIRAX SUSP OR 200 MG/5ML (<i>Acyclovir</i>)	3	MO; +
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Acyclovir</i>)	3	MO; +
Influenza Agents		
FLUMADINE TABS (<i>Rimantadine Hydrochloride</i>)	3	MO; +
RELENZA DISKHALER AEPB	3	MO; +
<i>rimantadine hydrochloride tabs</i>	1	MO; *
TAMIFLU CAPS 30 MG, 45 MG	3	MO; +
TAMIFLU CAPS 75 MG	2	MO; +
TAMIFLU SUSR 6 MG/ML	3	MO; +
Respiratory Syncytial Virus (RSV) Agents		
VIRAZOLE SOLR	3	+
ASSORTED CLASSES - Miscellaneous Drugs		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO; +
SYPRINE CAPS	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
Enzymes		
XIAFLEX SOLR	5	+
Immunomodulators		
REVLIMID CAPS	5	LA; +
THALOMID CAPS	2	+
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	MO; B/D; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	1	MO; B/D; *
CELLCEPT CAPS (<i>Mycophenolate Mofetil</i>)	5	MO; B/D; +
CELLCEPT INTRAVENOUS SOLR	4	B/D; +
CELLCEPT SUSR (<i>Mycophenolate Mofetil</i>)	5	MO; B/D; +
CELLCEPT TABS (<i>Mycophenolate Mofetil</i>)	5	MO; B/D; +
<i>cyclosporine caps or 100 mg, 25 mg</i>	1	MO; B/D; *
<i>cyclosporine modified (for microemulsion) caps 100 mg, 25 mg, 50 mg</i>	1	MO; B/D; *
<i>cyclosporine soln iv 50 mg/ml</i>	4	B/D; +
ENVARUSUS XR TB24	3	MO; B/D; +
IMURAN TABS (<i>Azathioprine</i>)	3	MO; B/D; +
<i>mycophenolate mofetil caps 250 mg</i>	1	MO; B/D; *
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	MO; B/D; +
<i>mycophenolate mofetil tabs 500 mg</i>	1	MO; B/D; *
<i>mycophenolate sodium tbec 180 mg</i>	1	MO; B/D; *
<i>mycophenolate sodium tbec 360 mg</i>	5	MO; B/D; +

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Drug Name	Drug Tier	Requirements/Limits
MYFORTIC TBEC 180 MG (<i>Mycophenolate Sodium</i>)	3	MO; B/D; +
MYFORTIC TBEC 360 MG (<i>Mycophenolate Sodium</i>)	5	MO; B/D; +
NEORAL CAPS 100 MG, 25 MG (<i>Cyclosporine Modified (For Microemulsion)</i>)	3	MO; B/D; +
NULOJIX SOLR	5	B/D; +
PROGRAF CAPS OR 0.5 MG, 1 MG (<i>Tacrolimus</i>)	3	MO; B/D; +
PROGRAF CAPS OR 5 MG (<i>Tacrolimus</i>)	5	MO; B/D; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
RAPAMUNE SOLN 1 MG/ML	2	MO; B/D; +
RAPAMUNE TABS 0.5 MG, 2 MG (<i>Sirolimus</i>)	2	MO; B/D; +
RAPAMUNE TABS 1 MG (<i>Sirolimus</i>)	5	MO; B/D; +
SANDIMMUNE CAPS OR 100 MG, 25 MG (<i>Cyclosporine</i>)	3	MO; B/D; +
SANDIMMUNE SOLN IV 50 MG/ML (<i>Cyclosporine</i>)	4	B/D; +
SANDIMMUNE SOLN OR 100 MG/ML	3	MO; B/D; +
SIMULECT SOLR	5	B/D; +
<i>sirolimus tabs</i>	1	MO; B/D; *
<i>tacrolimus caps or 0.5 mg, 1 mg</i>	1	MO; B/D; *
<i>tacrolimus caps or 5 mg</i>	5	MO; B/D; +
THYMOGLOBULIN SOLR	2	B/D; +
ZORTRESS TABS 0.25 MG	2	MO; B/D; +
ZORTRESS TABS 0.5 MG, 0.75 MG	5	MO; B/D; +
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	*

Drug Name	Drug Tier	Requirements/Limits
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
KAYEXALATE POWD (<i>Sodium Polystyrene Sulfonate</i>)	3	MO; +
<i>sodium polystyrene sulfonate powd or</i>	1	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	MO; *
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; +
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; +
VELTASSA PACK 8.4 GM	3	ST; SL(3 ea daily); LA; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	5	+
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs 12.5 mg</i>	1	SL(8 ea daily); MO; *
<i>carvedilol tabs 25 mg</i>	1	SL(4 ea daily); MO; *
<i>carvedilol tabs 3.125 mg</i>	1	SL(32 ea daily); MO; *
<i>carvedilol tabs 6.25 mg</i>	1	SL(16 ea daily); MO; *
COREG CR CP24	3	MO; +
COREG TABS 12.5 MG (<i>Carvedilol</i>)	3	SL(8 ea daily); MO; +
COREG TABS 25 MG (<i>Carvedilol</i>)	3	SL(4 ea daily); MO; +
COREG TABS 3.125 MG (<i>Carvedilol</i>)	3	SL(32 ea daily); MO; +
COREG TABS 6.25 MG (<i>Carvedilol</i>)	3	SL(16 ea daily); MO; +
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *
Beta Blockers Cardio-Selective		

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	MO; *
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
<i>betaxolol hcl tabs</i>	1	MO; *
<i>bisoprolol fumarate tabs</i>	1	MO; *
BYSTOLIC TABS	3	MO; +
KERLONE TABS (<i>Betaxolol HCl</i>)	3	MO; +
LOPRESSOR TABS OR 100 MG, 50 MG (<i>Metoprolol Tartrate</i>)	3	MO; +
<i>metoprolol succinate tb24</i>	1	MO; *
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
METOPROLOL TARTRATE TABS OR 37.5 MG, 75 MG	3	MO; +
SECTRAL CAPS (<i>Acebutolol HCl</i>)	3	MO; +
TENORMIN TABS (<i>Atenolol</i>)	3	MO; +
TOPROL XL TB24 (<i>Metoprolol Succinate</i>)	3	MO; +
ZEBETA TABS (<i>Bisoprolol Fumarate</i>)	3	MO; +
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Sotalol HCl (AFIB/AFL)</i>)	3	MO; +
BETAPACE TABS (<i>Sotalol HCl</i>)	3	tabs;MO; +
CORGARD TABS (<i>Nadolol</i>)	3	MO; +
INDERAL LA CP24 (<i>Propranolol HCl</i>)	3	MO; +
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	MO; *
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; *
<i>sotalol hcl (afib/afl) tabs</i>	1	MO; *
Sotalol Hcl IV Soln	NF	
<i>sotalol hcl tabs</i>	1	tabs;MO; *
SOTYLIZE SOLN	3	MO; +
<i>timolol maleate tabs or 10 mg</i>	1	SL(6 ea daily); MO; *
<i>timolol maleate tabs or 20 mg</i>	1	SL(3 ea daily); MO; *
<i>timolol maleate tabs or 5 mg</i>	1	SL(12 ea daily); MO; *
BIOLOGICALS MISC - Drugs to Treat Low Enzymes		
Allergenic Extracts		
GRASTEK SUBL	3	PA; MO; +
ORALAIR SUBL	3	PA; +
RAGWITEK SUBL	3	PA; MO; +
Biologicals Misc		
ADAGEN SOLN	5	LA; +
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Nifedipine</i>)	3	MO; +
<i>amlodipine besylate tabs or 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs or 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>amlodipine besylate tabs or 5 mg</i>	1	SL(2 ea daily); MO; *
CALAN SR TBCR (<i>Verapamil HCl</i>)	3	MO; +
CALAN TABS (<i>Verapamil HCl</i>)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 (<i>Diltiazem HCl Coated Beads</i>)	3	MO; +
CARDIZEM LA TB24 120 MG	2	MO; +
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Diltiazem HCl Coated Beads</i>)	3	MO; +
CARDIZEM TABS (<i>Diltiazem HCl</i>)	3	MO; +
<i>diltiazem hcl coated beads cp24</i>	1	MO; *
<i>diltiazem hcl coated beads tb24</i>	1	MO; *
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	MO; *
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	MO; *
<i>diltiazem hcl extended release beads cp24</i>	1	MO; *
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO; *
<i>felodipine tb24</i>	1	MO; *
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	1	MO; *
<i>nifedipine caps or 20 mg</i>	1	AL; MO; *
<i>nifedipine tb24 or 30 mg, 60 mg, 90 mg</i>	1	MO; *
<i>nimodipine caps or 30 mg, 30mg</i>	1	MO; *
<i>nisoldipine tb24 17 mg, 34 mg, 8.5 mg</i>	1	MO; *
NORVASC TABS 10 MG (<i>Amlodipine Besylate</i>)	3	SL(1 ea daily); MO; +
NORVASC TABS 2.5 MG (<i>Amlodipine Besylate</i>)	3	SL(4 ea daily); MO; +
NORVASC TABS 5 MG (<i>Amlodipine Besylate</i>)	3	SL(2 ea daily); MO; +
NYMALIZE SOLN	5	+
PROCARDIA XL TB24 (<i>Nifedipine</i>)	3	MO; +
SULAR TB24 (<i>Nisoldipine</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CP24 (<i>Diltiazem HCl Extended Release Beads</i>)	3	MO; +
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	MO; *
<i>verapamil hcl tabs or 120 mg, 40 mg, 80 mg</i>	1	MO; *
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	1	MO; *
VERELAN CP24 (<i>Verapamil HCl</i>)	NF	MO
VERELAN PM CP24 (<i>Verapamil HCl</i>)	NF	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln or 0.05 mg/ml</i>	1	MO; *
<i>digoxin tabs or 0.125 mg, 125 mcg</i>	1	MO; *
<i>digoxin tabs or 0.25 mg, 250 mcg</i>	1	AL; MO; *
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 125 MCG (<i>Digoxin</i>)	3	MO; +
LANOXIN TABS OR 187.5 MCG	3	AL; MO; +
LANOXIN TABS OR 250 MCG (<i>Digoxin</i>)	3	AL; MO; +
LANOXIN TABS OR 62.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	MO; *
BIDIL TABS	3	MO; +
CADUET TABS (<i>Amlodipine Besylate-Atorvastatin Calcium</i>)	NF	MO
ENTRESTO TABS	3	PA; MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 ea daily); MO; NT; +
CAVERJECT SOLR	2	Check plan for coverage; Limit 4 vials per month; QL(0.14 ea daily); MO; NT; +
CIALIS TABS 10 MG, 20 MG	2	Check plan for coverage; QL(0.14 ea daily); MO; NT; +
CIALIS TABS 2.5 MG, 5 MG	3	PA; Check plan for coverage; MO; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 ea daily); MO; NT; +
LEVITRA TABS	3	Check plan for coverage; QL(0.14 ea daily); MO; NT; +
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 ea daily); MO; NT; +
STAXYN TBDP	3	Check plan for coverage; QL(0.14 ea daily); MO; NT; +
STENDRA TABS	3	Check plan for coverage; QL(0.14 ea daily); MO; NT; +
VIAGRA TABS	2	Check plan for coverage; QL(0.14 ea daily); MO; NT; +

Drug Name	Drug Tier	Requirements/Limits
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG	5	PA; +
REMODULIN SOLN	5	LA; B/D; +
TYVASO REFILL SOLN	5	LA; B/D; +
TYVASO SOLN	5	LA; B/D; +
TYVASO STARTER SOLN	5	LA; B/D; +
VENTAVIS SOLN 10 MCG/ML	2	LA; B/D; +
VENTAVIS SOLN 20 MCG/ML	5	LA; B/D; +
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	LA; +
OPSUMIT TABS	5	+
TRACLEER TABS	5	LA; +
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	5	PA; +
REVATIO SOLN IV 10 MG/12.5ML (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA; +
REVATIO TABS OR 20 MG (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA; +
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; +
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; LA; +
UPTRAVI TBPK	5	PA; LA; +
Pulmonary Hypertension - Sol Guanylate Cyclase		

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 0.5 MG	5	PA; SL(15 ea daily); +
ADEMPAS TABS 1 MG	5	PA; SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; SL(5 ea daily); +
ADEMPAS TABS 2 MG	5	PA; SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; SL(3 ea daily); +
Sinus Node Inhibitors		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	1	MO; *
<i>cefadroxil susr 500 mg/5ml</i>	1	MO; *
<i>cefadroxil tabs 1 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	4	MO; +
<i>cephalexin caps</i>	1	MO; *
<i>cephalexin susr</i>	1	MO; *
<i>cephalexin tabs</i>	1	MO; *
KEFLEX CAPS 250 MG, 500 MG (<i>Cephalexin</i>)	3	MO; +
KEFLEX CAPS 750 MG (<i>Cephalexin</i>)	NF	MO
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<i>cefaclor monohydrate tb12</i>	1	MO; *
<i>cefoxitin sodium solr ij 10 gm</i>	4	+
<i>cefoxitin sodium solr iv 1 gm</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium solr iv 2 gm</i>	4	+
<i>cefprozil susr 250 mg/5ml</i>	1	MO; *
<i>cefprozil tabs 250 mg, 500 mg</i>	1	MO; *
CEFTIN TABS 250 MG, 500 MG (<i>Cefuroxime Axetil</i>)	3	MO; +
<i>cefuroxime axetil tabs</i>	1	MO; *
<i>cefuroxime sodium solr ij 1.5 gm</i>	4	+
ZINACEF SOLR IJ 1.5 GM (<i>Cefuroxime Sodium</i>)	4	+
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	3	SL(1 ea daily); MO; +
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	1	MO; *
<i>cefpodoxime proxetil tabs 100 mg, 200 mg</i>	1	MO; *
<i>ceftazidime solr ij 1 gm, 2 gm</i>	4	MO; +
<i>ceftazidime solr ij 6 gm</i>	4	+
CEFTIBUTEN CAPS 400 MG	3	SL(1 ea daily); MO; +
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE SOLN 20MG/ML	4	SL(200 ml daily); +
<i>ceftriaxone sodium solr ij 1 gm</i>	4	SL(4 ea daily); +
<i>ceftriaxone sodium solr ij 2 gm</i>	4	SL(2 ea daily); MO; +
<i>ceftriaxone sodium solr ij 250 mg</i>	4	SL(16 ea daily); MO; +
<i>ceftriaxone sodium solr ij 500 mg</i>	4	SL(8 ea daily); MO; +
<i>ceftriaxone sodium solr iv 1 gm</i>	4	SL(4 ea daily); +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium solr iv 10 gm</i>	4	MO; +
FORTAZ SOLR IJ 1 GM, 2 GM (<i>Ceftazidime</i>)	4	MO; +
FORTAZ SOLR IJ 6 GM (<i>Ceftazidime</i>)	4	+
SUPRAX CAPS 400 MG	3	MO; +
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; +
CEFEPIME SOLN 2 GM/100ML	4	+
MAXIPIME SOLR IJ 1 GM, 2 GM (<i>Cefepime HCl</i>)	4	MO; +
Cephalosporins - 5th Generation		
TEFLARO SOLR 600 MG	4	+
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (<i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	3	MO; +
BREVICON-28 TABS (<i>Norethindrone & Eth Estradiol</i>)	3	MO; +
DESOGEN TABS (<i>Desogestrel & Ethinyl Estradiol</i>)	3	MO; +
<i>desogestrel & ethinyl estradiol tabs</i>	1	MO; *
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	MO; *
<i>ethynodiol diacet & eth estrad tabs</i>	1	MO; *
FEMCON FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
GENERESS FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	3	MO; +
<i>levonorgestrel & eth estradiol tabs</i>	1	MO; *
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	MO; *
LO LOESTRIN FE TABS	3	MO; +
LOSEASONIQUE TABS (<i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	MO; +
MINASTRIN 24 FE CHEW	3	MO; +
MODICON TABS (<i>Norethindrone & Eth Estradiol</i>)	3	MO; +
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs</i>	1	MO; *
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	MO; *
<i>norethindrone acet & eth estra tabs 20mcg-1mg, 30mcg-1.5mg</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol tabs</i>	1	MO; *
<i>norgestrel & ethinyl estradiol tabs</i>	1	MO; *
NORINYL 1+35 TABS (<i>Norethindrone & Eth Estradiol</i>)	3	MO; +
ORTHO TRI-CYCLEN LO TABS (<i>Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
ORTHO TRI-CYCLEN TABS (<i>Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	3	MO; +
ORTHO-CEPT TABS (<i>Desogestrel & Ethinyl Estradiol</i>)	3	MO; +
ORTHO-CYCLEN TABS (<i>Norgestimate-Ethinyl Estradiol</i>)	3	MO; +
ORTHO-NOVUM 1/35 TABS (<i>Norethindrone & Eth Estradiol</i>)	3	MO; +
ORTHO-NOVUM 7/7/7 TABS (<i>Norethindrone-Eth Estradiol (Triphasic)</i>)	3	MO; +
QUARTETTE TABS	3	MO; +
SAFYRAL TABS	3	MO; +
SEASONIQUE TABS (<i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	MO; +
YASMIN 28 TABS (<i>Drospirenone-Ethinyl Estradiol</i>)	3	MO; +
YAZ TABS (<i>Drospirenone-Ethinyl Estradiol</i>)	3	MO; +
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
ORTHO EVRA PTWK (<i>Norelgestromin-Ethinyl Estradiol</i>)	NF	MO
Combination Contraceptives - Vaginal		
NUVARING RING	2	MO; +
Emergency Contraceptives		
ELLA TABS	2	+
<i>levonorgestrel (emergency oc) tabs 0.75 mg</i>	1	*
<i>levonorgestrel (emergency oc) tabs 1.5 mg</i>	1	RX/OTC; *
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Medroxyprogesterone Acetate (Contraceptive)</i>)	4	MO; +
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Medroxyprogesterone Acetate (Contraceptive)</i>)	4	MO; +
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; +
Progestin Contraceptives - Oral		
NOR-QD TABS (<i>Norethindrone (Contraceptive)</i>)	3	MO; +
<i>norethindrone (contraceptive) tabs</i>	1	MO; *
ORTHO MICRONOR TABS (<i>Norethindrone (Contraceptive)</i>)	3	MO; +
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>betamethasone sod phosphate & acetate susp</i>	4	MO; +
<i>budesonide cpep or</i>	5	MO; +
CELESTONE-SOLUSPAN SUSP (<i>Betamethasone Sod Phosphate & Acetate</i>)	4	MO; +
CORTEF TABS (<i>Hydrocortisone</i>)	NF	MO
<i>cortisone acetate tabs or</i>	1	MO; *
DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (<i>Methylprednisolone Acetate</i>)	NF	MO

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	MO; *
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	Preservative Free;MO; +
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
<i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	4	MO; +
<i>dexamethasone soln or 0.5 mg/5ml</i>	1	MO; *
<i>dexamethasone tabs or 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO; *
<i>dexamethasone tbpk or 1.5 mg</i>	1	MO; *
ENTOCORT EC CPEP (Budesonide)	3	MO; +
<i>hydrocortisone tabs or 10 mg, 20 mg, 5 mg</i>	1	MO; *
KENALOG-10 SUSP	4	MO; +
KENALOG-40 SUSP	4	MO; +
MEDROL DOSEPAK TBPK (Methylprednisolone)	NF	MO
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG (Methylprednisolone)	NF	MO
MEDROL TABS 2 MG	2	MO; +
<i>methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	1	MO; *
<i>methylprednisolone tabs or 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO; *
<i>methylprednisolone tbpk or 4 mg</i>	1	MO; *
ORAPRED ODT TBDP 10 MG (Prednisolone Sodium Phosphate)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT TBDP 15 MG, 30 MG (Prednisolone Sodium Phosphate)	NF	MO
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	MO; *
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	MO; *
<i>prednisolone soln or 15 mg/5ml</i>	1	MO; *
<i>prednisolone syrp or 15 mg/5ml</i>	1	MO; *
<i>prednisolone tabs or 5 mg</i>	1	MO; *
<i>prednisolone tbpk or 5 mg</i>	1	21 tablet pack;MO; *
<i>prednisolone tbpk or 5 mg</i>	1	48 tablet pack; *
<i>prednisone conc or 5 mg/ml</i>	1	MO; *
<i>prednisone soln or 5 mg/5ml</i>	1	MO; *
<i>prednisone tabs or 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO; *
<i>prednisone tbpk or 10 mg, 5 mg</i>	1	Dose Pack;MO; *
RAYOS TBEC 2 MG, 5 MG	3	MO; +
SOLU-CORTEF SOLR 100 MG, 250 MG	4	MO; +
SOLU-MEDROL SOLR 1000 MG, 125 MG, 40 MG (Methylprednisolone Sod Succ)	NF	MO
SOLU-MEDROL SOLR 2 GM	4	+
UCERIS TB24 OR 9 MG	5	MO; +
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	1	MO; *

COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
Antitussives		
<i>benzonatate caps</i>	1	MO; NT; *
TESSALON PERLES CAPS (<i>Benzonatate</i>)	3	MO; NT; +
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; +
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	AL; MO; NT; *
<i>phenyleph-promethazine w/ cod syrup</i>	1	AL; MO; NT; *
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	AL; MO; NT; *
REZIRA SOLN	3	MO; NT; +
SEMPREX-D CAPS	3	MO; +
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (<i>Hydrocodone Polistirex-Chlorpheniramine Polistirex</i>)	3	AL; MO; NT; +
ZUTRIPRO SOLN (<i>Pseudoephed-CPM w/ Hydrocod</i>)	3	AL; MO; NT; +
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	MO; B/D; *
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 25 MG, 35 MG, 40 MG	3	+
ABSORICA CAPS 30 MG (<i>Isotretinoin</i>)	3	+
ACANYA GEL	3	MO; +
<i>adapalene crea 0.1 %</i>	1	MO; *
<i>adapalene gel 0.1 %, 0.3 %</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
ATRALIN GEL (<i>Tretinoin</i>)	3	MO; +
AZELEX CREA	3	MO; +
BENZAACLIN GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	3	MO; +
BENZAACLIN WITH PUMP GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	3	MO; +
BENZAMYCIN GEL (<i>Benzoyl Peroxide-Erythromycin</i>)	3	MO; +
<i>benzoyl peroxide-erythromycin gel</i>	1	MO; *
CLEOCIN-T GEL (<i>Clindamycin Phosphate (Topical)</i>)	3	MO; +
CLEOCIN-T LOTN (<i>Clindamycin Phosphate (Topical)</i>)	3	MO; +
CLEOCIN-T SOLN (<i>Clindamycin Phosphate (Topical)</i>)	3	MO; +
CLEOCIN-T SWAB (<i>Clindamycin Phosphate (Topical)</i>)	3	MO; +
CLINDAGEL GEL	3	MO; +
<i>clindamycin phosphate (topical) foam</i>	1	MO; *
<i>clindamycin phosphate (topical) gel</i>	1	MO; *
<i>clindamycin phosphate (topical) lotn</i>	1	MO; *
<i>clindamycin phosphate (topical) soln</i>	1	MO; *
<i>clindamycin phosphate (topical) swab</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; *
<i>clindamycin phosphate-tretinoin gel</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN CREA 0.1 % (<i>Adapalene</i>)	3	MO; +
DIFFERIN GEL 0.1 % (<i>Adapalene</i>)	3	MO; +
DIFFERIN GEL 0.3 % (<i>Adapalene</i>)	NF	MO
DUAC GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	3	MO; +
EPIDUO GEL	3	MO; +
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	1	MO; *
EVOCLIN FOAM (<i>Clindamycin Phosphate (Topical)</i>)	3	MO; +
FABIOR FOAM	3	Limit 100gms per month; QL (3.34 gm daily); MO; +
<i>isotretinoin caps or 10 mg, 20 mg, 30 mg, 40 mg</i>	1	*
KLARON LOTN (<i>Sulfacetamide Sodium (Acne)</i>)	3	MO; +
RETIN-A CREA (<i>Tretinoin</i>)	3	MO; +
RETIN-A GEL (<i>Tretinoin</i>)	3	MO; +
RETIN-A MICRO GEL (<i>Tretinoin Microsphere</i>)	NF	MO
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (<i>Tretinoin Microsphere</i>)	NF	MO
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; *
<i>sulfacetamide sodium (acne) susp</i>	1	MO; *
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	MO; *
<i>tretinoin gel ex 0.01 %, 0.025 %, 0.05 %</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel</i>	1	MO; *
VELTIN GEL	3	MO; +
ZIANA GEL (<i>Clindamycin Phosphate-Tretinoin</i>)	3	MO; +
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel</i>	1	MO; *
<i>diclofenac sodium (topical) soln</i>	1	MO; *
FLECTOR PTCH	3	PA; MO; +
PENNSAID SOLN 1.5 % (<i>Diclofenac Sodium (Topical)</i>)	NF	MO
PENNSAID SOLN 2 %	3	MO; +
VOLTAREN GEL (<i>Diclofenac Sodium (Topical)</i>)	3	MO; +
Antibiotics - Topical		
ALTABAX OINT	3	MO; +
BACTROBAN CREA (<i>Mupirocin Calcium (Topical)</i>)	NF	MO
CENTANY OINT	3	MO; +
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>gentamicin sulfate (topical) oint</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	1	MO; *
<i>mupirocin oint ex</i>	1	MO; *
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; *
<i>ciclopirox olamine crea ex</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox olamine susp ex</i>	1	MO; *
<i>ciclopirox sham 1 %</i>	1	MO; *
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; *
<i>econazole nitrate crea</i>	1	MO; *
ERTACZO CREA	3	MO; +
EXELDERM SOLN	3	MO; +
EXTINA FOAM (<i>Ketoconazole (Topical)</i>)	3	MO; +
JUBLIA SOLN	3	PA; MO; +
KERYDIN SOLN	3	PA; MO; +
<i>ketoconazole (topical) crea</i>	1	MO; *
<i>ketoconazole (topical) foam</i>	1	MO; *
<i>ketoconazole (topical) sham</i>	1	MO; *
LOPROX CREA 0.77 % (<i>Ciclopirox Olamine</i>)	NF	MO
LOPROX SHAMPOO SHAM (<i>Ciclopirox</i>)	3	MO; +
LUZU CREA	3	MO; +
MENTAX CREA	2	RX/OTC; MO; +
<i>naftifine hcl crea</i>	1	MO; *
NAFTIN CREA 1 %, 2 % (<i>Naftifine HCl</i>)	3	MO; +
NAFTIN GEL 1 %, 2 %	3	MO; +
NIZORAL SHAM (<i>Ketoconazole (Topical)</i>)	3	MO; +
<i>nystatin (topical) crea</i>	1	MO; *
<i>nystatin (topical) oint</i>	1	MO; *
<i>nystatin (topical) powd</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin-triamcinolone crea</i>	1	MO; *
<i>nystatin-triamcinolone oint</i>	1	MO; *
<i>oxiconazole nitrate crea</i>	1	MO; *
OXISTAT CREA (<i>Oxiconazole Nitrate</i>)	3	MO; +
OXISTAT LOTN	3	MO; +
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	5	MO; +
<i>diclofenac sodium (actinic keratoses) gel</i>	5	MO; +
EFUDEX CREA (<i>Fluorouracil (Topical)</i>)	NF	MO
<i>fluorouracil (topical) crea</i>	1	MO; *
<i>fluorouracil (topical) soln</i>	1	MO; *
FLUOROURACIL CREA EX 0.5 %	5	MO; +
PANRETIN GEL	2	MO; +
PICATO GEL	5	MO; +
SOLARAZE GEL (<i>Diclofenac Sodium (Actinic Keratoses)</i>)	5	MO; +
TARGRETIN GEL EX 1 %	5	+
VALCHLOR GEL	5	PA; +
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	1	MO; *
PRUDOXIN CREA	3	MO; +
ZONALON CREA (<i>Doxepin HCl (Antipruritic)</i>)	3	MO; +
Antipsoriatics		
<i>acitretin caps</i>	5	MO; +
<i>calcipotriene crea</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene oint</i>	1	MO; *
<i>calcipotriene soln</i>	1	MO; *
CALCITRIOL OINT EX 3 MCG/GM	3	MO; +
COSENTYX SENSOREADY PEN SOAJ	5	PA; LA; +
COSENTYX SOSY	5	PA; LA; +
DOVONEX CREA (<i>Calcipotriene</i>)	NF	MO
<i>methoxsalen rapid caps</i>	5	MO; +
OXSORALEN ULTRA CAPS (<i>Methoxsalen Rapid</i>)	5	MO; +
SORIATANE CAPS (<i>Acitretin</i>)	5	MO; +
SORILUX FOAM	3	MO; +
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	5	PA; +
TALTZ SOAJ	5	PA; +
TALTZ SOSY	5	PA; +
TAZORAC CREA	2	MO; +
TAZORAC GEL	2	MO; +
VECTICAL OINT	3	MO; +
Antiseborrheic Products		
<i>selenium sulfide lotn ex 2.5 %</i>	1	MO; *
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	MO; *
DENAVIR CREA	5	MO; +
XERESE CREA	3	MO; +
ZOVIRAX CREA EX 5 %	5	MO; +
ZOVIRAX OINT EX 5 % (<i>Acyclovir Topical</i>)	NF	MO
Burn Products		

Drug Name	Drug Tier	Requirements/Limits
SILVADENE CREA (<i>Silver Sulfadiazine</i>)	3	MO; +
<i>silver sulfadiazine crea ex</i>	1	MO; *
SULFAMYLLON CREA 85 MG/GM	3	MO; +
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	1	MO; *
<i>amcinonide crea</i>	1	MO; *
<i>amcinonide oint</i>	1	MO; *
<i>betamethasone dipropionate (topical) crea</i>	1	MO; *
<i>betamethasone dipropionate (topical) lotn</i>	1	MO; *
<i>betamethasone dipropionate (topical) oint</i>	1	MO; *
<i>betamethasone dipropionate augmented crea</i>	1	MO; *
<i>betamethasone dipropionate augmented gel</i>	1	MO; *
<i>betamethasone dipropionate augmented lotn</i>	1	MO; *
<i>betamethasone dipropionate augmented oint</i>	1	MO; *
<i>betamethasone valerate crea ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate foam ex 0.12 %</i>	1	MO; *
<i>betamethasone valerate lotn ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate oint ex 0.1 %</i>	1	MO; *
<i>calcipotriene-betamethasone dipropionate oint</i>	5	MO; +
CAPEX SHAM	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate cream</i>	1	MO; *
<i>clobetasol propionate emollient base cream</i>	1	MO; *
<i>clobetasol propionate foam</i>	1	Non-emulsion; MO; *
<i>clobetasol propionate gel</i>	1	MO; *
<i>clobetasol propionate liquid</i>	1	MO; *
<i>clobetasol propionate lotion</i>	1	MO; *
<i>clobetasol propionate ointment</i>	1	MO; *
<i>clobetasol propionate sham</i>	1	MO; *
<i>clobetasol propionate solution</i>	1	MO; *
CLOBEX LIQD (<i>Clobetasol Propionate</i>)	NF	MO
CLOBEX LOTN (<i>Clobetasol Propionate</i>)	3	MO; +
CLOBEX SHAM (<i>Clobetasol Propionate</i>)	3	MO; +
CLOCORTOLONE PIVALATE CREA	3	MO; +
CLOCORTOLONE PIVALATE PUMP CREA	3	MO; +
CLODERM CREA	3	MO; +
CLODERM PUMP CREA	3	MO; +
CORDRAN TAPE 4 MCG/SQCM	3	MO; +
CORDRAN TAPE TAPE	3	MO; +
CUTIVATE CREA (<i>Fluticasone Propionate</i>)	3	MO; +
CUTIVATE LOTN (<i>Fluticasone Propionate</i>)	3	MO; +
DERMA-SMOOTH/FS BODY OIL (<i>Fluocinolone Acetonide</i>)	3	MO; +
DERMA-SMOOTH/FS SCALP OIL (<i>Fluocinolone Acetonide</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
DERMATOP CREA (<i>Prednicarbate</i>)	3	MO; +
DESONATE GEL	3	MO; +
<i>desonide cream</i>	1	MO; *
<i>desonide lotion</i>	1	MO; *
<i>desonide ointment</i>	1	MO; *
DESOWEN CREA (<i>Desonide</i>)	3	MO; +
<i>desoximetasone cream 0.05 %, 0.25 %</i>	1	MO; *
<i>desoximetasone gel 0.05 %</i>	1	MO; *
DESOXIMETASONE OINT EX 0.05 %	3	MO; +
<i>desoximetasone ointment 0.25 %</i>	1	MO; *
<i>diflorasone diacetate cream</i>	1	MO; *
<i>diflorasone diacetate ointment</i>	1	MO; *
DIPROLENE AF CREA (<i>Betamethasone Dipropionate Augmented</i>)	3	MO; +
DIPROLENE LOTN (<i>Betamethasone Dipropionate Augmented</i>)	3	MO; +
DIPROLENE OINT (<i>Betamethasone Dipropionate Augmented</i>)	3	MO; +
ELOCON CREA (<i>Mometasone Furoate</i>)	3	MO; +
ELOCON LOTN (<i>Mometasone Furoate</i>)	3	MO; +
ELOCON OINT (<i>Mometasone Furoate</i>)	3	MO; +
ENSTILAR FOAM	5	MO; +
<i>fluocinolone acetonide cream 0.01 %, 0.025 %</i>	1	MO; *
<i>fluocinolone acetonide oil 0.01 %</i>	1	MO; *
<i>fluocinolone acetonide ointment 0.025 %</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide soln ex 0.01 %</i>	1	MO; *
<i>fluocinonide crea ex 0.05 %</i>	1	MO; *
<i>fluocinonide crea ex 0.1 %</i>	5	MO; +
<i>fluocinonide emulsified base crea</i>	1	MO; *
<i>fluocinonide gel ex 0.05 %</i>	1	MO; *
<i>fluocinonide oint ex 0.05 %</i>	1	MO; *
<i>fluocinonide soln ex 0.05 %</i>	1	MO; *
<i>flurandrenolide crea</i>	1	MO; *
<i>flurandrenolide lotn</i>	1	MO; *
<i>fluticasone propionate crea ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate lotn ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate oint ex 0.005 %</i>	1	MO; *
<i>halobetasol propionate crea</i>	1	MO; *
<i>halobetasol propionate oint</i>	1	MO; *
HALOG CREA	3	MO; +
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *
<i>hydrocortisone butyrate crea</i>	1	MO; *
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	MO; *
<i>hydrocortisone butyrate oint</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate soln</i>	1	MO; *
<i>hydrocortisone valerate crea</i>	1	MO; *
<i>hydrocortisone valerate oint</i>	1	MO; *
KENALOG AERS (Triamcinolone Acetonide (Topical))	2	MO; +
LOCOID CREA (Hydrocortisone Butyrate)	3	MO; +
LOCOID LIPOCREAM CREA (Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	MO
LOCOID LOTN	3	MO; +
LOCOID OINT (Hydrocortisone Butyrate)	3	MO; +
LOCOID SOLN (Hydrocortisone Butyrate)	3	MO; +
LUXIQ FOAM (Betamethasone Valerate)	NF	MO
<i>mometasone furoate crea ex</i>	1	MO; *
<i>mometasone furoate oint ex</i>	1	MO; *
<i>mometasone furoate soln ex</i>	1	MO; *
OLUX FOAM (Clobetasol Propionate)	3	Non-emulsion; MO; +
<i>pramoxine-hc crea 1%-1%</i>	1	MO; *
<i>prednicarbate crea</i>	1	MO; *
SYNALAR CREA (Fluocinolone Acetonide)	3	MO; +
SYNALAR OINT (Fluocinolone Acetonide)	3	MO; +
SYNALAR SOLN (Fluocinolone Acetonide)	3	MO; +
TACLONEX OINT (Calcipotriene- Betamethasone Dipropionate)	5	MO; +
TACLONEX SUSP	5	MO; +

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Drug Name	Drug Tier	Requirements/Limits
TEMOVATE CREA (Clobetasol Propionate)	3	MO; +
TEMOVATE E CREA (Clobetasol Propionate Emollient Base)	3	MO; +
TEMOVATE GEL (Clobetasol Propionate)	3	MO; +
TEMOVATE OINT (Clobetasol Propionate)	3	MO; +
TEMOVATE SOLN (Clobetasol Propionate)	3	MO; +
TOPICORT LIQD	3	MO; +
TOPICORT OINT	3	MO; +
<i>triamcinolone acetonide (topical) aers</i>	1	MO; *
<i>triamcinolone acetonide (topical) crea</i>	1	MO; *
<i>triamcinolone acetonide (topical) lotn</i>	1	MO; *
<i>triamcinolone acetonide (topical) oint</i>	1	MO; *
ULTRAVATE CREA (Halobetasol Propionate)	3	MO; +
ULTRAVATE LOTN	5	PA; MO; +
ULTRAVATE OINT (Halobetasol Propionate)	3	MO; +
VANOS CREA (Fluocinonide)	5	MO; +
WESTCORT OINT (Hydrocortisone Valerate)	3	MO; +
Emollients		
LAC-HYDRIN CREA (Lactic Acid (Ammonium Lactate))	3	RX/OTC; MO; +
LAC-HYDRIN LOTN (Lactic Acid (Ammonium Lactate))	3	RX/OTC; MO; +
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC; MO; *
Enzymes - Topical		

Drug Name	Drug Tier	Requirements/Limits
SANTYL OINT	2	MO; +
Immunomodulating Agents - Topical		
ALDARA CREA (Imiquimod)	NF	MO
<i>imiquimod crea ex</i>	1	MO; *
ZYCLARA CREA	5	MO; +
ZYCLARA PUMP CREA	5	MO; +
Immunosuppressive Agents - Topical		
ELIDEL CREA	3	MO; +
PROTOPIC OINT (Tacrolimus (Topical))	NF	MO
<i>tacrolimus (topical) oint</i>	1	MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
CONDYLOX SOLN (Podofilox)	3	MO; +
<i>podofilox soln ex</i>	1	MO; *
Local Anesthetics - Topical		
EMLA CREA (Lidocaine-Prilocaine)	3	MO; +
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC; MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	MO; *
<i>lidocaine oint ex 5 %</i>	1	MO; *
<i>lidocaine ptch ex 5 %</i>	1	PA; MO; *
<i>lidocaine-prilocaine crea</i>	1	MO; *
LIDODERM PTCH (Lidocaine)	NF	PA; MO
XYLOCAINE SOLN EX 4 % (Lidocaine HCl)	3	MO; +
Rosacea Agents		
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
FINACEA GEL	3	MO; +
METROCREAM CREA (Metronidazole (Topical))	3	MO; +
METROGEL GEL (Metronidazole (Topical))	NF	MO
METROLOTION LOTN (Metronidazole (Topical))	3	MO; +
metronidazole (topical) crea	1	MO; *
metronidazole (topical) gel	1	MO; *
metronidazole (topical) lotn	1	MO; *
MIRVASO GEL	3	PA; MO; +
ORACEA CPDR	3	MO; +
SOOLANTRA CREA	3	MO; +
Scabicides & Pediculicides		
EURAX CREA	3	MO; +
EURAX LOTN	3	MO; +
malathion lotn	1	MO; *
permethrin crea ex 5 %	1	MO; *
Wound Care Products		
REGRANEX GEL	5	MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	MO; +
PANCREAZE CPEP 10000UNIT-4200UNIT- 17500UNIT, 25000UNIT- 10500UNIT-43750UNIT, 37000UNIT-21000UNIT- 61000UNIT, 40000UNIT- 16800UNIT-70000UNIT	2	MO; +
PANCREAZE CPEP 6200UNIT-2600UNIT- 10850UNIT	2	+

Drug Name	Drug Tier	Requirements/Limits
PANCRELIPASE CPEP	3	MO; +
PERTZYE CPEP	3	MO; +
VIOKACE TABS	3	MO; +
ZENPEP CPEP 10000UNIT-3000UNIT- 16000UNIT, 17000UNIT- 5000UNIT-27000UNIT, 34000UNIT-10000UNIT- 55000UNIT, 51000UNIT- 15000UNIT-82000UNIT, 68000UNIT-20000UNIT- 109000UNIT, 85000UNIT- 25000UNIT-136000UNIT	3	MO; +
ZENPEP CPEP 136000UNIT-40000UNIT- 218000UNIT	5	MO; +
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 or 500 mg	1	MO; *
acetazolamide tabs or 250 mg	1	MO; *
DIAMOX CP12 (Acetazolamide)	3	MO; +
KEVEYIS TABS	5	PA; SL(4 ea daily); +
methazolamide tabs or 25 mg, 50 mg	1	MO; *
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Spironolactone & Hydrochlorothiazide)	3	MO; +
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
amiloride & hydrochlorothiazide tabs	1	MO; *
DYAZIDE CAPS (Triamterene & Hydrochlorothiazide)	3	MO; +
MAXZIDE TABS (Triamterene & Hydrochlorothiazide)	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
MAXZIDE-25 TABS (Triamterene & Hydrochlorothiazide)	3	MO; +
spironolactone & hydrochlorothiazide tabs	1	MO; *
triamterene & hydrochlorothiazide caps	1	MO; *
triamterene & hydrochlorothiazide tabs	1	MO; *
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO; *
BUMEX TABS (Bumetanide)	NF	MO
DEMADEX TABS 10 MG, 20 MG, 5 MG (Torseamide)	3	MO; +
EDECIN TABS (Ethacrynic Acid)	3	MO; +
ethacrynic acid tabs	1	MO; *
furosemide soln ij 10 mg/ml	4	MO; +
furosemide soln or 10 mg/ml	1	MO; *
furosemide tabs or 20 mg, 40 mg, 80 mg	1	MO; *
LASIX TABS (Furosemide)	3	MO; +
torseamide tabs or 10 mg, 100 mg, 20 mg, 5 mg	1	MO; *
Potassium Sparing Diuretics		
ALDACTONE TABS (Spironolactone)	3	MO; +
amiloride hcl tabs or	1	MO; *
DYRENIUM CAPS	3	MO; +
spironolactone tabs or 100 mg, 25 mg, 50 mg	1	MO; *
Thiazides and Thiazide-Like Diuretics		
chlorothiazide tabs	1	MO; *
chlorthalidone tabs 25 mg, 50 mg	1	MO; *
hydrochlorothiazide caps or 12.5 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide tabs or 12.5 mg, 25 mg, 50 mg	1	MO; *
indapamide tabs	1	MO; *
methyclothiazide tabs	1	MO; *
metolazone tabs	1	MO; *
MICROZIDE CAPS (Hydrochlorothiazide)	3	MO; +
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Risedronate Sodium)	NF	QL(0.04 ea daily); MO
ACTONEL TABS 30 MG, 5 MG (Risedronate Sodium)	3	QL(1 ea daily); MO; +
ACTONEL TABS 35 MG (Risedronate Sodium)	3	QL(0.15 ea daily); MO; +
alendronate sodium tabs 10 mg, 5 mg	1	MO; *
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.15 ea daily); MO; *
AELVIA TBEC (Risedronate Sodium)	3	QL(0.15 ea daily); MO; +
BONIVA SOLN IV 3 MG/3ML (Ibandronate Sodium)	4	Limit 3mls per 3 months; QL(0.04 ml daily); MO; +
BONIVA TABS OR 150 MG (Ibandronate Sodium)	3	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; +
calcitonin (salmon) soln	1	MO; *
etidronate disodium tabs 200 mg	1	MO; *
FORTEO SOLN	5	Limit 2.4mls per 28 days; QL(0.09 ml daily); +
FORTICAL SOLN	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D TABS	3	QL(0.15 ea daily); MO; +
FOSAMAX TABS (Alendronate Sodium)	3	QL(0.15 ea daily); MO; +
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	Limit 3mls per 3 months; QL(0.04 ml daily); MO; +
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; *
MIACALCIN SOLN IJ 200 UNIT/ML	4	MO; +
MIACALCIN SOLN NA 200 UNIT/ACT (Calcitonin (Salmon))	3	QL(0.124 ml daily); MO; +
NATPARA CART	5	PA; LA; +
PROLIA SOLN	2	Limit 1 ml per 6 months; QL(0.01 ml daily); +
RECLAST SOLN (Zoledronic Acid)	NF	Limit 100mls per year; QL(0.28 ml daily)
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; *
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	QL(1 ea daily); MO; *
<i>risedronate sodium tabs 35 mg</i>	1	QL(0.15 ea daily); MO; *
<i>risedronate sodium tbec 35 mg</i>	1	QL(0.15 ea daily); MO; *
XGEVA SOLN	5	Limit 6.8mls per 28 days; QL(0.243 ml daily); +
<i>zoledronic acid conc 4 mg/5ml</i>	4	+
<i>zoledronic acid soln 5 mg/100ml</i>	1	Limit 100mls per year; QL(0.28 ml daily); *
ZOLEDRONIC ACID SOLR 4 MG	5	+

Drug Name	Drug Tier	Requirements/Limits
ZOMETA CONC 4 MG/5ML (Zoledronic Acid)	5	+
Corticotropin		
H.P. ACTHAR GEL	5	PA; LA; +
Fertility Regulators		
<i>chorionic gonadotropin solr im</i>	4	+
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	5	LA; +
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	5	+
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; +
HUMATROPE SOLR 12 MG, 24 MG, 5 MG	5	PA; +
HUMATROPE SOLR 6 MG	4	PA; +
NORDITROPIN FLEXPRO SOLN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; +
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; +
NUTROPIN AQ PEN SOLN 20 MG/2ML	5	PA; +
OMNITROPE SOLN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; +
SEROSTIM SOLR 4 MG, 6 MG	5	PA; +
ZOMACTON SOLR 5 MG	4	PA; +
Hormone Receptor Modulators		
EVISTA TABS (Raloxifene HCl)	NF	QL(1 ea daily); MO
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX SOLN	4	LA; +
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED KIT 11.25 MG, 15 MG	4	+
LUPRON DEPOT-PED KIT 11.25 MG, 30 MG	5	3 Month Kit; +
LUPRON DEPOT-PED KIT 7.5 MG	5	+
SYNAREL SOLN	5	MO; +
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *
CARBAGLU TABS	3	LA; +
CARNITOR TABS OR 330 MG (<i>Levocarnitine (Metabolic Modifiers)</i>)	3	RX/OTC; MO; +
CYSTADANE POWD	3	LA; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *
FABRAZYME SOLR 35 MG	5	LA; +
HECTOROL CAPS OR 0.5 MCG, 2.5 MCG (<i>Doxercalciferol</i>)	NF	MO
HECTOROL CAPS OR 1 MCG (<i>Doxercalciferol</i>)	5	MO; +
KANUMA SOLN	5	LA; +
KUVAN PACK	5	LA; +
KUVAN TBSO	5	LA; +
<i>levocarnitine (metabolic modifiers) tabs or 330 mg</i>	1	RX/OTC; MO; *
LUMIZYME SOLR	5	LA; +
MYALEPT SOLR	5	LA; +
MYOZYME SOLR	5	LA; +

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN	5	LA; +
ORFADIN CAPS 10 MG, 20 MG, 5 MG	2	LA; +
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *
RAVICTI LIQD	3	LA; +
ROCALTROL CAPS (<i>Calcitriol</i>)	3	MO; +
ROCALTROL SOLN (<i>Calcitriol</i>)	3	MO; +
SENSIPAR TABS	2	+
STRENSIQ SOLN	5	PA; LA; +
VIMIZIM SOLN	5	+
ZEMPLAR CAPS OR 1 MCG, 2 MCG (<i>Paricalcitol</i>)	NF	MO
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Desmopressin Acetate</i>)	4	MO; +
DDAVP SOLN NA 0.01 % (<i>Desmopressin Acetate Refrigerated</i>)	3	MO; +
DDAVP SOLN NA 0.01 % (<i>Desmopressin Acetate Spray</i>)	3	MO; +
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Desmopressin Acetate</i>)	3	MO; +
<i>desmopressin acetate refrigerated soln</i>	1	MO; *
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO; +
<i>desmopressin acetate spray refrigerated soln</i>	1	MO; *
<i>desmopressin acetate spray soln</i>	1	MO; *
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	MO; *
STIMATE SOLN	3	+
Prolactin Inhibitors		

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tabs</i>	1	MO; *
Somatostatic Agents		
<i>octreotide acetate soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	+
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG	5	+
SANDOSTATIN SOLN 100 MCG/ML (<i>Octreotide Acetate</i>)	5	+
SANDOSTATIN SOLN 200 MCG/ML, 50 MCG/ML (<i>Octreotide Acetate</i>)	4	+
SIGNIFOR LAR SUSR 20 MG	5	Limit 3 vials per 28 days; SL(0.11 ea daily); LA; +
SIGNIFOR LAR SUSR 40 MG	5	Limit 3 vials per 56 days; SL(0.054 ea daily); LA; +
SIGNIFOR LAR SUSR 60 MG	5	Limit 1 vial per 28 days; SL(0.036 ea daily); LA; +
SIGNIFOR SOLN	5	LA; +
SOMATULINE DEPOT SOLN	5	+
Vasopressin Receptor Antagonists		
SAMSCA TABS	5	+
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Estradiol & Norethindrone Acetate</i>)	3	AL; MO; +
CLIMARA PRO PTWK	3	AL; MO; +
COMBIPATCH PTTW	3	AL; MO; +
DUAVEE TABS	3	AL; MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL; MO; *

Drug Name	Drug Tier	Requirements/Limits
FEMHRT LOW DOSE TABS (<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	3	AL; MO; +
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</i>	1	AL; MO; *
PREMPHASE TABS	3	AL; MO; +
PREMPRO TABS	3	AL; MO; +
Estrogens		
CLIMARA PTWK (<i>Estradiol</i>)	3	AL; MO; +
DELESTROGEN OIL 10 MG/ML	4	MO; +
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Estradiol Valerate</i>)	4	MO; +
DIVIGEL GEL	3	AL; MO; +
ELESTRIN GEL	3	AL; MO; +
ENJUVIA TABS 0.3 MG, 0.45 MG, 0.9 MG	3	AL; +
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	AL; MO; *
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	AL; MO; *
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL; MO; *
<i>estradiol valerate oil im 20 mg/ml, 40 mg/ml</i>	4	MO; +
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	1	AL; MO; *
EVAMIST SOLN	3	AL; MO; +
MENOSTAR PTWK	3	AL; MO; +
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	AL; MO; +

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Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW (Estradiol)	NF	AL; MO
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Moxifloxacin HCl)	NF	MO
AVELOX TABS OR 400 MG (Moxifloxacin HCl)	NF	MO
CIPRO I.V.-IN D5W SOLN (Ciprofloxacin in D5W)	4	MO; +
CIPRO SUSR 5 GM/100ML (Ciprofloxacin)	3	MO; +
CIPRO SUSR 500 MG/5ML (Ciprofloxacin)	NF	MO
CIPRO TABS 250 MG, 500 MG (Ciprofloxacin HCl)	3	MO; +
CIPRO XR TB24 (Ciprofloxacin-Ciprofloxacin HCl)	3	MO; +
ciprofloxacin hcl tabs or 100 mg, 250 mg, 500 mg, 750 mg	1	MO; *
ciprofloxacin in d5w soln 200mg/100ml-5%	4	+
ciprofloxacin in d5w soln 400mg/200ml-5%	4	MO; +
ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml	1	MO; *
ciprofloxacin-ciprofloxacin hcl tb24	1	MO; *
LEVAQUIN SOLN IV 250MG/50ML-5%, 500MG/100ML-5%, 750MG/150ML-5% (Levofloxacin in D5W)	4	+
LEVAQUIN SOLN OR 25 MG/ML (Levofloxacin)	3	MO; +
LEVAQUIN TABS OR 250 MG, 500 MG, 750 MG (Levofloxacin)	3	MO; +
levofloxacin in d5w soln	4	+
levofloxacin soln iv 25 mg/ml	4	+

Drug Name	Drug Tier	Requirements/Limits
levofloxacin soln or 25 mg/ml	1	MO; *
levofloxacin tabs or 250 mg, 500 mg, 750 mg	1	MO; *
moxifloxacin hcl tabs or 400 mg	1	MO; *
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG	5	PA; SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; SL(2 ea daily); +
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Ursodiol)	3	MO; +
CHENODAL TABS	5	LA; +
URSO 250 TABS (Ursodiol)	3	MO; +
URSO FORTE TABS (Ursodiol)	3	MO; +
ursodiol caps or 300 mg	1	MO; *
ursodiol tabs or 250 mg, 500 mg	1	MO; *
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	1	MO; *
GASTROCROM CONC (Cromolyn Sodium (Mastocytosis))	3	MO; +
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	MO; +
Gastrointestinal Stimulants		
metoclopramide hcl soln ij 5 mg/ml	4	MO; +
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	1	MO; *
metoclopramide hcl tabs or 10 mg, 5 mg	1	MO; *
REGLAN TABS (Metoclopramide HCl)	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Agents		
APRISO CP24	2	MO; +
ASACOL HD TBEC	2	MO; +
AZULFIDINE EN-TABS TBEC (<i>Sulfasalazine</i>)	3	MO; +
AZULFIDINE TABS (<i>Sulfasalazine</i>)	3	MO; +
<i>balsalazide disodium caps</i>	1	MO; *
CANASA SUPP	5	MO; +
CIMZIA KIT	5	PA; +
CIMZIA STARTER KIT KIT	5	PA; +
COLAZAL CAPS (<i>Balsalazide Disodium</i>)	3	MO; +
DELZICOL CPDR	2	MO; +
DIPENTUM CAPS	5	MO; +
ENTYVIO SOLR	5	PA; +
LIALDA TBEC	2	MO; +
MESALAMINE DR TBEC	2	MO; +
<i>mesalamine enem re</i>	1	MO; *
<i>mesalamine w/ cleanser kit</i>	1	MO; *
PENTASA CPCR 250 MG	3	MO; +
PENTASA CPCR 500 MG	5	MO; +
REMICADE SOLR	5	PA; +
ROWASA KIT (<i>Mesalamine w/ Cleanser</i>)	5	MO; +
<i>sulfasalazine tabs or</i>	1	MO; *
<i>sulfasalazine tbec or</i>	1	MO; *
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5	MO; +
LINZESS CAPS	2	MO; +
LOTRONEX TABS (<i>Alosetron HCl</i>)	5	MO; +
VIBERZI TABS	5	PA; MO; +
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; +
RELISTOR SOLN SC 12 MG/0.6ML	4	MO; +
RELISTOR SOLN SC 8 MG/0.4ML	5	MO; +
Phosphate Binder Agents		
AURYXIA TABS	5	MO; +
<i>calcium acetate (phosphate binder) caps</i>	1	MO; *
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; *
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG	2	MO; +
PHOSLO CAPS (<i>Calcium Acetate (Phosphate Binder)</i>)	3	MO; +
PHOSLYRA SOLN	3	MO; +
RENAGEL TABS 800 MG	5	MO; +
RENVELA PACK	5	MO; +
RENVELA TABS	5	MO; +
VELPHORO CHEW	5	MO; +
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; LA; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc</i> 1080 mg, 540 mg	1	MO; *
UROCIT-K 10 TBCR (Potassium Citrate (Alkalinizer))	NF	MO
UROCIT-K 5 TBCR (Potassium Citrate (Alkalinizer))	NF	MO
Cystinosis Agents		
CYSTAGON CAPS	3	+
PROCYSBI CPDR	3	LA; +
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	1	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; +
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	MO; *
AVODART CAPS (Dutasteride)	2	GL; MO; +
CARDURA XL TB24	3	MO; +
<i>dutasteride caps</i>	1	GL; MO; *
<i>dutasteride-tamsulosin hcl caps</i>	1	GL; MO; *
<i>finasteride tabs or</i>	1	GL; MO; *
FLOMAX CAPS (Tamsulosin HCl)	3	MO; +
JALYN CAPS (Dutasteride- Tamsulosin HCl)	2	GL; MO; +
PROSCAR TABS (Finasteride)	3	GL; MO; +
RAPAFLO CAPS	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl caps</i>	1	MO; *
UROXATRAL TB24 (Alfuzosin HCl)	3	MO; +
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	MO; *
Gout Agents		
<i>allopurinol tabs or 100 mg</i>	1	SL(8 ea daily); MO; *
<i>allopurinol tabs or 300 mg</i>	1	SL(2.66 ea daily); MO; *
COLCHICINE CAPS OR	3	MO; +
COLCHICINE TABS OR	2	MO; +
COLCRYS TABS	2	MO; +
MITIGARE CAPS	3	MO; +
ULORIC TABS	2	MO; +
ZYLOPRIM TABS 100 MG (Allopurinol)	3	SL(8 ea daily); MO; +
ZYLOPRIM TABS 300 MG (Allopurinol)	3	SL(2.66 ea daily); MO; +
Uricosurics		
<i>probenecid tabs</i>	1	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	5	+
Complement Inhibitors		
BERINERT KIT	5	LA; +
CINRYZE SOLR	5	LA; +
RUCONEST SOLR	5	+
Hematorheologic Agents		
<i>pentoxifylline tbc</i> or	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	+
Platelet Aggregation Inhibitors		
AGGRENOX CP12	2	MO; +
AGRYLIN CAPS (Anagrelide HCl)	3	MO; +
<i>anagrelide hcl caps</i>	1	MO; *
ASPIRIN/DIPYRIDAMOLE CP12	2	MO; +
BRILINTA TABS	2	MO; +
<i>cilostazol tabs</i>	1	MO; *
<i>clopidogrel bisulfate tabs 300 mg</i>	1	*
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO; *
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	AL; MO; *
EFFIENT TABS	2	MO; +
PERSANTINE TABS (Dipyridamole)	3	AL; MO; +
PLAVIX TABS 300 MG (Clopidogrel Bisulfate)	3	+
PLAVIX TABS 75 MG (Clopidogrel Bisulfate)	3	MO; +
PLETAL TABS 50 MG (Cilostazol)	3	MO; +
<i>ticlopidine hcl tabs</i>	1	AL; *
ZONTIVITY TABS	2	MO; +
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; +
CEREZYME SOLR	5	LA; +
ELELYSO SOLR	5	+
VPRIV SOLR	5	+

Drug Name	Drug Tier	Requirements/Limits
ZAVESCA CAPS	5	LA; +
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	MO; +
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC; MO; NT; *
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 10 MCG/0.4ML, 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; +
ARANESP ALBUMIN FREE SOLN 150 MCG/0.75ML, 200 MCG/ML, 300 MCG/ML	5	PA; +
ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; +
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; +
EPOGEN SOLN	4	PA; B/D; +
GRANIX SOSY	5	PA; +
LEUKINE SOLR	5	PA; +
MIRCERA SOSY 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	PA; B/D; +
MIRCERA SOSY 200 MCG/0.3ML	5	PA; B/D; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO KIT PSKT	5	PA; +
NEULASTA SOSY	5	PA; +
NEUMEGA SOLR	5	PA; +
NEUPOGEN SOLN	5	PA; +
NEUPOGEN SOSY	5	PA; +
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA; B/D; +
PROCRIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; B/D; +
PROMACTA TABS 12.5 MG	5	SL(12 ea daily); LA; +
PROMACTA TABS 25 MG	5	SL(6 ea daily); LA; +
PROMACTA TABS 50 MG	5	SL(3 ea daily); LA; +
PROMACTA TABS 75 MG	5	SL(2 ea daily); LA; +
ZARXIO SOSY	5	PA; +
Stem Cell Mobilizers		
MOZOBIL SOLN	5	+
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	5	MO; +
AMICAR TABS 1000 MG	5	+
AMICAR TABS 500 MG	3	MO; +
AMINOCAPROIC ACID TABS OR 1000 MG	5	+
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *
CYKLOKAPRON SOLN (<i>Tranexamic Acid</i>)	3	+
LYSTEDA TABS (<i>Tranexamic Acid</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS 30 MG	2	AL; MO; +
<i>phenobarbital elix or 20 mg/5ml</i>	1	AL; MO; *
<i>phenobarbital soln or 20 mg/5ml</i>	1	AL; MO; *
<i>phenobarbital tabs or 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	AL; MO; *
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	MO; +
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR 12.5 MG (<i>Zolpidem Tartrate</i>)	3	AL; SL(1 ea daily); MO; +
AMBIEN CR TBCR 6.25 MG (<i>Zolpidem Tartrate</i>)	3	AL; SL(2 ea daily); MO; +
AMBIEN TABS 10 MG (<i>Zolpidem Tartrate</i>)	3	AL; SL(1 ea daily); MO; +
AMBIEN TABS 5 MG (<i>Zolpidem Tartrate</i>)	3	AL; SL(2 ea daily); MO; +
EDLUAR SUBL	3	AL; MO; +
<i>eszopiclone tabs</i>	1	AL; MO; *
INTERMEZZO SUBL (<i>Zolpidem Tartrate</i>)	3	AL; MO; +
LUNESTA TABS (<i>Eszopiclone</i>)	NF	AL; MO
RESTORIL CAPS (<i>Temazepam</i>)	3	MO; +
SONATA CAPS (<i>Zaleplon</i>)	3	AL; MO; +
<i>temazepam caps</i>	1	MO; *
<i>zaleplon caps</i>	1	AL; MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate subl sl 1.75 mg, 3.5 mg</i>	1	AL; MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	1	AL; SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 5 mg</i>	1	AL; SL(2 ea daily); MO; *
<i>zolpidem tartrate tbcr or 12.5 mg</i>	1	AL; SL(1 ea daily); MO; *
<i>zolpidem tartrate tbcr or 6.25 mg</i>	1	AL; SL(2 ea daily); MO; *
ZOLPIMIST SOLN	3	AL; MO; +
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA; +
ROZEREM TABS	3	MO; +
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	MO; *
COLYTE-FLAVOR PACKS SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	+
COLYTE-FLAVOR PACKS SOLR 240GM-22.72GM-5.84GM-2.98GM-6.72GM (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
MOVIPREP SOLR	3	MO; +
NULYTELY/FLAVOR PACKS SOLR (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	NF	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	MO; *
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	MO; *
PREPOPIK PACK	3	MO; +
SUPREP BOWEL PREP SOLN	3	MO; +
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1	MO; *
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd or</i>	1	RX/OTC; MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 1 %, 2 %</i>	4	+
XYLOCAINE SOLN IJ 1 %, 2 % (Lidocaine HCl (Local Anesth.))	4	+
XYLOCAINE-MPF SOLN 1 % (Lidocaine HCl (Local Anesth.))	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
AZITHROMYCIN PACK OR 1 GM	2	MO; +
<i>azithromycin solr iv 500 mg</i>	4	MO; +
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	MO; *
<i>azithromycin tabs or 250 mg, 500 mg, 600 mg</i>	1	MO; *
ZITHROMAX PACK OR 1 GM	2	MO; +
ZITHROMAX SOLR IV 500 MG (<i>Azithromycin</i>)	4	MO; +
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Azithromycin</i>)	3	MO; +
ZITHROMAX TABS OR 250 MG, 500 MG, 600 MG (<i>Azithromycin</i>)	3	MO; +
ZITHROMAX TRI-PAK TABS (<i>Azithromycin</i>)	3	MO; +
ZITHROMAX Z-PAK TABS (<i>Azithromycin</i>)	3	MO; +
Clarithromycin		
BIAXIN SUSR (<i>Clarithromycin</i>)	3	MO; +
BIAXIN TABS (<i>Clarithromycin</i>)	3	MO; +
<i>clarithromycin susr or 250 mg/5ml</i>	1	MO; *
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	MO; *
<i>clarithromycin tb24 or 500 mg</i>	1	MO; *
Erythromycins		
E.E.S. GRANULES SUSR (<i>Erythromycin Ethylsuccinate</i>)	3	SL(100 ml daily); MO; +
ERYPED 200 SUSR (<i>Erythromycin Ethylsuccinate</i>)	3	SL(100 ml daily); MO; +
ERYPED 400 SUSR	3	SL(50 ml daily); MO; +
ERYTHROCIN LACTOBIONATE SOLR	4	SL(8 ea daily); +
<i>erythromycin base cpep 250 mg</i>	1	SL(16 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base tabs 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	1	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr or 200 mg/5ml</i>	1	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	1	SL(10 ea daily); MO; *
PCE TBEC 333 MG	3	SL(12 ea daily); MO; +
Fidaxomicin		
DIFICID TABS	5	MO; +
MEDICAL DEVICES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
Misc. Devices		
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>ergotamine w/ caffeine supp</i>	1	MO; *
TREXIMET TABS 10MG-60MG	3	+
TREXIMET TABS 85MG-500MG	3	MO; +
Migraine Products - NSAIDs		
CAMBIA PACK	3	MO; +
Migraine Products		
D.H.E. 45 SOLN (<i>Dihydroergotamine Mesylate</i>)	NF	MO
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	5	MO; +
<i>ergotamine tartrate subl sl</i>	1	*
MIGRANAL SOLN	5	MO; +
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *
AMERGE TABS (<i>Naratriptan HCl</i>)	3	QL(0.3 ea daily); MO; +
AXERT TABS (<i>Almotriptan Malate</i>)	3	QL(0.4 ea daily); MO; +
FROVA TABS (<i>Frovatriptan Succinate</i>)	3	QL(0.6 ea daily); MO; +
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; *
IMITREX SOLN NA 20 MG/ACT (<i>Sumatriptan</i>)	3	Limit 12 inhalers per month; QL(0.4 ea daily); MO; +
IMITREX SOLN NA 5 MG/ACT (<i>Sumatriptan</i>)	3	Limit 18 inhalers per month; QL(0.6 ea daily); MO; +
IMITREX SOLN SC 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Limit 8mls per month; QL(0.27 ml daily); MO; +
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Solution cartridge; Limit 8mls per month; QL(0.27 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Auto-injector; Limit 8mls per month; QL(0.27 ml daily); MO
IMITREX TABS OR 100 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.3 ea daily); MO; +
IMITREX TABS OR 25 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.9 ea daily); MO; +
IMITREX TABS OR 50 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.6 ea daily); MO; +
MAXALT TABS 10 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.4 ea daily); MO; +
MAXALT TABS 5 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.8 ea daily); MO; +
MAXALT-MLT TBDP 10 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.4 ea daily); MO; +
MAXALT-MLT TBDP 5 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.8 ea daily); MO; +
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *
RELPAK TABS	3	QL(0.2 ea daily); MO; +
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.4 ea daily); MO; *
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.8 ea daily); MO; *
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.4 ea daily); MO; *
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.8 ea daily); MO; *
<i>sumatriptan soln 20 mg/act</i>	1	Limit 12 inhalers per month; QL(0.4 ea daily); MO; *
<i>sumatriptan soln 5 mg/act</i>	1	Limit 18 inhalers per month; QL(0.6 ea daily); MO; *
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	Auto-injector; Limit 8mls per month; QL(0.27 ml daily); MO; *
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	Solution cartridge; Limit 8mls per month; QL(0.27 ml daily); MO; +
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	Limit 8mls per month; QL(0.27 ml daily); MO; +
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	4	Prefilled syringe; Limit 8mls per month; QL(0.27 ml daily); +
<i>sumatriptan succinate tabs or 100 mg</i>	1	QL(0.3 ea daily); MO; *
<i>sumatriptan succinate tabs or 25 mg</i>	1	QL(0.9 ea daily); MO; *
<i>sumatriptan succinate tabs or 50 mg</i>	1	QL(0.6 ea daily); MO; *
SUMAVEL DOSEPRO SOTJ	4	Limit 4mls per month; QL(0.14 ml daily); MO; +
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
<i>zolmitriptan tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tabs 5 mg</i>	1	SL(2 ea daily); MO; *
<i>zolmitriptan tbdp 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tbdp 5 mg</i>	1	SL(2 ea daily); MO; *
ZOMIG NASAL SPRAY SOLN	3	SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG TABS OR 2.5 MG (<i>Zolmitriptan</i>)	NF	SL(4 ea daily); MO
ZOMIG TABS OR 5 MG (<i>Zolmitriptan</i>)	NF	SL(2 ea daily); MO
ZOMIG ZMT TBDP 2.5 MG (<i>Zolmitriptan</i>)	NF	SL(4 ea daily); MO
ZOMIG ZMT TBDP 5 MG (<i>Zolmitriptan</i>)	NF	SL(2 ea daily); MO

MINERALS & ELECTROLYTES

Chloride

AMMONIUM CHLORIDE SOLN IV	4	MO; +
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Electrolyte Mixtures

<i>dextrose in lactated ringers soln</i>	4	+
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.45%-5%</i>	4	+
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	4	MO; +
<i>lactated ringer's soln</i>	4	+
<i>parenteral electrolytes conc</i>	4	B/D; +
<i>parenteral electrolytes soln</i>	4	B/D; +
<i>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	4	+

Fluoride

<i>sodium fluoride tabs or 1 mg</i>	1	*
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Magnesium

<i>magnesium sulfate soln ij 50 %</i>	4	MO; +
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Potassium

K-TAB TBCR 10 MEQ (<i>Potassium Chloride</i>)	3	MO; +
K-TAB TBCR 8 MEQ	3	MO; +
MICRO-K CPCR (<i>Potassium Chloride</i>)	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	MO; *
POTASSIUM CHLORIDE ER TBCR	1	MO; *
<i>potassium chloride microencapsulated crystals cr tbc</i>	1	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	4	MO; +
<i>potassium chloride soln or 10 %, 20 %</i>	1	MO; *
<i>potassium chloride tbc</i> or 10 meq, 20 meq, 8 meq	1	MO; *
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	4	+
<i>sodium chloride soln iv 0.9 %</i>	4	MO; +
Zinc		
GALZIN CAPS 25 MG	3	MO; NT; +
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozg mt</i>	1	MO; *
<i>clotrimazole troc mt</i>	1	MO; *
<i>nystatin (mouth-throat) susp</i>	1	MO; *
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; *
EVOXAC CAPS (Cevimeline HCl)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
SALAGEN TABS (Pilocarpine HCl (Oral))	3	MO; +
MULTIVITAMINS		
Prenatal Vitamins		
TRINATAL RX 1 TABS	1	MO; *
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	3	AL; MO; +
<i>baclofen tabs or 10 mg</i>	1	SL(8 ea daily); MO; *
<i>baclofen tabs or 20 mg</i>	1	SL(4 ea daily); MO; *
<i>carisoprodol tabs or 250 mg, 350 mg</i>	1	AL; MO; *
<i>chlorzoxazone tabs</i>	1	AL; MO; *
<i>cyclobenzaprine hcl tabs or 10 mg, 5 mg, 7.5 mg</i>	1	AL; MO; *
<i>metaxalone tabs</i>	1	AL; MO; *
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	AL; MO; *
<i>orphenadrine citrate tb12 or 100 mg</i>	1	AL; MO; *
PARAFON FORTE DSC TABS (Chlorzoxazone)	3	AL; MO; +
ROBAXIN TABS OR 500 MG (Methocarbamol)	3	AL; MO; +
ROBAXIN-750 TABS (Methocarbamol)	3	AL; MO; +
SKELAXIN TABS (Metaxalone)	3	AL; MO; +
SOMA TABS (Carisoprodol)	3	AL; MO; +
<i>tizanidine hcl caps or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl caps or 4 mg</i>	1	SL(9 ea daily); MO; *
<i>tizanidine hcl caps or 6 mg</i>	1	SL(6 ea daily); MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tabs or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl tabs or 4 mg</i>	1	SL(9 ea daily); MO; *
ZANAFLEX CAPS 2 MG (Tizanidine HCl)	3	SL(18 ea daily); MO; +
ZANAFLEX CAPS 4 MG (Tizanidine HCl)	3	SL(9 ea daily); MO; +
ZANAFLEX CAPS 6 MG (Tizanidine HCl)	3	SL(6 ea daily); MO; +
ZANAFLEX TABS 4 MG (Tizanidine HCl)	3	SL(9 ea daily); MO; +
Direct Muscle Relaxants		
DANTRIUM CAPS (Dantrolene Sodium)	3	MO; +
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	MO; *
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL; MO; *
<i>carisoprodol w/ aspirin tabs</i>	1	AL; MO; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	MO; +
Nasal Anti-infectives		
BACTROBAN NASAL OINT	3	MO; +
Nasal Antiallergy		
ASTEPRO SOLN (Azelastine HCl)	NF	MO
<i>azelastine hcl soln</i>	1	MO; *
<i>olopatadine hcl (nasal) soln</i>	1	MO; *
PATANASE SOLN (Olopatadine HCl (Nasal))	NF	MO
Nasal Anticholinergics		
ATROVENT SOLN (Ipratropium Bromide (Nasal))	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) soln</i>	1	MO; *
Nasal Steroids		
BECONASE AQ SUSP	3	MO; +
<i>budesonide (nasal) susp</i>	1	RX/OTC; MO; *
<i>flunisolide (nasal) soln</i>	1	MO; *
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC; MO; *
<i>mometasone furoate (nasal) susp</i>	1	MO; *
NASONEX SUSP (Mometasone Furoate (Nasal))	2	MO; +
OMNARIS SUSP	3	MO; +
QNASL AERS	3	MO; +
QNASL CHILDRENS AERS	3	MO; +
RHINOCORT AQUA SUSP (Budesonide (Nasal))	NF	RX/OTC; MO
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC; MO; *
VERAMYST SUSP	3	MO; +
ZETONNA AERS	3	MO; +
Sympathomimetic Decongestants		
<i>tetrahydrozoline hcl soln na</i>	1	*
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Riluzole)	5	MO; +
<i>riluzole tabs</i>	1	MO; *
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR 100 UNIT	4	PA; +
BOTOX SOLR 200 UNIT	3	PA; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
XEOMIN SOLR	4	PA; +
NUTRIENTS		
Carbohydrates		
<i>dextrose soln iv 10 %</i>	4	B/D; +
<i>dextrose soln iv 5 %</i>	4	MO; B/D; +
Lipids		
<i>fat emulsion emul 20 gm/100ml</i>	4	B/D; +
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; +
AMINOSYN II 15% (<i>Use amino acid infusion</i>)	4	B/D; +
CLINIMIX 2.75%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Levobunolol HCl</i>)	3	MO; +
<i>betaxolol hcl (ophth) soln</i>	1	MO; *
BETIMOL SOLN	3	MO; +
BETOPTIC-S SUSP	2	MO; +
<i>carteolol hcl (ophth) soln</i>	1	MO; *
COMBIGAN SOLN	3	MO; +
COSOPT PF SOLN	3	MO; +
COSOPT SOLN (<i>Dorzolamide HCl-Timolol Maleate</i>)	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
ISTALOL SOLN	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg</i>	1	MO; *
<i>timolol maleate (ophth) soln</i>	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
TIMOPTIC SOLN (<i>Timolol Maleate (Ophth)</i>)	3	MO; +
TIMOPTIC-XE SOLG (<i>Timolol Maleate (Ophth)</i>)	3	MO; +
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln op 1 %, 2 %</i>	1	MO; *
Miotics		
ISOPTO CARPINE SOLN (<i>Pilocarpine HCl</i>)	3	MO; +
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	MO; *
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	LA; +
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	MO; +
ALPHAGAN P SOLN 0.15 % (<i>Brimonidine Tartrate</i>)	3	MO; +
<i>apraclonidine hcl soln</i>	1	MO; *
<i>brimonidine tartrate soln</i>	1	MO; *
IOPIDINE SOLN 0.5 % (<i>Apraclonidine HCl</i>)	NF	MO
SIMBRINZA SUSP	3	MO; +
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; +
<i>bacitracin-polymyxin b (ophth) oint</i>	1	MO; *
BESIVANCE SUSP	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
BLEPH-10 SOLN (Sulfacetamide Sodium (Ophth))	3	MO; +
CILOXAN OINT	3	MO; +
CILOXAN SOLN (Ciprofloxacin HCl (Ophth))	3	MO; +
<i>ciprofloxacin hcl (ophth) soln</i>	1	MO; *
<i>erythromycin (ophth) oint</i>	1	MO; *
<i>gatifloxacin (ophth) soln</i>	1	MO; *
<i>gentamicin sulfate (ophth) oint</i>	1	MO; *
<i>gentamicin sulfate (ophth) soln</i>	1	MO; *
<i>levofloxacin (ophth) soln</i>	1	MO; *
MOXEZA SOLN	2	MO; +
NATACYN SUSP	2	MO; +
<i>neomycin-bacitracin zn- polymyxin oint</i>	1	MO; *
<i>neomycin-polymyxin- gramicidin soln</i>	1	MO; *
OCUFLOX SOLN (Ofloxacin (Ophth))	3	MO; +
<i>ofloxacin (ophth) soln</i>	1	MO; *
<i>polymyxin b-trimethoprim soln</i>	1	MO; *
POLYTRIM SOLN (Polymyxin B- Trimethoprim)	3	MO; +
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBREX OINT	3	MO; +
TOBREX SOLN (Tobramycin (Ophth))	3	MO; +
<i>trifluridine soln op</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX SOLN	2	MO; +
VIROPTIC SOLN (Trifluridine)	3	MO; +
ZIRGAN GEL	3	MO; +
ZYMAXID SOLN (Gatifloxacin (Ophth))	NF	MO
Ophthalmic Decongestants		
<i>naphazoline hcl soln op</i>	1	MO; *
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	MO; +
RESTASIS MULTIDOSE EMUL	2	MO; +
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln op</i>	1	MO; *
Ophthalmic Steroids		
ALREX SUSP	3	MO; +
<i>bacitracin-poly-neomycin- hc oint</i>	1	MO; *
BLEPHAMIDE SUSP	3	MO; +
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *
DUREZOL EMUL	2	MO; +
FLAREX SUSP	2	MO; +
<i>fluorometholone (ophth) susp</i>	1	MO; *
FML FORTE SUSP	2	MO; +
FML LIQUIFILM SUSP (Fluorometholone (Ophth))	3	MO; +
FML OINT	2	MO; +
LOTEMAX GEL	3	MO; +
LOTEMAX OINT	3	MO; +
LOTEMAX SUSP	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX SUSP	3	MO; +
MAXITROL OINT (Neomycin-Polymy-Dexameth)	3	MO; +
MAXITROL SUSP (Neomycin-Polymy-Dexameth)	3	MO; +
<i>neomycin-polymy-dexameth oint</i>	1	MO; *
<i>neomycin-polymy-dexameth susp</i>	1	MO; *
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	MO; *
OMNIPRED SUSP (Prednisolone Acetate (Ophth))	3	MO; +
PRED FORTE SUSP (Prednisolone Acetate (Ophth))	3	MO; +
PRED MILD SUSP	2	MO; +
<i>prednisolone acetate (ophth) susp</i>	1	MO; *
<i>prednisolone sodium phosphate (ophth) soln</i>	1	MO; *
<i>sulfacetamide sod-prednisolone oint</i>	1	MO; *
<i>sulfacetamide sod-prednisolone soln</i>	1	MO; *
TOBRADEX OINT	3	MO; +
TOBRADEX ST SUSP	3	MO; +
TOBRADEX SUSP (Tobramycin-Dexamethasone)	3	MO; +
<i>tobramycin-dexamethasone susp</i>	1	MO; *
VEXOL SUSP	3	+
ZYLET SUSP	2	MO; +
Ophthalmics - Misc.		
ACULAR LS SOLN (Ketorolac Tromethamine (Ophth))	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ACULAR SOLN (<i>Ketorolac Tromethamine (Ophth)</i>)	3	MO; +
ACUVAIL SOLN	3	MO; +
ALOCRIIL SOLN	3	MO; +
ALOMIDE SOLN	3	MO; +
<i>azelastine hcl (ophth) soln</i>	1	MO; *
AZOPT SUSP	2	MO; +
BEPREVE SOLN	3	MO; +
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; +
<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>dorzolamide hcl soln</i>	1	MO; *
ELESTAT SOLN (Epinastine HCl (Ophth))	3	MO; +
<i>epinastine hcl (ophth) soln</i>	1	MO; *
<i>flurbiprofen sodium soln</i>	1	MO; *
ILEVRO SUSP	2	MO; +
<i>ketorolac tromethamine (ophth) soln</i>	1	MO; *
LASTACAFT SOLN	3	MO; +
NEVANAC SUSP	2	MO; +
OCUFEN SOLN (Flurbiprofen Sodium)	3	MO; +
<i>olopatadine hcl soln</i>	1	MO; *
OPTIVAR SOLN (AzelaStine HCl (Ophth))	3	MO; +
PATADAY SOLN	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
PATANOL SOLN (Olopatadine HCl)	3	MO; +
PROLENSA SOLN	3	MO; +
TRUSOPT SOLN (Dorzolamide HCl)	3	MO; +
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	2	MO; +
<i>latanoprost soln</i>	1	MO; *
LUMIGAN SOLN	2	MO; +
TRAVATAN Z SOLN	2	MO; +
<i>travoprost soln</i>	1	*
XALATAN SOLN (Latanoprost)	3	MO; +
ZIOPTAN SOLN	3	MO; +
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	MO; *
<i>acetic acid-aluminum acetate soln</i>	1	MO; *
Otic Anti-infectives		
FLOXIN OTIC SOLN (Ofloxacin (Otic))	3	MO; +
<i>ofloxacin (otic) soln</i>	1	MO; *
Otic Combinations		
CIPRO HC SUSP	3	MO; +
CIPRODEX SUSP	2	MO; +
COLY-MYCIN S SUSP	3	MO; +
CORTISPORIN-TC SUSP	3	MO; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Otic Steroids		
DERMOTIC OIL (Fluocinolone Acetonide (Otic))	3	MO; +
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; +
CUVITRU SOLN 1 GM/5ML	3	B/D; +
CUVITRU SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
CUVITRU SOLN 8 GM/40ML	5	B/D; +
FLEBOGAMMA DIF SOLN 10 %	5	B/D; +
GAMASTAN S/D INJ	4	B/D; +
GAMMAGARD LIQUID SOLN	5	B/D; +
GAMMAKED SOLN	5	B/D; +
GAMUNEX-C SOLN	5	B/D; +
HIZENTRA SOLN 1 GM/5ML	3	B/D; +
HIZENTRA SOLN 10 GM/50ML	5	B/D; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
OCTAGAM SOLN 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	B/D; +
PRIVIGEN SOLN	5	B/D; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
VARIZIG SOLN 125 UNIT/1.2ML	5	+
Monoclonal Antibodies		
SYNAGIS SOLN	5	+
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; +
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	MO; *
<i>amoxicillin susr</i>	1	MO; *
<i>amoxicillin tabs</i>	1	MO; *
<i>ampicillin caps 250 mg, 500 mg</i>	1	MO; *
<i>ampicillin sodium solr ij 1 gm, 2 gm</i>	4	MO; +
<i>ampicillin sodium solr iv 10 gm</i>	4	+
Natural Penicillins		
BICILLIN L-A SUSP 1200000 UNIT/2ML, 2400000 UNIT/4ML	4	MO; +
<i>penicillin g potassium solr</i>	4	MO; +
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *
PFIZERPEN-G SOLR (<i>Penicillin G Potassium</i>)	4	MO; +
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew 200mg-28.5mg, 400mg-57mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml, 400mg/5ml-57mg/5ml, 600mg/5ml-42.9mg/5ml</i>	1	MO; *
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg, 875mg-125mg</i>	1	MO; *
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	1	*
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	+
AUGMENTIN ES-600 SUSR (<i>Amoxicillin & Pot Clavulanate</i>)	3	MO; +
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (<i>Amoxicillin & Pot Clavulanate</i>)	3	MO; +
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (<i>Amoxicillin & Pot Clavulanate</i>)	3	MO; +
AUGMENTIN XR TB12 (<i>Amoxicillin & Pot Clavulanate</i>)	3	+
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+
UNASYN SOLR 1GM-2GM (<i>Ampicillin & Sulbactam Sodium</i>)	4	MO; +
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%	4	+
ZOSYN SOLR 0.25GM-2GM, 0.375GM-3GM, 0.5GM-4GM, 4.5GM-36GM (<i>Piperacillin Sodium-Tazobactam Sodium</i>)	4	+
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium solr ij 10 gm</i>	5	+
<i>nafcillin sodium solr ij 2 gm</i>	5	MO; +
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs or 10 mg, 2.5 mg, 5 mg</i>	1	MO; *
MEGACE ES SUSP (<i>Megestrol Acetate (Appetite)</i>)	5	AL; MO; +
<i>megestrol acetate (appetite) susp</i>	5	AL; MO; +
<i>norethindrone acetate tabs or</i>	1	MO; *
<i>progesterone micronized caps or 100 mg, 200 mg</i>	1	MO; *
PROMETRIUM CAPS (<i>Progesterone Micronized</i>)	3	MO; +
PROVERA TABS (<i>Medroxyprogesterone Acetate</i>)	3	MO; +
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
CAMPRAL TBEC (<i>Acamprosate Calcium</i>)	NF	MO
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
Anti-Cataplectic Agents		
XYREM SOLN	5	LA; +
Antidementia Agents		
ARICEPT ODT TBDP (<i>Donepezil Hydrochloride</i>)	NF	MO
ARICEPT TABS (<i>Donepezil Hydrochloride</i>)	NF	MO
<i>donepezil hydrochloride tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tbdp</i>	1	MO; *
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>Rivastigmine Tartrate</i>)	NF	MO
EXELON PT24 TD 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>Rivastigmine</i>)	2	MO; +
<i>galantamine hydrobromide cp24</i>	1	MO; *
<i>galantamine hydrobromide soln</i>	1	MO; *
<i>galantamine hydrobromide tabs</i>	1	MO; *
<i>memantine hcl soln 2 mg/ml</i>	1	AL; MO; *
<i>memantine hcl tabs 10 mg, 5 mg</i>	1	MO; *
NAMENDA SOLN 10 MG/5ML (<i>Memantine HCl</i>)	3	AL; MO; +
NAMENDA TABS 10 MG, 5 MG (<i>Memantine HCl</i>)	3	MO; +
NAMENDA TITRATION PAK TABS (<i>Memantine HCl</i>)	3	MO; +
NAMENDA XR CP24 14 MG	3	AL; SL(2 ea daily); MO; +
NAMENDA XR CP24 21 MG	3	AL; SL(1.33 ea daily); MO; +
NAMENDA XR CP24 28 MG	3	AL; SL(1 ea daily); MO; +
NAMENDA XR CP24 7 MG	3	AL; SL(4 ea daily); MO; +
NAMENDA XR TITRATION PACK CP24	3	AL; MO; +
RAZADYNE ER CP24 (<i>Galantamine Hydrobromide</i>)	NF	MO
RAZADYNE SOLN (<i>Galantamine Hydrobromide</i>)	NF	MO
RAZADYNE TABS (<i>Galantamine Hydrobromide</i>)	NF	MO
<i>rivastigmine pt24</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps</i>	1	MO; *
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL; MO; *
<i>perphenazine-amitriptyline tabs</i>	1	AL; MO; *
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Hypoactive Sexual Desire Disorder (HSDD)		
ADDYI TABS	5	PA; Check plan for coverage;GL; NT; +
Movement Disorder Drug Therapy		
<i>tetrabenazine tabs</i>	5	+
XENAZINE TABS (<i>Tetrabenazine</i>)	5	LA; +
Multiple Sclerosis Agents		
AMPYRA TB12	5	+
AUBAGIO TABS	5	PA; +
AVONEX KIT	5	PA; +
AVONEX PEN AJKT	5	PA; +
AVONEX PSKT	5	PA; +
BETASERON KIT	5	PA; +
COPAXONE SOSY 20 MG/ML (<i>Glatiramer Acetate</i>)	5	PA; +
COPAXONE SOSY 40 MG/ML	5	PA; +
EXTAVIA KIT	5	PA; +
GILENYA CAPS	5	PA; +
<i>glatiramer acetate sosy</i>	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
LEMTRADA SOLN	5	PA; LA; +
PLEGRIDY SOPN	5	PA; +
PLEGRIDY SOSY	5	PA; +
PLEGRIDY STARTER PACK SOPN	5	PA; +
PLEGRIDY STARTER PACK SOSY	5	PA; +
REBIF REBIDOSE SOAJ	5	PA; +
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; +
REBIF SOSY	5	PA; +
REBIF TITRATION PACK SOSY	5	PA; +
TECFIDERA CPDR	5	PA; +
TECFIDERA STARTER PACK MISC	5	PA; +
TYSABRI CONC	5	PA; +
Postherpetic Neuralgia (PHN) Agents		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	2	MO; +
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs or</i>	1	AL; MO; *
ORAP TABS (<i>Pimozide</i>)	3	MO; +
<i>pimozide tabs</i>	1	MO; *
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	MO; +
Smoking Deterrents		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *
CHANTIX CONTINUING MONTHPAK TABS	3	PA; MO; +
CHANTIX STARTING MONTH PAK TABS	3	PA; MO; +
CHANTIX TABS	3	PA; MO; +
NICOTROL INHALER INHA	3	SL(17 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
ZYBAN TB12 (<i>Bupropion HCl (Smoking Deterrent)</i>)	3	SL(2 ea daily); MO; +
Vasomotor Symptom Agents		
BRISDELLE CAPS	3	MO; +
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLR	5	LA; +
ZEMAIRA SOLR	5	LA; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; +
KALYDECO TABS	5	PA; +
ORKAMBI TABS	5	PA; LA; +
PULMOZYME SOLN	2	B/D; +
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; LA; +
OFEV CAPS	5	PA; LA; +
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		

Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine tabs or</i>	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA PAK 1/150 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA PAK 2/100 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA TABS 100 MG, 50 MG, 75 MG (<i>Doxycycline (Monohydrate)</i>)	NF	MO
<i>demeclocycline hcl tabs</i>	1	MO; *
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	1	MO; *
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	MO; *
<i>doxycycline (monohydrate) tabs 100 mg, 150 mg, 50 mg, 75 mg</i>	1	MO; *
<i>doxycycline hyclate caps or 100 mg, 50 mg</i>	1	MO; *
<i>doxycycline hyclate solr iv 100 mg</i>	4	MO; +
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	MO; *
<i>doxycycline hyclate tbec or 100 mg, 150 mg, 200 mg</i>	1	MO; *
MINOCIN CAPS OR 100 MG, 50 MG (<i>Minocycline HCl</i>)	3	MO; +
MINOCIN CAPS OR 75 MG (<i>Minocycline HCl</i>)	NF	MO
<i>minocycline hcl caps or 100 mg, 50 mg, 75 mg</i>	1	MO; *
<i>minocycline hcl tabs or 100 mg, 50 mg</i>	1	MO; *
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS 100 MG (<i>Doxycycline Hyclate</i>)	3	MO; +
VIBRAMYCIN SUSR 25 MG/5ML (<i>Doxycycline Monohydrate</i>)	3	MO; +
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 10 mg, 5 mg</i>	1	MO; *
<i>propylthiouracil tabs or</i>	1	MO; *
Thyroid Hormones		
CYTOMEL TABS (<i>Liothyronine Sodium</i>)	3	MO; +
<i>levothyroxine sodium tabs or 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; *
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	1	MO; *
SYNTHROID TABS (<i>Levothyroxine Sodium</i>)	3	MO; +
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	+
BOOSTRIX SUSP	4	+
DAPTACEL SUSP	4	+
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	+
INFANRIX SUSP	4	+
TENIVAC INJ	4	B/D; +
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	4	B/D; +

Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	4	B/D; +
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (<i>Dicyclomine HCl</i>)	3	MO; +
BENTYL TABS OR 20 MG (<i>Dicyclomine HCl</i>)	3	MO; +
CANTIL TABS	3	+
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml</i>	4	MO; +
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; *
<i>methscopolamine bromide tabs or 2.5 mg, 5 mg</i>	1	MO; *
PAMINE FORTE TABS (<i>Methscopolamine Bromide</i>)	3	MO; +
PAMINE TABS (<i>Methscopolamine Bromide</i>)	3	MO; +
ROBINUL FORTE TABS (<i>Glycopyrrolate</i>)	3	SL(4 ea daily); MO; +
ROBINUL SOLN IJ 0.2 MG/ML (<i>Glycopyrrolate</i>)	4	MO; +
ROBINUL TABS OR 1 MG (<i>Glycopyrrolate</i>)	3	SL(8 ea daily); MO; +
H-2 Antagonists		
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	1	MO; *
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	4	+
<i>famotidine susr or 40 mg/5ml</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *
<i>famotidine tabs or 40 mg</i>	1	MO; *
<i>nizatidine caps 150 mg, 300 mg</i>	1	MO; *
PEPCID SUSR (Famotidine)	3	MO; +
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	MO; *
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	MO; *
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *
ZANTAC TABS OR 150 MG (Ranitidine HCl)	3	RX/OTC; MO; +
ZANTAC TABS OR 300 MG (Ranitidine HCl)	3	MO; +
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +
CARAFATE TABS 1 GM (Sucralfate)	3	MO; +
<i>sucralfate tabs or</i>	1	MO; *
Proton Pump Inhibitors		
DEXILANT CPDR	2	ST; MO; +
<i>esomeprazole magnesium cpdr 20 mg</i>	1	ST; RX/OTC; MO; *
<i>esomeprazole magnesium cpdr 40 mg</i>	3	ST; MO; +
<i>esomeprazole sodium solr 40 mg</i>	4	+
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG	3	ST; +
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole cpdr or 30 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CPDR 20 MG (Esomeprazole Magnesium)	3	ST; RX/OTC; MO; +
NEXIUM CPDR 40 MG (Esomeprazole Magnesium)	3	ST; MO; +
NEXIUM I.V. SOLR (Esomeprazole Sodium)	4	+
NEXIUM PACK 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	ST; MO; +
<i>omeprazole cpdr or 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>pantoprazole sodium solr iv 40 mg</i>	1	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
PREVACID CPDR 15 MG (Lansoprazole)	3	RX/OTC; MO; +
PREVACID CPDR 30 MG (Lansoprazole)	3	MO; +
PREVACID SOLUTAB TBP	3	MO; +
PRIOSEC CPDR 10 MG, 20 MG, 40 MG (Omeprazole)	3	MO; +
PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +
PROTONIX SOLR IV 40 MG (Pantoprazole Sodium)	NF	
PROTONIX TBEC OR 20 MG, 40 MG (Pantoprazole Sodium)	3	MO; +
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Misoprostol)	3	MO; +
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	MO; *
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	MO; *
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	RX/OTC; MO; *
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	MO; *

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg</i>	1	ST; MO; *
<i>omeprazole-sodium bicarbonate pack 40mg-1680mg</i>	1	MO; *
PREVPAC MISC (<i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>)	NF	MO
PYLERA CAPS	3	MO; +
ZEGERID CAPS 20MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	RX/OTC; MO; +
ZEGERID CAPS 40MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	MO; +
ZEGERID PACK 20MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	ST; MO; +
ZEGERID PACK 40MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	MO; +
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Nitrofurantoin</i>)	5	AL; MO; +
HIPREX TABS (<i>Methenamine Hippurate</i>)	3	MO; +
MACROBID CAPS (<i>Nitrofurantoin Monohyd Macro</i>)	3	MO; +
MACRODANTIN CAPS 100 MG (<i>Nitrofurantoin Macrocrystal</i>)	3	MO; +
MACRODANTIN CAPS 25 MG, 50 MG (<i>Nitrofurantoin Macrocrystal</i>)	3	AL; MO; +
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps or 100 mg</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps or 25 mg, 50 mg</i>	1	AL; MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin susp or</i>	1	AL; MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
DETROL LA CP24 (<i>Tolterodine Tartrate</i>)	NF	MO
DETROL TABS (<i>Tolterodine Tartrate</i>)	NF	MO
DITROPAN XL TB24 (<i>Oxybutynin Chloride</i>)	3	MO; +
ENABLEX TB24 (<i>Darifenacin Hydrobromide</i>)	3	MO; +
GELNIQUE GEL 10 %	3	MO; +
GELNIQUE GEL 3 %	3	+
<i>oxybutynin chloride syr</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +
<i>tolterodine tartrate cp24</i>	1	MO; *
<i>tolterodine tartrate tabs</i>	1	MO; *
TOVIAZ TB24	2	MO; +
<i>trospium chloride cp24</i>	1	MO; *
<i>trospium chloride tabs</i>	1	MO; *
VESICARE TABS	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	+
MENACTRA INJ	4	+
MENOMUNE-A/C/Y/W-135 INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TYPHIM VI SOLN	4	+
Mixed Vaccine Combinations		
COMVAX SUSP	4	+
Viral Vaccines		
CERVARIX SUSP	4	+
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
GARDASIL SUSP	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOL INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II INJ	4	+
PROQUAD INJ	4	+
RABAVERT SUSR	4	B/D; +
RECOMBIVAX HB SUSP	4	B/D; +

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
TWINRIX SUSP	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SOLR	4	+
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (<i>Clindamycin Phosphate Vaginal</i>)	3	MO; +
CLEOCIN SUPP VA 100 MG	3	MO; +
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
METROGEL-VAGINAL GEL (<i>Metronidazole Vaginal</i>)	3	MO; +
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp 200 mg</i>	1	MO; *
TERAZOL 3 CREA (<i>Terconazole Vaginal</i>)	3	MO; +
TERAZOL 7 CREA (<i>Terconazole Vaginal</i>)	3	MO; +
<i>terconazole vaginal crea</i>	1	MO; *
<i>terconazole vaginal supp</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
VAGIFEM TABS (<i>Estradiol Vaginal</i>)	3	MO; +
Vaginal Progestins		
CRINONE GEL	3	MO; +
ENDOMETRIN INST	3	MO; +
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ	2	MO; +
AUVI-Q SOAJ	2	MO; +
EPINEPHRINE SOAJ IJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	2	MO; +
EPIPEN 2-PAK SOAJ	2	MO; +
EPIPEN-JR 2-PAK SOAJ	2	MO; +
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; SL(9 ea daily); +
NORTHERA CAPS 300 MG	5	PA; SL(6 ea daily); +
Vasopressors		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS 50000 UNIT (<i>Ergocalciferol</i>)	3	MO; NT; +
<i>ergocalciferol caps or 50000 unit</i>	1	MO; NT; *
MEPHYTON TABS	3	MO; NT; +

You can find information on what the symbols and abbreviations in this table mean by going to page vii.

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abacavir sulfate-lamivudine- zidovudine.....	45	ACTIVELLA.....	68	AFINITOR DISPERZ.....	38
ABELCET.....	28	ACTONEL 150 MG.....	65	AFREZZA.....	25
ABILIFY 1 MG/ML.....	44	ACTONEL 30 MG, 5 MG..	65	AGGRENOL.....	72
ABILIFY 10 MG.....	44	ACTONEL 35 MG.....	65	AGRYLIN.....	72
ABILIFY 15 MG.....	44	ACTOPLUS MET.....	23	AKYNZEO.....	28
ABILIFY 2 MG.....	44	ACTOPLUS MET XR 15MG- 1000MG.....	23	ALBENZA.....	9
ABILIFY 20 MG.....	44	ACTOPLUS MET XR 30MG- 1000MG.....	23	albuterol sulfate 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml...	15
ABILIFY 30 MG.....	44	ACTOS 15 MG.....	24	albuterol sulfate 2 mg, 4 mg.	15
ABILIFY 5 MG.....	44	ACTOS 30 MG.....	24	albuterol sulfate 2 mg/5ml...	15
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ABSTRAL 300 MCG, 400 MCG, 600 MCG, 800 MCG.....	4	acyclovir topical.....	60	alendronate sodium 35 mg, 70 mg.....	65
acamprosate calcium.....	85	ADACEL.....	88	alfuzosin hcl.....	71
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ACCOLATE.....	13	adapalene 0.1 %.....	57	ALINIA 500 MG.....	10
ACCUPRIL.....	31	adapalene 0.1 %, 0.3 %...	57	ALKERAN 2 MG.....	35
ACCURETIC.....	33	ADCIRCA.....	52	ALKERAN 50 MG.....	35
acebutolol hcl 200 mg, 400 mg.....	50	ADDERALL XR.....	1	allopurinol 100 mg.....	71
acetaminophen w/ codeine 120mg/5ml-12mg/5ml.....	7	ADDYI.....	86	allopurinol 300 mg.....	71
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alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg	12	amlodipine besylate-olmesartan medoxomil	33	APIDRA	25
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg	12	amlodipine besylate-valsartan	33	APIDRA SOLOSTAR	25
ALREX	81	amlodipine-valsartan-hydrochlorothiazide	33	ALENZIN 174 MG	20
ALTABAX	58	AMMONIUM CHLORIDE	77	ALENZIN 348 MG	20
ALTACE	31	amoxapine	22	ALENZIN 522 MG	20
ALTOPREV	30	amoxicillin	84	APOKYN	41
ALVESCO 160 MCG/ACT	14	amoxicillin & pot clavulanate 1000mg-62.5mg	84	apraclonidine hcl	80
ALVESCO 80 MCG/ACT	14	amoxicillin & pot clavulanate 200mg-28.5mg, 400mg-57mg	84	APRISO	70
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amantadine hcl 50 mg/5ml	41	amoxicillin & pot clavulanate 250mg-125mg, 500mg-125mg, 875mg-125mg	84	APTIOM 400 MG, 600 MG, 800 MG	17
AMARYL 1 MG	26	amoxicillin-clarithromycin w/ lansoprazole	89	APTIVUS 100 MG/ML	45
AMARYL 2 MG	26	amphetamine-dextroamphetamine	1	APTIVUS 250 MG	45
AMARYL 4 MG	26	AMPHOTERICIN B 50 MG	28	ARALAST NP 1000 MG	87
AMBIEN 10 MG	73	ampicillin & sulbactam sodium 1gm-2gm	84	ARALEN	34
AMBIEN 5 MG	73	ampicillin & sulbactam sodium 5gm-10gm	84	ARANESP ALBUMIN FREE 10 MCG/0.4ML, 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	72
AMBIEN CR 12.5 MG	73	ampicillin 250 mg, 500 mg	84	ARANESP ALBUMIN FREE 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	72
AMBIEN CR 6.25 MG	73	ampicillin sodium 1 gm, 2 gm	84	ARANESP ALBUMIN FREE 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	72
AMBISOME	28	ampicillin sodium 10 gm	84	ARANESP ALBUMIN FREE 150 MCG/0.75ML, 200 MCG/ML, 300 MCG/ML	72
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AMERGE	76	AMRIX	78	ARCALYST	2
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AMICAR 1000 MG	73	ANAFRANIL	22	argatroban 250 mg/2.5ml	16
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amifostine crystalline	40	ANAPROX DS	3	ARICEPT ODT	85
amikacin sulfate 1 gm/4ml, 500 mg/2ml	2	anastrozole	37	ARIMIDEX	37
amiloride & hydrochlorothiazide	64	ANCOBON 500 MG	28	aripiprazole 1 mg/ml	44
amiloride hcl	65	ANDRODERM	8	aripiprazole 10 mg	44
amino acid infusion 15%	80	ANDROGEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	8	aripiprazole 15 mg	44
AMINOCAPROIC ACID 1000 MG	73	ANDROGEL 25 MG/2.5GM, 50 MG/5GM	8	aripiprazole 2 mg	45
aminocaproic acid 500 mg	73	ANDROGEL PUMP 1.62 %	9	aripiprazole 20 mg	45
aminophylline	16	ANORO ELLIPTA	15	aripiprazole 30 mg	45
aminosalicylic acid	35	ANTARA 30 MG	30	aripiprazole 5 mg	45
AMINOSYN II 15% (Use amino acid infusion)	80	ANTARA 90 MG	30	ARISTADA	45
amiodarone hcl 100 mg, 200 mg, 400 mg	13			ARIXTRA 10 MG/0.8ML	16
AMITIZA	69			ARIXTRA 2.5 MG/0.5ML	16
amitriptyline hcl	22			ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML	16
amlodipine besylate 10 mg	50			armodafinil 150 mg, 200 mg, 250 mg, 50 mg	1
amlodipine besylate 2.5 mg	50				
amlodipine besylate 5 mg	50				
amlodipine besylate-atorvastatin calcium	51				
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ARNUITY ELLIPTA	14	AUGMENTIN XR	84	BANZEL 200 MG	17
AROMASIN	37	AURYXIA	70	BANZEL 40 MG/ML	17
ARRANON	36	AUVI-Q	92	BANZEL 400 MG	17
ARTHROTEC 50	3	AVALIDE	33	BARACLUDE 0.05 MG/ML	47
ARTHROTEC 75	3	AVANDIA 2 MG	24	BARACLUDE 0.5 MG, 1 MG	47
ARZERRA	37	AVANDIA 4 MG	24	BECONASE AQ	79
ASACOL HD	70	AVAPRO	32	BELEODAQ	38
ASMANEX HFA 100 MCG/ACT	14	AVASTIN	36	BELSOMRA 10 MG	74
ASMANEX HFA 200 MCG/ACT	14	AVEED	9	BELSOMRA 15 MG	74
ASMANEX TWISTHALER 120 METERED DOSES	14	AVELOX 400 MG	69	BELSOMRA 20 MG	74
ASMANEX TWISTHALER 14 METERED DOSES	14	AVELOX ABC PACK	69	BELSOMRA 5 MG	74
ASMANEX TWISTHALER 30 METERED DOSES 110 MCG/INH	14	AVODART	71	benazepril & hydrochlorothiazide	33
ASMANEX TWISTHALER 30 METERED DOSES 220 MCG/INH	14	AVONEX	86	benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg	31
ASMANEX TWISTHALER 60 METERED DOSES	14	AVONEX PEN	86	BENDEKA	35
ASMANEX TWISTHALER 7 METERED DOSES	14	AXERT	76	BENICAR	32
ASPIRIN/DIPYRIDAMOLE	72	AXIRON	9	BENICAR HCT	33
ASTAGRAF XL	48	azacitidine	36	BENLYSTA	49
ASTEPRO	79	AZACTAM	9	BENTYL 10 MG	88
ATACAND	32	AZASITE	80	BENTYL 20 MG	88
ATACAND HCT	33	AZATHIOPRINE 100 MG	48	BENZAACLIN	57
ATELVIA	65	azathioprine 100 mg, 50 mg, 75 mg	48	BENZAACLIN WITH PUMP	57
atenolol & chlorthalidone	33	azelastine hcl	79	BENZAMYCIN	57
atenolol 100 mg, 25 mg, 50 mg	50	azelastine hcl (ophth)	82	benzonatate	57
ATGAM	48	AZELEX	57	benzoyl peroxide-erythromycin	57
ATIVAN 0.5 MG, 1 MG, 2 MG	12	AZILECT	42	benztropine mesylate 0.5 mg, 1 mg, 2 mg	41
ATIVAN 2 MG/ML	12	AZITHROMYCIN 1 GM	75	benztropine mesylate 1 mg/ml	41
ATIVAN 4 MG/ML	12	azithromycin 100 mg/5ml, 200 mg/5ml	75	BEPREVE	82
atorvastatin calcium	30	azithromycin 250 mg, 500 mg, 600 mg	75	BERINERT	71
atovaquone	10	azithromycin 500 mg	75	BESIVANCE	80
atovaquone-proguanil hcl	34	AZOPT	82	BETAGAN	80
ATRALIN	57	AZOR	33	betamethasone dipropionate (topical)	60
ATRIPLA	45	aztreonam	9	betamethasone dipropionate augmented	60
ATROVENT	79	AZULFIDINE	70	betamethasone sod phosphate & acetate	55
ATROVENT HFA	13	AZULFIDINE EN-TABS	70	betamethasone valerate 0.1 %	60
AUBAGIO	86	bacitracin-poly-neomycin-hc	81	betamethasone valerate 0.12 %	60
AUGMENTIN 250MG/5ML-62.5MG/5ML	84	bacitracin-polymyxin b (ophth)	80	BETAPACE	50
AUGMENTIN 500MG-125MG, 875MG-125MG	84	baclofen 10 mg	78	BETAPACE AF	50
AUGMENTIN ES-600	84	baclofen 20 mg	78	BETASERON	86
		BACTRIM	10	betaxolol hcl	50
		BACTRIM DS	10	betaxolol hcl (ophth)	80
		BACTROBAN	58		
		BACTROBAN NASAL	79		
		balsalazide disodium	70		

bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg	25 90	bromfenac sodium (ophth)	82	BYDUREON	24
BETHKIS	2	bromocriptine mesylate 2.5 mg	41	BYDUREON PEN	24
BETIMOL	80	bromocriptine mesylate 5 mg	41	BYETTA	24
BETOPTIC-S	80	BROVANA	15	BYSTOLIC	50
bexarotene	39	budesonide	55	BYVALSON	33
BEYAZ	54	budesonide (inhalation) 0.25 mg/2ml	14	cabergoline	68
BIAXIN	75	budesonide (inhalation) 0.5 mg/2ml	14	CABOMETYX	38
bicalutamide	37	budesonide (inhalation) 1 mg/2ml	14	CADUET	51
BICILLIN L-A 1200000 UNIT/2ML, 2400000 UNIT/4ML	84	budesonide (nasal)	79	CALAN	50
BICNU	35	bumetanide 0.5 mg, 1 mg, 2 mg	65	CALAN SR	50
BIDIL	51	BUMEX	65	calcipotriene	59
BILTRICIDE	9	BUNAVAIL 2.1MG-0.3MG, 4.2MG-0.7MG	8	calcipotriene-betamethasone dipropionate	60
BIMATOPROST	83	BUNAVAIL 6.3MG-1MG	8	calcitonin (salmon)	65
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride	74	buprenorphine hcl 2 mg	8	calcitriol 0.25 mcg, 0.5 mcg	67
bisoprolol & hydrochlorothiazide	33	buprenorphine hcl 8 mg	8	calcitriol 1 mcg/ml	67
bisoprolol fumarate	50	buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg	8	CALCITRIOL 3 MCG/GM	60
BIVIGAM	83	buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg	8	calcium acetate (phosphate binder)	70
bleomycin sulfate	38	bupropion hcl (smoking deterrent)	87	CAMBIA	75
BLEPH-10	81	bupropion hcl 100 mg	20	CAMPATH	37
BLEPHAMIDE	81	bupropion hcl 150 mg	20	CAMPRAL	85
BLINCYTO	37	bupropion hcl 200 mg	20	CAMPTOSAR 100 MG/5ML, 40 MG/2ML	40 41
BONIVA 150 MG	65	bupropion hcl 300 mg	20	CANASA	70
BONIVA 3 MG/3ML	65	bupropion hcl 75 mg	20	candesartan cilexetil	32
BOOSTRIX	88	bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	12	candesartan cilexetil-hydrochlorothiazide	33
BOSULIF	38	BUSULFEX	35	CANTIL	88
BOTOX 100 UNIT	79	butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg	7	CAPASTAT SULFATE	35
BOTOX 200 UNIT	79	butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg	7	CAPEX	60
BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	15	butalbital-aspirin-caffeine w/cod	7	CAPRELSA	38
BREVICON-28	54	BUTISOL SODIUM 30 MG	73	captropril & hydrochlorothiazide	33
BRILINTA	72	butorphanol tartrate 10 mg/ml	8	captropril 100 mg, 12.5 mg, 25 mg, 50 mg	31
brimonidine tartrate	80	butorphanol tartrate 2 mg/ml	8	CARAC	59
BRINTELLIX 10 MG	21	BUTRANS 10 MCG/HR	8	CARAFATE 1 GM	89
BRINTELLIX 20 MG	21	BUTRANS 15 MCG/HR	8	CARAFATE 1 GM/10ML	89
BRINTELLIX 5 MG	21	BUTRANS 20 MCG/HR	8	CARBAGLU	67
BRISDELLE	87	BUTRANS 5 MCG/HR	8	carbamazepine 100 mg	17
BRIVIACT 10 MG	17	BUTRANS 7.5 MCG/HR	8	carbamazepine 100 mg, 200 mg, 300 mg	17
BRIVIACT 10 MG/ML	17			carbamazepine 100 mg, 200 mg, 400 mg	17
BRIVIACT 100 MG	17			carbamazepine 100 mg/5ml	17
BRIVIACT 25 MG	17			carbamazepine 200 mg	17
BRIVIACT 50 MG	17			CARBATROL	17
BRIVIACT 50 MG/5ML	17			carbidopa	41
BRIVIACT 75 MG	17			carbidopa-levodopa	41

carbidopa-levodopa-entacapone	41	cefpodoxime proxetil 100 mg/5ml	53	chlordiazepoxide-amitriptyline	86
carbinoxamine maleate	29	cefprozil 250 mg, 500 mg	53	chlorhexidine gluconate (mouth-throat)	78
carboplatin	35	cefprozil 250 mg/5ml	53	chloroquine phosphate 250 mg, 500 mg	34
CARDIZEM	51	ceftazidime 1 gm, 2 gm	53	chlorothiazide	65
CARDIZEM CD	51	ceftazidime 6 gm	53	chlorpromazine hcl 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	44
CARDIZEM LA 120 MG	51	CEFTIBUTEN 400 MG	53	CHLORPROMAZINE HCL 25 MG/ML	44
CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	51	CEFTIN 250 MG, 500 MG	53	chlorpromazine hcl 50 mg/2ml	44
CARDURA	32	CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE 20MG/ML	53	chlorpropamide 100 mg	26
CARDURA XL	71	ceftriaxone sodium 1 gm	53	chlorpropamide 250 mg	26
carisoprodol 250 mg, 350 mg	78	ceftriaxone sodium 10 gm	54	chlorthalidone 25 mg, 50 mg	65
carisoprodol w/ aspirin	79	ceftriaxone sodium 2 gm	53	chlorzoxazone	78
carisoprodol w/ aspirin & codeine	79	ceftriaxone sodium 250 mg	53	cholestyramine 4 gm	30
CARNITOR 330 MG	67	ceftriaxone sodium 500 mg	53	cholestyramine 4 gm/dose	30
carteolol hcl (ophth)	80	cefuroxime axetil	53	cholestyramine light	30
carvedilol 12.5 mg	49	cefuroxime sodium 1.5 gm	53	choline fenofibrate	30
carvedilol 25 mg	49	CELEBREX	3	chorionic gonadotropin	66
carvedilol 3.125 mg	49	celecoxib	3	CIALIS 10 MG, 20 MG	52
carvedilol 6.25 mg	49	CELESTONE-SOLUSPAN	55	CIALIS 2.5 MG, 5 MG	52
CASODEX	37	CELEXA 10 MG	20	ciclopirox 0.77 %	58
CATAFLAM	3	CELEXA 20 MG	20	ciclopirox 1 %	59
CATAPRES	32	CELEXA 40 MG	20	ciclopirox olamine	58
CATAPRES-TTS-1	32	CELLCEPT	48	cidofovir	47
CATAPRES-TTS-2	32	CELLCEPT	48	cilostazol	72
CATAPRES-TTS-3	32	INTRAVENOUS	48	CILOXAN	81
CAVERJECT	52	CELONTIN	19	cimetidine 200 mg	88
CAVERJECT IMPULSE	52	CENTANY	58	cimetidine 300 mg, 400 mg, 800 mg	88
CAYSTON	9	cephalexin	53	CIMZIA	70
CEDAX 400 MG	53	CERDELGA	72	CIMZIA STARTER KIT	70
cefaclor 250 mg, 500 mg	53	CEREBYX 100 MG PE/2ML	19	CINQAIR	13
cefaclor monohydrate	53	CEREBYX 500 MG PE/10ML	19	CINRYZE	71
cefadroxil 1 gm	53	CEREZYME	72	CIPRO 250 MG, 500 MG	69
cefadroxil 500 mg	53	CERVARIX	91	CIPRO 5 GM/100ML	69
cefadroxil 500 mg/5ml	53	CESAMET	28	CIPRO 500 MG/5ML	69
cefazolin sodium 1 gm, 10 gm, 500 mg	53	cetirizine hcl 1 mg/ml	29	CIPRO HC	83
cefdinir	53	cevimeline hcl	78	CIPRO I.V.-IN D5W	69
CEFEPIME 2 GM/100ML	54	CHANTIX	87	CIPRO XR	69
cefepime hcl	54	CHANTIX CONTINUING MONTHPAK	87	CIPRODEX	83
cefixime	53	CHANTIX STARTING MONTHPAK	87	ciprofloxacin 250 mg/5ml, 500 mg/5ml	69
cefoxitin sodium 1 gm	53	CHEMET	27	ciprofloxacin hcl (ophth)	81
cefoxitin sodium 10 gm	53	CHENODAL	69	ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg	69
cefoxitin sodium 2 gm	53	CHLORAMPHENICOL SODIUM SUCCINATE	10		
cefpodoxime proxetil 100 mg, 200 mg	53				

ciprofloxacin in d5w 200mg/100ml-5%.....	69	clindamycin phosphate in d5w.....	11	COLCRYST.....	71
ciprofloxacin in d5w 400mg/200ml-5%.....	69	clindamycin phosphate vaginal.....	91	COLESTID.....	30
ciprofloxacin-ciprofloxacin hcl.....	69	clindamycin phosphate-benzoyl peroxide.....	57	COLESTID FLAVORED.....	30
cisplatin 100 mg/100ml, 50 mg/50ml.....	35	clindamycin phosphate-benzoyl peroxide (refrigerate).....	57	colestipol hcl.....	30
CISPLATIN 200 MG/200ML.....	35	clindamycin phosphate- tretinoin.....	57	colistimethate sodium.....	9
citalopram hydrobromide 10 mg.....	20	CLINIMIX 2.75%/DEXTROSE 5%.....	80	COLY-MYCIN M.....	9
citalopram hydrobromide 10 mg/5ml.....	20	clobetasol propionate.....	61	COLY-MYCIN S.....	83
citalopram hydrobromide 20 mg.....	21	clobetasol propionate emollient base.....	61	COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM- 2.82GM-6.36GM.....	74
citalopram hydrobromide 40 mg.....	21	CLOBEX.....	61	COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM- 2.98GM-6.72GM.....	74
cladribine.....	36	CLOCORTOLONE PIVALATE.....	61	COMBIGAN.....	80
CLARINEX 5 MG.....	29	CLOCORTOLONE PIVALATE PUMP.....	61	COMBIPATCH.....	68
CLARINEX-D 12 HOUR.....	57	CLODERM.....	61	COMBIVENT RESPIMAT.....	15
clarithromycin 250 mg, 500 mg.....	75	CLODERM PUMP.....	61	COMBIVIR.....	45
clarithromycin 250 mg/5ml.....	75	CLOLAR.....	36	COMETRIQ.....	38
clarithromycin 500 mg.....	75	clomipramine hcl 25 mg, 50 mg, 75 mg.....	22	COMPLERA.....	45
clemastine fumarate 2.68 mg	29	clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	17	COMTAN.....	41
CLEOCIN 100 MG.....	91	clonazepam 0.5 mg.....	17	COMVAX.....	91
CLEOCIN 150 MG, 300 MG, 75 MG.....	10	clonazepam 1 mg.....	17	CONCERTA.....	1
CLEOCIN 2 %.....	91	clonazepam 2 mg.....	17	CONDYLOX.....	63
CLEOCIN IN D5W.....	10	clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg.....	32	COPAXONE 20 MG/ML.....	86
CLEOCIN PHOSPHATE 300MG/50ML-5%, 600MG/50ML- 5%, 900MG/50ML-5%.....	11	clonidine hcl 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	32	COPAXONE 40 MG/ML.....	86
CLEOCIN PHOSPHATE 600 MG/4ML.....	11	clopidogrel bisulfate 300 mg.....	72	COPEGUS.....	47
CLEOCIN PHOSPHATE 600 MG/4ML, 900 MG/6ML.....	11	clopidogrel bisulfate 75 mg	72	CORDARONE.....	13
CLEOCIN PHOSPHATE 9 GM/60ML.....	11	clorazepate dipotassium.....	12	CORDRAN 4 MCG/SQCM.....	61
CLEOCIN-T.....	57	clotrimazole.....	78	CORDRAN TAPE.....	61
CLIMARA.....	68	clotrimazole (topical).....	59	COREG 12.5 MG.....	49
CLIMARA PRO.....	68	clozapine.....	43	COREG 25 MG.....	49
CLINDAGEL.....	57	CLOZAPINE ODT 12.5 MG, 150 MG.....	43	COREG 3.125 MG.....	49
clindamycin hcl 150 mg, 300 mg, 75 mg.....	11	CLOZAPINE ODT 200 MG	43	COREG 6.25 MG.....	49
clindamycin palmitate hydrochloride.....	11	CLOZARIL.....	43	COREG CR.....	49
clindamycin phosphate (topical).....	57	COARTEM.....	34	CORGARD.....	50
clindamycin phosphate 150 mg/ml.....	11	codeine sulfate 15 mg.....	4	CORLANOR 5 MG.....	53
clindamycin phosphate 150 mg/ml, 900 mg/60ml.....	11	codeine sulfate 30 mg.....	4	CORLANOR 7.5 MG.....	53
clindamycin phosphate 600 mg/4ml, 900 mg/6ml.....	11	codeine sulfate 60 mg.....	4	CORTEF.....	55
		COGENTIN.....	41	CORTENEMA.....	9
		COLAZAL.....	70	CORTIFOAM.....	9
		COLCHICINE.....	71	cortisone acetate.....	55
		colchicine w/ probenecid.....	71	CORTISPORIN.....	58
				CORTISPORIN-TC.....	83
				CORZIDE.....	33
				COSENTYX.....	60
				COSENTYX SENSOREADY PEN.....	60
				COSMEGEN.....	38

COSOPT	80	DACARBAZINE 100 MG	39	DERMA-SMOOTH/FS	
COSOPT PF	80	dacarbazine 200 mg	39	BODY	61
COTELLIC	38	DACOGEN	36	DERMA-SMOOTH/FS	
COUMADIN	16	DAKLINZA	47	SCALP	61
COZAAR	32	DALIRESP	13	DERMATOP	61
CREON	64	danazol 100 mg, 200 mg, 50		DERMOTIC	83
CRESEMBA 186 MG	28	mg	9	DESCOVY	45
CRESEMBA 372 MG	28	DANTRIUM	79	desipramine hcl 10 mg, 100 mg,	
CRESTOR	30	dantrolene sodium 100 mg, 25		150 mg, 25 mg, 50 mg, 75	
CRINONE	92	mg, 50 mg	79	mg	22
CRIXIVAN	45	dapsone 100 mg, 25 mg	10	desloratadine	29
cromolyn sodium	13	DAPTACEL	88	desmopressin acetate 0.1 mg,	
cromolyn sodium		daptomycin	10	0.2 mg	67
(mastocytosis)	69	DARAPRIM	34	desmopressin acetate 4	
cromolyn sodium (ophth)	82	darifenacin hydrobromide	90	mcg/ml	67
CUBICIN	10	DARZALEX	37	desmopressin acetate	
CUBICIN RF	10	daunorubicin hcl	38	refrigerated	67
CUTIVATE	61	DAYPRO	3	desmopressin acetate spray	67
CUVITRU 1 GM/5ML	83	DAYTRANA 30 MG/9HR	1	refrigerated	67
CUVITRU 2 GM/10ML, 4		DDAVP 0.01 %	67	DESOGEN	54
GM/20ML	83	DDAVP 0.1 MG, 0.2 MG	67	desogestrel & ethinyl	
CUVITRU 8 GM/40ML	83	DDAVP 4 MCG/ML	67	estradiol	54
cyanocobalamin 1000		decitabine	36	desogestrel-ethinyl estradiol	
mcg/ml	72	DELESTROGEN 10		(biphasic)	54
cyclobenzaprine hcl 10 mg, 5 mg,		MG/ML	68	DESONATE	61
7.5 mg	78	DELESTROGEN 20 MG/ML, 40		desonide	61
cyclopentolate hcl 1 %, 2 %	80	MG/ML	68	DESOWEN	61
CYCLOPHOSPHAMIDE 25 MG,		DELZICOL	70	desoximetasone 0.05 %	61
50 MG	35	DEMADEX 10 MG, 20 MG, 5		DESOXIMETASONE 0.05 %	61
CYCLOSET	24	MG	65	desoximetasone 0.05 %, 0.25	
cyclosporine 100 mg, 25 mg	48	demeclocycline hcl	87	%	61
cyclosporine 50 mg/ml	48	DEM SER	32	desoximetasone 0.25 %	61
cyclosporine modified (for		DENAVIR	60	DESVENLAFAXINE ER 100 MG,	
microemulsion) 100 mg, 25 mg,		DEPACON	19	50 MG	21
50 mg	48	DEPAKENE	19	DETROL	90
CYKLOKAPRON	73	DEPAKOTE	20	DETROL LA	90
CYMBALTA	21	DEPAKOTE ER	19	dexamethasone 0.5 mg, 0.75 mg,	
cyproheptadine hcl 2 mg/5ml	29	DEPAKOTE SPRINKLES	20	1 mg, 1.5 mg, 2 mg, 4 mg, 6	
cyproheptadine hcl 4 mg	29	DEPEN TITRATABS	48	mg	56
CYRAMZA	36	DEPO-MEDROL 20		dexamethasone 0.5 mg/5ml	56
CYSTADANE	67	MG/ML	55	dexamethasone 1.5 mg	56
CYSTAGON	71	DEPO-MEDROL 40 MG/ML, 80		dexamethasone sodium	
CYSTARAN	82	MG/ML	55	phosphate (ophth)	81
cytarabine	36	DEPO-PROVERA	37	DEXAMETHASONE SODIUM	
CYTARABINEAQUEOUS	36	CONTRACEPTIVE	55	PHOSPHATE 10 MG/ML	56
CYTOMEL	88	DEPO-SUBQ PROVERA		dexamethasone sodium	
CYTOTEC	89	104	55	phosphate 100 mg/10ml, 120	
CYTOVENE	47	DEPO-TESTOSTERONE	9	mg/30ml, 20 mg/5ml, 4	
D.H.E. 45	75			mg/ml	56
				DEXEDRINE	1
				DEXILANT	89
				dexmethylphenidate hcl 10 mg,	
				15 mg, 20 mg	1

dexmethylphenidate hcl 10 mg, 2.5 mg, 5 mg	1	dihydroergotamine mesylate 1 mg/ml	75	dorzolamide hcl	82
dextrazoxane 250 mg, 500 mg	40	DIHYDROERGOTAMINE MESYLATE 4 MG/ML	76	dorzolamide hcl-timolol maleate	80
dextroamphetamine sulfate 10 mg, 15 mg, 5 mg	1	DILANTIN-125	19	DOVONEX	60
dextroamphetamine sulfate 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	DILATRATE SR	11	doxazosin mesylate	32
dextrose 10 %	80	DILAUDID 1 MG/ML	4	doxepin hcl (antipruritic)	59
dextrose 5 %	80	DILAUDID 2 MG	4	doxepin hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	22
dextrose in lactated ringers	77	DILAUDID 2 MG/ML	4	doxepin hcl 10 mg/ml	22
dextrose w/ sodium chloride 0.45%-2.5%, 0.45%-5%	77	DILAUDID 4 MG	4	doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg	67
dextrose w/ sodium chloride 0.9%-5%	77	DILAUDID 8 MG	4	DOXIL	38
DIABETA 1.25 MG	26	diltiazem hcl 120 mg, 180 mg, 240 mg	51	DOXORUBICIN HCL 10 MG, 50 MG	38
DIABETA 2.5 MG	26	diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg	51	doxorubicin hcl 2 mg/ml	38
DIABETA 5 MG	26	diltiazem hcl 120 mg, 60 mg, 90 mg	51	doxorubicin hcl liposomal	38
DIAMOX	64	diltiazem hcl coated beads	51	DOXYCYCLINE	63
DIASTAT ACUDIAL	17	diltiazem hcl extended release beads	51	doxycycline (monohydrate) 100 mg, 150 mg, 50 mg, 75 mg	87
DIASTAT PEDIATRIC	17	DIOVAN	32	doxycycline (monohydrate) 100 mg, 50 mg, 75 mg	87
diazepam 1 mg/ml	12	DIOVAN HCT	33	doxycycline (monohydrate) 25 mg/5ml	87
diazepam 10 mg, 2 mg, 5 mg	12	DIPENTUM	70	doxycycline hyclate 100 mg	87
DIAZEPAM 10 MG, 2.5 MG, 20 MG	17	diphenhydramine hcl 50 mg/ml	29	doxycycline hyclate 100 mg, 150 mg, 200 mg	87
diazepam 5 mg/ml	12	diphenoxylate w/ atropine	27	doxycycline hyclate 100 mg, 20 mg	87
DIBENZYLINE	32	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	88	doxycycline hyclate 100 mg, 50 mg	87
diclofenac potassium	3	DIPROLENE	61	DRISDOL 50000 UNIT	92
diclofenac sodium (actinic keratoses)	59	DIPROLENE AF	61	dronabinol 10 mg	28
diclofenac sodium (ophth)	82	dipyridamole 25 mg, 50 mg, 75 mg	72	dronabinol 2.5 mg, 5 mg	28
diclofenac sodium (topical)	58	disopyramide phosphate	12	drospirenone-ethinyl estradiol	54
diclofenac sodium 100 mg	3	disulfiram 250 mg, 500 mg	85	drospirenone-ethinyl estradiol-levomefolate calcium	54
diclofenac sodium 25 mg, 50 mg, 75 mg	3	DITROPAN XL	90	DROXIA	72
diclofenac w/ misoprostol	3	divalproex sodium	20	DUAC	58
dicloxacin sodium	84	DIVIGEL	68	DUAVEE	68
dicyclomine hcl 10 mg	88	dobutamine hcl	92	DUETACT	23
dicyclomine hcl 20 mg	88	DOCEFREZ	40	DUEXIS	3
didanosine	45	DOCETAXEL 140 MG/7ML, 20 MG/ML, 80 MG/4ML	40	DULERA	15
DIFFERIN 0.1 %	58	DOCETAXEL 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML	40	duloxetine hcl 20 mg, 30 mg, 60 mg	21
DIFFERIN 0.3 %	58	docetaxel 20 mg/ml, 80 mg/4ml	40	DUOPA	41
DIFICID	75	dofetilide	13	DURAGESIC 100 MCG/HR	4
diflorasone diacetate	61	DOLOPHINE 10 MG	4	DURAGESIC 12 MCG/HR	4
DIFLUCAN	28	DOLOPHINE 5 MG	4	DURAGESIC 25 MCG/HR	5
diflunisal	4	donepezil hydrochloride	85	DURAGESIC 50 MCG/HR	5
digoxin 0.05 mg/ml	51	DORIBAX 500 MG	10	DURAGESIC 75 MCG/HR	5
digoxin 0.125 mg, 125 mcg	51			DUREZOL	81
digoxin 0.25 mg, 250 mcg	51				

dutasteride.....	71	enalapril maleate 2.5 mg... 31	ERWINAZE.....	39
dutasteride-tamsulosin hcl... 71		enalapril maleate 20 mg... 32	ERYPED 200.....	75
DYAZIDE.....	64	enalapril maleate 5 mg... 32	ERYPED 400.....	75
DYMISTA.....	79	ENBREL.....	ERYTHROCIN	
DYRENIUM.....	65	ENBREL SURECLICK.....	LACTOBIONATE.....	75
E.E.S. GRANULES.....	75	ENDOMETRIN.....	erythromycin (acne aid).....	58
EC-NAPROSYN.....	3	ENGERIX-B 10 MCG/0.5ML, 20 MCG/ML.....	erythromycin (ophth).....	81
econazole nitrate.....	59	ENJUWIA 0.3 MG, 0.45 MG, 0.9 MG.....	erythromycin base 250 mg... 75	
EDARBI.....	32	enoxaparin sodium 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml.....	erythromycin base 500 mg... 75	
EDARBYCLOR.....	33	enoxaparin sodium 30 mg/0.3ml, 40 mg/0.4ml.....	erythromycin ethylsuccinate 200 mg/5ml.....	75
EDECIN.....	65	enoxaparin sodium 300 mg/3ml.....	erythromycin ethylsuccinate 400 mg.....	75
EDEX.....	52	ENSTILAR.....	ESBRIET.....	87
EDLUAR.....	73	entacapone.....	escitalopram oxalate.....	21
EDURANT.....	45	entecavir.....	esomeprazole magnesium 20 mg.....	89
EFFEXOR XR 150 MG.....	21	ENTOCORT EC.....	esomeprazole magnesium 40 mg.....	89
EFFEXOR XR 37.5 MG.....	21	ENTRESTO.....	esomeprazole sodium 40 mg.....	89
EFFEXOR XR 75 MG.....	21	ENTYVIO.....	ESOMEPRAZOLE STRONTIUM 49.3 MG.....	89
EFFIENT.....	72	ENVARBUS XR.....	estradiol & norethindrone acetate.....	68
EFUDEX.....	59	EPIDUO.....	estradiol 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	68
EGRIFTA.....	66	epinastine hcl (ophth).....	estradiol 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr.....	68
ELAVIL.....	22	EPINEPHRINE 0.15 MG/0.15ML, 0.3 MG/0.3ML.....	estradiol 0.5 mg, 1 mg, 2 mg.....	68
ELDEPRYL.....	42	EPIPEN 2-PAK.....	estradiol vaginal.....	91
ELELYSO.....	72	EPIPEN-JR 2-PAK.....	estradiol valerate 20 mg/ml, 40 mg/ml.....	68
ELESTAT.....	82	epirubicin hcl.....	ESTRING.....	91
ELESTRIN.....	68	EPIVIR 10 MG/ML.....	estropipate 0.75 mg, 1.5 mg.....	68
ELIDEL.....	63	EPIVIR 150 MG, 300 MG.....	eszopiclone.....	73
ELIGARD.....	37	EPIVIR HBV 100 MG.....	ethacrynic acid.....	65
ELIQUIS.....	16	EPIVIR HBV 5 MG/ML.....	ethambutol hcl 100 mg, 400 mg.....	35
ELITEK.....	40	eplerenone.....	ethosuximide 250 mg.....	19
ELLA.....	55	EPOGEN.....	ethosuximide 250 mg/5ml.....	19
ELLENCE.....	38	eprosartan mesylate.....	ethynodiol diacet & eth estrad.....	54
ELMIRON.....	71	EPZICOM.....	etidronate disodium 200 mg.....	65
ELOCON.....	61	EQUETRO.....	etodolac 200 mg, 300 mg.....	3
ELOXATIN 100 MG/20ML.....	35	ERAXIS 100 MG.....	etodolac 400 mg, 500 mg.....	3
ELOXATIN 50 MG/10ML.....	35	ERBITUX.....	etodolac 400 mg, 500 mg, 600 mg.....	3
EMCYT.....	37	ergocalciferol 50000 unit.....	ETOPOPHOS.....	40
EMEND 125 MG, 80 MG.....	28	ergoloid mesylates.....	etoposide 1 gm/50ml, 100 mg/5ml, 500 mg/25ml.....	40
EMEND 40 MG.....	28	ergotamine tartrate.....		
EMLA.....	63	ergotamine w/ caffeine.....		
EMPLICITI.....	37	ERIVEDGE.....		
EMSAM.....	20	ERTACZO.....		
EMTRIVA.....	45			
ENABLEX.....	90			
enalapril maleate & hydrochlorothiazide.....	33			
enalapril maleate 10 mg.....	31			

EURAX.....	64	FELDENE.....	3	FLEBOGAMMA DIF 10 %... 83	
EVAMIST.....	68	felodipine.....	51	flecainide acetate 100 mg... 13	
EVISTA.....	66	FEMARA.....	37	flecainide acetate 150 mg... 13	
EVOCLIN.....	58	FEMCON FE.....	54	flecainide acetate 50 mg... 13	
EVOMELA.....	35	FEMHRT LOW DOSE... 68		FLECTOR.....	58
EVOTAZ.....	45	FEMRING.....	91	FLOMAX.....	71
EVOXAC.....	78	fenofibrate 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg... 30		FLOVENT DISKUS 100 MCG/BLIST.....	14
EVZIO.....	27	FENOFIBRATE 150 MG, 50 MG... 30		FLOVENT DISKUS 250 MCG/BLIST.....	14
EXALGO 12 MG.....	5	fenofibrate micronized 130 mg... 30		FLOVENT DISKUS 50 MCG/BLIST.....	14
EXALGO 16 MG.....	5	fenofibrate micronized 134 mg, 200 mg, 67 mg... 30		FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT.....	14
EXALGO 32 MG.....	5	fenofibrate micronized 43 mg... 30		FLOVENT HFA 44 MCG/ACT.....	14
EXALGO 8 MG.....	5	FENOFIBRIC ACID.....	30	FLOXIN OTIC.....	83
EXELDERM.....	59	FENOGLIDE.....	30	fluconazole 10 mg/ml, 40 mg/ml... 28	
EXELON 1.5 MG, 3 MG, 4.5 MG, 6 MG.....	85	fenoprofen calcium 600 mg... 3		fluconazole 100 mg, 150 mg, 200 mg, 50 mg... 28	
EXELON 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR... 85		fentanyl 100 mcg/hr... 5		fluconazole in dextrose... 28	
exemestane.....	37	fentanyl 12 mcg/hr... 5		fluconazole in nacl 200mg/100ml-0.9%, 400mg/200ml-0.9%... 28	
EXFORGE.....	33	fentanyl 25 mcg/hr... 5		flucytosine 500 mg... 28	
EXFORGE HCT.....	33	fentanyl 50 mcg/hr... 5		fludarabine phosphate 50 mg... 36	
EXJADE.....	27	fentanyl 75 mcg/hr... 5		fludrocortisone acetate... 56	
EXTAVIA.....	86	fentanyl citrate 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg... 5		FLUMADINE.....	48
EXTINA.....	59	fentanyl citrate 200 mcg... 5		flunisolide (nasal)... 79	
EYLEA.....	80	FENTORA 100 MCG, 200 MCG... 5		fluocinolone acetonide (otic) 83	
FABIOR.....	58	FENTORA 400 MCG, 600 MCG, 800 MCG... 5		fluocinolone acetonide 0.01 %... 61	
FABRAZYME 35 MG.....	67	FERRIPROX 500 MG... 27		fluocinolone acetonide 0.01 %, 0.025 %... 61	
famciclovir.....	48	FETZIMA 120 MG, 40 MG, 80 MG... 22		fluocinolone acetonide 0.025 %... 61	
famotidine 20 mg... 89		FETZIMA 20 MG... 22		fluocinonide 0.05 %... 62	
famotidine 20 mg/2ml, 200 mg/20ml, 40 mg/4ml... 88		FETZIMA TITRATION PACK... 22		fluocinonide 0.1 %... 62	
famotidine 40 mg... 89		FIBRICOR.....	30	fluocinonide emulsified base... 62	
famotidine 40 mg/5ml... 88		FINACEA.....	63	fluorometholone (ophth)... 81	
FAMVIR.....	48	finasteride.....	71	fluorouracil (topical)... 59	
FANAPT 1 MG, 10 MG, 2 MG, 4 MG... 42		FIORINAL/CODEINE #3... 7		FLUOROURACIL 0.5 %... 59	
FANAPT 12 MG, 6 MG, 8 MG... 42		FIRAZYR.....	71	fluorouracil 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml... 36	
FANAPT TITRATION PACK... 42		FIRMAGON 120 MG... 37		fluoxetine hcl (PMDD) cap 10 mg, 20 mg... 86	
FARESTON.....	37	FIRMAGON 80 MG... 37		fluoxetine hcl 10 mg, 20 mg... 21	
FARXIGA.....	26	FLAGYL 250 MG... 9		fluoxetine hcl 10 mg, 20 mg, 40 mg... 21	
FARYDAK.....	38	FLAGYL 375 MG... 9		fluoxetine hcl 20 mg/5ml... 21	
FASLODEX.....	37	FLAGYL 500 MG... 9		FLUOXETINE HCL 60 MG... 21	
fat emulsion 20 gm/100ml... 80		FLAREX.....	81		
FAZACLO 100 MG, 25 MG... 43		flavoxate hcl... 91			
FAZACLO 12.5 MG, 150 MG... 43					
FAZACLO 200 MG... 43					
felbamate.....	19				
FELBATOL.....	19				

fluoxetine hcl 90 mg.....	21	fosphenytoin sodium 500 mg pe/10ml.....	19	gemcitabine hcl 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml..	36
fluoymesterone.....	9	FOSRENOL 1000 MG, 500 MG, 750 MG.....	70	gemcitabine hcl 200 mg.....	36
fluphenazine decanoate.....	44	FRAGMIN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML.....	16	gemfibrozil.....	30
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg.....	44	FRAGMIN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML.....	16	GEMZAR 1 GM.....	36
FLUPHENAZINE HCL 2.5 MG/ML.....	44	FRAGMIN 25000 UNIT/ML 16 FRAGMIN 95000 UNIT/3.8ML.....	16	GEMZAR 200 MG.....	36
fluphenazine hcl 5 mg/ml.....	44	FROVA.....	76	GENERESS FE.....	54
flurandrenolide.....	62	frovatriptan succinate.....	76	GENOTROPIN 5 MG.....	66
flurbiprofen 100 mg, 50 mg... 3		FULYZAQ.....	27	GENOTROPIN MINIQUICK 0.4 MG.....	66
flurbiprofen sodium.....	82	FURADANTIN.....	90	gentamicin in saline 0.9%- 1mg/ml.....	2
flutamide.....	37	furosemide 10 mg/ml.....	65	gentamicin sulfate (ophth)... 81	
fluticasone propionate (nasal).....	79	furosemide 20 mg, 40 mg, 80 mg.....	65	gentamicin sulfate (topical).. 58	
fluticasone propionate 0.005 %.....	62	FUSILEV.....	40	gentamicin sulfate 40 mg/ml.. 2	
fluticasone propionate 0.05 %.....	62	FUZEON.....	45	GENVOYA.....	45
fluvastatin sodium.....	30	FYCOMPA 0.5 MG/ML... 17		GEODON 20 MG.....	42
fluvoxamine maleate.....	21	FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG... 17		GEODON 20 MG, 40 MG, 60 MG, 80 MG.....	42
FML.....	81	gabapentin 100 mg, 300 mg, 400 mg.....	17	GILENYA.....	86
FML FORTE.....	81	gabapentin 250 mg/5ml, 300 mg/6ml.....	17	GILOTRIF.....	38
FML LIQUIFILM.....	81	gabapentin 600 mg, 800 mg.....	17	GLASSIA.....	87
FOCALIN.....	1	GABITRIL 12 MG, 16 MG... 19		glatiramer acetate.....	86
FOCALIN XR 10 MG, 20 MG. 1		GABITRIL 2 MG, 4 MG... 19		GLEEVEC 100 MG, 400 MG.38	
FOCALIN XR 15 MG.....	1	galantamine hydrobromide 85		GLEEVEC 400 MG.....	38
folic acid 1 mg.....	72	GALZIN 25 MG.....	78	GLEOSTINE.....	35
FOLOTYN.....	36	GAMASTAN S/D.....	83	glimepiride 1 mg.....	26
fondaparinux sodium 10 mg/0.8ml.....	16	GAMMAGARD LIQUID... 83		glimepiride 2 mg.....	26
fondaparinux sodium 2.5 mg/0.5ml.....	16	GAMMAKED.....	83	glimepiride 4 mg.....	26
fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml.....	16	GAMUNEX-C.....	83	glipizide 10 mg.....	26
FORADIL AEROLIZER.....	15	ganciclovir sodium.....	47	glipizide 2.5 mg.....	26
FORFIVO XL.....	20	GARDASIL.....	91	glipizide 2.5 mg.....	26
FORTAMET 1000 MG.....	23	GARDASIL 9.....	91	glipizide 5 mg.....	26
FORTAMET 500 MG.....	23	GASTROCROM.....	69	glipizide-metformin hcl 2.5mg- 250mg.....	23
FORTAZ 1 GM, 2 GM.....	54	gatifloxacin (ophth).....	81	glipizide-metformin hcl 2.5mg- 500mg, 5mg-500mg.....	23
FORTAZ 6 GM.....	54	GATTEX.....	70	GLUCAGEN HYPOKIT.....	24
FORTEO.....	65	gauze pads 2" X 2".....	75	glucagon (rdna).....	24
FORTESTA.....	9	GAZYVA.....	37	GLUCOPHAGE 1000 MG... 24	
FORTICAL.....	65	GELNIQUE 10 %.....	90	GLUCOPHAGE 500 MG... 24	
FOSAMAX.....	66	GELNIQUE 3 %.....	90	GLUCOPHAGE 850 MG... 24	
FOSAMAX PLUS D.....	66	gemcitabine hcl 1 gm, 2 gm.....	36	GLUCOPHAGE XR 500 MG.24	
fosinopril sodium.....	32			GLUCOPHAGE XR 750 MG.24	
fosinopril sodium & hydrochlorothiazide.....	33			GLUCOTROL 10 MG.....	26
fosphenytoin sodium 100 mg pe/2ml.....	19			GLUCOTROL 5 MG.....	26

GLUCOVANCE 1.25MG-250MG.....	23	HECTOROL 0.5 MCG, 2.5 MCG.....	67	hydrocodone polistirex-chlorpheniramine polistirex..	57
GLUCOVANCE 2.5MG-500MG, 5MG-500MG.....	23	HECTOROL 1 MCG.....	67	hydrocodone-acetaminophen 10mg-300mg, 5mg-300mg, 7.5mg-300mg.....	7
glyburide 1.25 mg.....	27	heparin sodium (porcine)..	16	hydrocodone-acetaminophen 10mg-325mg, 5mg-325mg, 7.5mg-325mg.....	7
glyburide 2.5 mg.....	27	HEPSERA.....	47	hydrocodone-acetaminophen 10mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml.....	7
glyburide 5 mg.....	27	HERCEPTIN.....	37	hydrocodone-ibuprofen 200mg-10mg, 200mg-5mg, 200mg-7.5mg.....	7
glyburide micronized 1.5 mg.....	27	HETLIOZ.....	74	hydrocortisone (intrarectal)..	9
glyburide micronized 3 mg.....	27	HEXALEN.....	35	hydrocortisone (rectal) 1 %, 2.5 %.....	9
glyburide micronized 6 mg.....	27	HIPREX.....	90	hydrocortisone (topical) 1 %.....	62
glyburide-metformin 1.25mg-250mg.....	23	HIZENTRA 1 GM/5ML.....	83	hydrocortisone (topical) 2.5 %.....	62
glyburide-metformin 2.5mg-500mg, 5mg-500mg.....	23	HIZENTRA 10 GM/50ML.....	83	hydrocortisone 10 mg, 20 mg, 5 mg.....	56
glycopyrrolate 0.2 mg/ml.....	88	HIZENTRA 2 GM/10ML, 4 GM/20ML.....	83	hydrocortisone butyrate.....	62
glycopyrrolate 1 mg.....	88	HORIZANT.....	86	hydrocortisone butyrate hydrophilic lipo base.....	62
glycopyrrolate 2 mg.....	88	HUMALOG.....	25	hydrocortisone valerate.....	62
GLYNASE 1.5 MG.....	27	HUMALOG KWIKPEN.....	25	hydrocortisone w/acetic acid.....	83
GLYNASE 3 MG.....	27	HUMALOG MIX 50/50.....	25	hydromorphone hcl 1 mg/ml..	5
GLYNASE 6 MG.....	27	HUMALOG MIX 50/50 KWIKPEN.....	25	hydromorphone hcl 10 mg/ml, 50 mg/5ml, 500 mg/50ml.....	5
GLYSET.....	22	HUMALOG MIX 75/25.....	25	hydromorphone hcl 12 mg.....	5
GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM.....	74	HUMALOG MIX 75/25 KWIKPEN.....	25	hydromorphone hcl 16 mg.....	5
GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM.....	74	HUMATROPE 12 MG, 24 MG, 5 MG.....	66	hydromorphone hcl 2 mg.....	5
GRALISE.....	86	HUMATROPE 6 MG.....	66	hydromorphone hcl 2 mg/ml..	5
GRALISE STARTER.....	86	HUMATROPE COMBO PACK.....	66	hydromorphone hcl 32 mg.....	5
granisetron hcl 1 mg.....	27	HUMIRA.....	2	hydromorphone hcl 4 mg.....	5
GRANIX.....	72	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	2	hydromorphone hcl 8 mg.....	5
GRASTEK.....	50	HUMIRA PEN.....	2	hydromorphone hcl 8 mg, 8mg.....	5
GRIS-PEG.....	28	HUMIRA PEN-CROHNS DISEASESTARTER.....	2	hydroxychloroquine sulfate..	34
griseofulvin microsize.....	28	HUMIRA PEN-PSORIASIS STARTER.....	2	HYDROXYPROGESTERONE CAPROATE.....	37
griseofulvin ultramicrosize.....	28	HUMULIN 70/30.....	25	hydroxyurea.....	39
guanfacine hcl.....	33	HUMULIN 70/30 KWIKPEN.....	25	hydroxyzine hcl 10 mg, 25 mg, 50 mg.....	12
guanfacine hcl (adhd).....	1	HUMULIN N.....	25	hydroxyzine hcl 10 mg/5ml..	12
guanidine hcl.....	35	HUMULIN N KWIKPEN.....	25	hydroxyzine hcl 50 mg/ml.....	12
H.P. ACTHAR.....	66	HUMULIN R.....	25	hydroxyzine pamoate 25 mg, 50 mg.....	12
HALAVEN.....	40	HUMULIN R U-500 (CONCENTRATED).....	25	HYQVIA.....	84
HALDOL.....	43	HUMULIN R U-500 KWIKPEN.....	25	HYSINGLA ER 100 MG, 120 MG.....	5
HALDOL DECANOATE 100.....	43	HYCANTIN 4 MG.....	41		
HALDOL DECANOATE 50.....	43	hydralazine hcl 10 mg, 100 mg, 25 mg, 50 mg.....	34		
halobetasol propionate.....	62	HYDREA.....	39		
HALOG.....	62	hydrochlorothiazide 12.5 mg.....	65		
haloperidol.....	43	hydrochlorothiazide 12.5 mg, 25 mg, 50 mg.....	65		
haloperidol decanoate.....	43				
haloperidol lactate.....	43				
HARVONI.....	47				
HAVRIX.....	91				

HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	5	indomethacin 25 mg, 50 mg	3	isoniazid 100 mg, 300 mg	35
HYZAAR	33	indomethacin 75 mg	3	ISOPTO CARPINE	80
ibandronate sodium 150 mg	66	INFANRIX	88	ISORDIL TITRADOSE 40 MG	11
ibandronate sodium 3 mg/3ml	66	INLYTA	39	ISORDIL TITRADOSE 5 MG	11
IBRANCE	39	INSPIRA	34	isosorbide dinitrate	11
ibuprofen 100 mg/5ml	3	INSULIN SYRINGES AND PEN NEEDLES	75	isosorbide mononitrate 10 mg, 20 mg	11
ibuprofen 400 mg	3	INTELENCE 100 MG	45	isosorbide mononitrate 120 mg, 30 mg, 60 mg	11
ibuprofen 600 mg	3	INTELENCE 200 MG	45	isotretinoin 10 mg, 20 mg, 30 mg, 40 mg	58
ibuprofen 800 mg	3	INTELENCE 25 MG	45	ISTALOL	80
ICLUSIG	39	INTERMEZZO	73	ISTODAX	39
IDAMYCIN PFS	38	INTRON A 10 MU, 18 MU, 50 MU	39	ISTODAX (OVERFILL)	39
idarubicin hcl	38	INTRON A 10 MU/ML	39	itraconazole	28
IFEX 1 GM	35	INTRON A 6000000 UNIT/ML	39	ivermectin	9
IFEX 3 GM	35	INTRON A W/DILUENT	39	IXEMPRA KIT	40
ifosfamide 1 gm	35	INTUNIV	1	IXIARO	91
ifosfamide 1 gm/20ml, 3 gm/60ml	35	INVANZ	10	JADENU	27
IFOSFAMIDE 3 GM	35	INVEGA 1.5 MG	42	JAKAFI	39
ILARIS	2	INVEGA 3 MG	42	JALYN	71
ILEVRO	82	INVEGA 6 MG	43	JANUMET	23
imatinib mesylate	39	INVEGA 9 MG	43	JANUMET XR 100MG-1000MG	23
IMBRUVICA	39	INVEGA SUSTENNA	42	JANUMET XR 50MG-1000MG, 50MG-500MG	23
imipenem-cilastatin	10	INVEGA TRINZA	43	JANUVIA	24
imipramine hcl 10 mg, 25 mg, 50 mg	22	INVIRASE	45	JARDIANCE	26
imipramine pamoate	22	INVOKAMET 150MG-1000MG, 150MG-500MG, 50MG-1000MG	23	JENTADUETO	23
imiquimod	63	INVOKAMET 50MG-500MG	23	JENTADUETO XR 2.5MG-1000MG	23
IMITREX 100 MG	76	INVOKANA	26	JENTADUETO XR 5MG-1000MG	23
IMITREX 20 MG/ACT	76	IOPIDINE 0.5 %	80	JEVTANA	40
IMITREX 25 MG	76	IPOL INACTIVATED IPV	91	JUBLIA	59
IMITREX 5 MG/ACT	76	ipratropium bromide	13	JUXTAPID 10 MG	31
IMITREX 50 MG	76	ipratropium bromide (nasal)	79	JUXTAPID 20 MG	31
IMITREX 6 MG/0.5ML	76	ipratropium-albuterol	15	JUXTAPID 30 MG	31
IMITREX STATDOSE REFILL 4 MG/0.5ML	76	IPRIVASK	16	JUXTAPID 40 MG	31
IMITREX STATDOSE REFILL 6 MG/0.5ML	76	irbesartan	32	JUXTAPID 5 MG	31
IMITREX STATDOSE SYSTEM 4 MG/0.5ML	76	irbesartan-hydrochlorothiazide	33	JUXTAPID 60 MG	31
IMITREX STATDOSE SYSTEM 6 MG/0.5ML	76	IRESSA	39	K-TAB 10 MEQ	77
IMOVAX RABIES (H.D.C.V.)	91	irinotecan hcl	41	K-TAB 8 MEQ	77
IMURAN	48	irrigation solutions, physiological	49	KADCYLA	37
INCRELEX	67	ISENTRESS 100 MG	45	KADIAN 10 MG	5
INCRUSE ELLIPTA	13	ISENTRESS 25 MG	45	KADIAN 100 MG	5
indapamide	65	ISENTRESS 400 MG	45	KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	5
INDERAL LA	50	isoniazid & rifampin	35	KADIAN 200 MG	5
INDOCIN 25 MG/5ML	3				

KADIAN 40 MG	5	KYNAMRO	29	LATUDA 120 MG	42
KALBITOR	72	labetalol hcl 100 mg, 200 mg, 300 mg	49	LATUDA 20 MG	42
KALETRA 100MG-25MG	45	LAC-HYDRIN	63	LATUDA 40 MG	42
KALETRA 200MG-50MG	46	lactated ringer's	77	LATUDA 60 MG	42
KALETRA 400MG/5ML-100MG/5ML	45	lactic acid (ammonium lactate) 12 %	63	LATUDA 80 MG	42
KALYDECO	87	lactulose	74	LAZANDA 100 MCG/ACT	5
KANUMA	67	lactulose (encephalopathy)	70	LAZANDA 300 MCG/ACT	5
KAYEXALATE	49	LAMICTAL	18	LAZANDA 400 MCG/ACT	5
KAZANO	23	LAMICTAL CHEWABLE DISPERSIBLE	17	leflunomide	4
KEFLEX 250 MG, 500 MG	53	LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG	18	LEMTRADA	86
KEFLEX 750 MG	53	LAMICTAL STARTER/NOT TAKING		LENVIMA 10 MG DAILY DOSE	39
KENALOG	62	CARBAMAZEPINE	18	LENVIMA 14 MG DAILY DOSE	39
KENALOG-10	56	LAMICTAL STARTER/TAKING		LENVIMA 18 MG DAILY DOSE	39
KENALOG-40	56	CARBAMAZEPINE/NOT TAKING		LENVIMA 20 MG DAILY DOSE	39
KEPIVANCE	40	VALPROATE	18	LENVIMA 24 MG DAILY DOSE	39
KEPPRA 100 MG/ML	17	LAMICTAL STARTER/TAKING		LENVIMA 8 MG DAILY DOSE	39
KEPPRA 1000 MG, 250 MG, 500 MG, 750 MG	17	VALPROATE	18	LESCOL	30
KEPPRA 500 MG/5ML	17	LAMICTAL XR	18	LESCOL XL	30
KEPPRA XR	17	LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	18	LETAIRIS	52
KERLONE	50	LAMISIL 125 MG	28	letrozole	37
KERYDIN	59	LAMISIL 250 MG	28	leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg	40
ketoconazole	28	lamivudine	46	leucovorin calcium 100 mg, 350 mg	40
ketoconazole (topical)	59	lamivudine (hbv)	47	leucovorin calcium 200 mg, 50 mg	40
ketoprofen 200 mg	3	lamivudine-zidovudine	46	LEUCOVORIN CALCIUM 500 MG	40
ketoprofen 50 mg, 75 mg	3	lamotrigine 100 mg, 150 mg, 200 mg, 25 mg	18	LEUKERAN	36
ketorolac tromethamine (ophth)	82	lamotrigine 100 mg, 200 mg, 25 mg, 50 mg	18	LEUKINE	72
ketorolac tromethamine 10 mg	3	lamotrigine 100 mg, 200 mg, 25 mg, 50 mg	18	leuprolide acetate	37
ketorolac tromethamine 15 mg/ml, 30 mg/ml	3	lamotrigine 25 mg, 5 mg	18	levalbuterol hcl 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	15
ketorolac tromethamine 30 mg/ml, 60 mg/2ml	3	LANOXIN 125 MCG	51	LEVALBUTEROL TARTRATE HFA	15
KEVEYIS	64	LANOXIN 187.5 MCG	51	LEVAQUIN 25 MG/ML	69
KEYTRUDA	37	LANOXIN 250 MCG	51	LEVAQUIN 250 MG, 500 MG, 750 MG	69
KHEDEZLA	22	LANOXIN 62.5 MCG	51	LEVAQUIN 250MG/50ML-5%, 500MG/100ML-5%, 750MG/150ML-5%	69
KINERET	2	LANOXIN PEDIATRIC	51	LEVEMIR	25
KITABIS PAK	2	lansoprazole 15 mg	89	LEVEMIR FLEXTOUCH	25
KLARON	58	lansoprazole 30 mg	89	levetiracetam 100 mg/ml, 500 mg/5ml	18
KLONOPIN 0.5 MG	17	LANTUS	25	levetiracetam 1000 mg, 250 mg, 500 mg, 750 mg	18
KLONOPIN 1 MG	17	LANTUS SOLOSTAR	25		
KLONOPIN 2 MG	17	LARTRUVO	37		
KOMBIGLYZE XR 2.5MG-1000MG	23	LASIX	65		
KOMBIGLYZE XR 5MG-1000MG, 5MG-500MG	23	LASTACFT	82		
KORLYM	24	latanoprost	83		
KUVAN	67				

LEVETIRACETAM 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML, 500MG/100ML-820MG/100ML	LINCOCIN	LOTREL
18	11	33
levetiracetam 500 mg, 750 mg.....	lincomycin hcl.....	LOTRONEX.....
18	11	70
levetiracetam 500 mg/5ml... 18	linezolid 100 mg/5ml.....	lovastatin.....
LEVITRA.....	11	31
52	linezolid 600 mg.....	LOVAZA.....
levobunolol hcl.....	11	30
80	linezolid 600 mg/300ml....	LOVENOX 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 60 MG/0.6ML, 80 MG/0.8ML... 16
levocarnitine (metabolic modifiers) 330 mg.....	11	16
67	LINEZOLID 600MG/300ML- 0.9%.....	LOVENOX 30 MG/0.3ML, 40 MG/0.4ML.....
levocetirizine dihydrochloride	11	16
29	LINZESS.....	LOVENOX 300 MG/3ML... 16
levofloxacin (ophth).....	70	loxapine succinate.....
81	liothyronine sodium 25 mcg, 5 mcg, 50 mcg.....	43
levofloxacin 25 mg/ml.....	88	LUMIGAN.....
69	LIPITOR.....	83
levofloxacin 250 mg, 500 mg, 750 mg.....	30	LUMIZYME.....
69	LIPOFEN.....	67
levofloxacin in d5w.....	30	LUNESTA.....
69	lisinopril & hydrochlorothiazide.....	73
LEVOLEUCOVORIN.....	33	LUPRON DEPOT 11.25 MG, 22.5 MG.....
40	lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg.....	37
levoleucovorin calcium 175 mg/17.5ml.....	32	LUPRON DEPOT 3.75 MG... 37
40	lithium.....	LUPRON DEPOT 30 MG... 37
levoleucovorin calcium 50 mg.....	42	LUPRON DEPOT 45 MG... 37
40	lithium carbonate 150 mg, 300 mg, 600 mg.....	LUPRON DEPOT 7.5 MG... 37
levonorgestrel & eth estradiol.....	42	LUPRON DEPOT-PED 11.25 MG, 15 MG.....
54	lithium carbonate 300 mg... 42	67
levonorgestrel (emergency oc) 0.75 mg.....	lithium carbonate 300 mg, 450 mg.....	LUPRON DEPOT-PED 11.25 MG, 30 MG.....
55	42	67
levonorgestrel (emergency oc) 1.5 mg.....	LITHOBID.....	LUPRON DEPOT-PED 7.5 MG.....
55	42	67
levonorgestrel-eth estradiol (triphasic).....	LIVALO.....	LUVOX CR.....
54	30	21
levonorgestrel-ethinyl estradiol (91-day).....	LO LOESTRIN FE.....	LUXIQ.....
54	54	62
levonorgestrel-ethinyl estradiol (continuous).....	LOCOID.....	LUZU.....
54	62	59
levothyroxine sodium 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg.....	LOCOID LIPOCREAM.....	LYNPARZA.....
88	62	39
LEXAPRO.....	LODOSYN.....	LYRICA 100 MG.....
21	41	18
LEXIVA 50 MG/ML.....	LOMOTIL.....	LYRICA 150 MG.....
46	27	18
LEXIVA 700 MG.....	LONSURF.....	LYRICA 20 MG/ML.....
46	38	18
LIALDA.....	loperamide hcl 2 mg.....	LYRICA 200 MG.....
70	27	18
lidocaine 5 %.....	LOPID.....	LYRICA 225 MG.....
63	30	18
lidocaine hcl (cardiac) 10 mg/ml.....	LOPRESSOR 100 MG, 50 MG.....	LYRICA 25 MG.....
12	50	18
lidocaine hcl (local anesth.) 1 %, 2 %.....	LOPRESSOR HCT 50MG- 25MG.....	LYRICA 300 MG.....
74	33	18
lidocaine hcl (mouth-throat).....	LOPROX 0.77 %.....	LYRICA 50 MG.....
78	59	18
lidocaine hcl 2 %.....	LOPROX SHAMPOO.....	LYRICA 75 MG.....
63	59	18
lidocaine hcl 4 %.....	lorazepam 0.5 mg, 1 mg, 2 mg.....	LYSODREN.....
63	12	38
lidocaine-prilocaine.....	lorazepam 2 mg/ml.....	LYSTEDA.....
63	12	73
LIDODERM.....	lorazepam 2 mg/ml, 20 mg/10ml.....	M-M-R II.....
63	12	91
	lorazepam 4 mg/ml.....	MACROBID.....
	12	90
	losartan potassium.....	MACRODANTIN 100 MG... 90
	32	MACRODANTIN 25 MG, 50 MG.....
	losartan potassium & hydrochlorothiazide.....	90
	33	magnesium sulfate 50 %... 77
	LOSEASONIQUE.....	MALARONE.....
	54	34
	LOTEMAX.....	malathion.....
	81	64
	LOTENSIN 20 MG, 40 MG... 32	
	LOTENSIN HCT.....	
	33	

maprotiline hcl.....	20	MEPRON.....	10	methylergonovine maleate 0.2 mg.....	83
MARINOL 10 MG, 5 MG.....	28	mercaptapurine.....	36	methylphenidate hcl 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	1
MARINOL 2.5 MG.....	28	meropenem 1 gm.....	10	methylphenidate hcl 10 mg, 20 mg, 5 mg.....	1
MARPLAN.....	20	meropenem 500 mg.....	10	methylphenidate hcl 18 mg, 20 mg, 27 mg, 36 mg, 54 mg.....	1
MARQIBO.....	40	MERREM 1 GM.....	10	methylphenidate hcl 18 mg, 27 mg, 36 mg, 54 mg.....	1
MATULANE.....	40	MERREM 500 MG.....	10	methylphenidate hcl 20 mg, 30 mg, 40 mg.....	1
MAVIK.....	32	mesalamine.....	70	methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg.....	56
MAXALT 10 MG.....	76	MESALAMINE DR.....	70	methylprednisolone 4 mg.....	56
MAXALT 5 MG.....	76	mesalamine w/ cleanser.....	70	methylprednisolone acetate 40 mg/ml, 80 mg/ml.....	56
MAXALT-MLT 10 MG.....	76	mesna.....	40	methylprednisolone sod succ.....	56
MAXALT-MLT 5 MG.....	76	MESNEX 100 MG/ML.....	40	metoclopramide hcl 10 mg, 5 mg.....	69
MAXIDEX.....	82	MESNEX 400 MG.....	40	metoclopramide hcl 10 mg/10ml, 5 mg/5ml.....	69
MAXIPIME 1 GM, 2 GM.....	54	MESTINON 60 MG.....	35	metoclopramide hcl 5 mg/ml.....	69
MAXITROL.....	82	MESTINON TIMESPAN.....	35	metolazone.....	65
MAXZIDE.....	64	METADATE CD.....	1	metoprolol & hydrochlorothiazide.....	33
MAXZIDE-25.....	65	metaproterenol sulfate 10 mg, 20 mg.....	15	metoprolol succinate.....	50
meclizine hcl 12.5 mg, 25 mg.....	28	metaxalone.....	78	metoprolol tartrate 100 mg, 25 mg, 50 mg.....	50
meclofenamate sodium 100 mg, 50 mg.....	3	metformin hcl 1000 mg.....	24	METOPROLOL TARTRATE 37.5 MG, 75 MG.....	50
MEDROL 16 MG, 32 MG, 4 MG, 8 MG.....	56	metformin hcl 500 mg.....	24	METROCREAM.....	64
MEDROL 2 MG.....	56	metformin hcl 750 mg.....	24	METROGEL.....	64
MEDROL DOSEPAK.....	56	metformin hcl 850 mg.....	24	METROGEL-VAGINAL.....	91
medroxyprogesterone acetate (contraceptive).....	55	methadone hcl 10 mg.....	6	METROLOTION.....	64
medroxyprogesterone acetate 10 mg, 2.5 mg, 5 mg.....	85	methadone hcl 10 mg/5ml.....	6	metronidazole (topical).....	64
mefenamic acid.....	3	methadone hcl 10 mg/ml.....	6	metronidazole 250 mg.....	9
mefloquine hcl.....	34	methadone hcl 5 mg.....	6	metronidazole 375 mg.....	9
MEGACE ES.....	85	methadone hcl 5 mg/5ml.....	6	metronidazole 500 mg.....	9
MEGACE ORAL.....	38	METHADOSE.....	6	metronidazole in nacl.....	9
megestrol acetate (appetite).....	85	METHADOSE SUGAR-FREE.....	6	metronidazole vaginal.....	91
megestrol acetate 20 mg, 40 mg.....	38	methazolamide 25 mg, 50 mg.....	64	MEVACOR.....	31
megestrol acetate 40 mg/ml, 400 mg/10ml.....	38	methenamine hippurate.....	90	mexiletine hcl.....	12
MEKINIST.....	39	methimazole 10 mg, 5 mg.....	88	MIACALCIN 200 UNIT/ACT.....	66
meloxicam 15 mg, 7.5 mg.....	3	methocarbamol 500 mg, 750 mg.....	78	MIACALCIN 200 UNIT/ML.....	66
melphalan hcl.....	36	methotrexate sodium 1 gm.....	36	MICARDIS.....	32
memantine hcl 10 mg, 5 mg.....	85	methotrexate sodium 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml.....	36	MICARDIS HCT.....	33
memantine hcl 2 mg/ml.....	85	methotrexate sodium 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg.....	36	miconazole nitrate vaginal 200 mg.....	91
MENACTRA.....	91	METHOTREXATE SODIUM 250 MG/10ML.....	36	MICRO-K.....	77
MENOMUNE-A/C/Y/W-135.....	91	methoxsalen rapid.....	60	MICROZIDE.....	65
MENOSTAR.....	68	methscopolamine bromide 2.5 mg, 5 mg.....	88		
MENTAX.....	59	methylclothiazide.....	65		
MENVEO.....	91	methyldopa.....	33		
MEPHYTON.....	92				
meprobamate.....	12				

midodrine hcl.....	92	morphine sulfate 30 mg.....	6	naltrexone hcl.....	27
miglitol.....	22	morphine sulfate 30 mg, 60		NAMENDA 10 MG, 5 MG...	85
MIGRANAL.....	76	mg.....	6	NAMENDA 10 MG/5ML.....	85
MINASTRIN 24 FE.....	54	morphine sulfate beads.....	6	NAMENDA TITRATION PAK	85
MINIPRESS.....	33	MOVANTIK.....	70	NAMENDA XR 14 MG.....	85
MINOCIN 100 MG, 50 MG...	87	MOVIPREP.....	74	NAMENDA XR 21 MG.....	85
MINOCIN 75 MG.....	87	MOXEZA.....	81	NAMENDA XR 28 MG.....	85
minocycline hcl 100 mg, 50		moxifloxacin hcl 400 mg...	69	NAMENDA XR 7 MG.....	85
mg.....	87	MOZOBIL.....	73	NAMENDA XR TITRATION	
minocycline hcl 100 mg, 50 mg,		MS CONTIN 100 MG.....	6	PACK.....	85
75 mg.....	87	MS CONTIN 15 MG.....	6	naphazoline hcl.....	81
minoxidil 10 mg, 2.5 mg.....	34	MS CONTIN 200 MG.....	6	NAPRELAN 375 MG, 500 MG	3
MIRAPEX.....	41	MS CONTIN 30 MG, 60 MG	6	NAPRELAN 750 MG.....	3
MIRAPEX ER.....	41	MULTAQ.....	13	NAPROSYN 250 MG, 375 MG,	
MIRCERA 100 MCG/0.3ML, 50		mupirocin.....	58	500 MG.....	3
MCG/0.3ML, 75 MCG/0.3ML	72	mupirocin calcium (topical)	58	naproxen 250 mg, 375 mg, 500	
MIRCERA 200 MCG/0.3ML...	72	MUSE.....	52	mg.....	3
mirtazapine.....	20	MUSTARGEN.....	36	naproxen 375 mg, 500 mg...	3
MIRVASO.....	64	MYALEPT.....	67	naproxen sodium 275 mg, 550	
misoprostol 100 mcg, 200		MYAMBUTOL 100 MG....	35	mg.....	3
mcg.....	89	MYAMBUTOL 400 MG....	35	naproxen sodium 375 mg, 500	
MITIGARE.....	71	MYCAMINE 100 MG.....	28	mg.....	3
mitomycin 20 mg, 40 mg....	38	MYCOBUTIN.....	35	naratriptan hcl.....	76
MITOMYCIN 5 MG.....	38	mycophenolate mofetil 200		NARCAN.....	27
mitoxantrone hcl.....	38	mg/ml.....	48	NARDIL.....	20
MOBIC 15 MG, 7.5 MG.....	3	mycophenolate mofetil 250		NASCOBAL.....	72
modafinil 100 mg.....	1	mg.....	48	NASONEX.....	79
modafinil 200 mg.....	1	mycophenolate mofetil 500		NATACYN.....	81
MODICON.....	54	mg.....	48	nateglinide.....	26
moexipril hcl.....	32	mycophenolate sodium 180		NATESTO.....	9
moexipril-hydrochlorothiazide		mg.....	48	NATPARA.....	66
.....	34	mycophenolate sodium 360		NEBUPENT.....	10
molindone hcl.....	44	mg.....	48	nefazodone hcl.....	21
mometasone furoate.....	62	MYFORTIC 180 MG.....	49	neomycin sulfate.....	2
mometasone furoate (nasal)	79	MYFORTIC 360 MG.....	49	neomycin-bacitracin zn-	
montelukast sodium 10 mg..	13	MYOZYME.....	67	polymyxin.....	81
montelukast sodium 4 mg, 5		MYRBETRIQ.....	90	neomycin-polymy-dexameth	82
mg.....	13	MYSOLINE.....	18	neomycin-polymyxin-gramicidin	
morphine sulfate 0.5 mg/ml...	6	MYTESI.....	27	81
morphine sulfate 1 mg/ml....	6	nabumetone.....	3	neomycin-polymyxin-hc	
morphine sulfate 10 mg.....	6	nadolol &		(ophth).....	82
morphine sulfate 10 mg/5ml...	6	bendroflumethiazide.....	34	neomycin-polymyxin-hc	
morphine sulfate 100 mg.....	6	nadolol 20 mg, 40 mg, 80		(otic).....	83
morphine sulfate 100 mg/5ml,	20	mg.....	50	neomycin/polymyxin b gu...	71
mg/ml.....	6	nafcillin sodium 10 gm....	85	NEORAL 100 MG, 25 MG...	49
morphine sulfate 15 mg.....	6	nafcillin sodium 2 gm....	85	NESINA.....	24
morphine sulfate 20 mg, 30 mg,		naftifine hcl.....	59	NEULASTA.....	73
50 mg, 60 mg, 80 mg.....	6	NAFTIN 1 %, 2 %.....	59	NEULASTA ONPRO KIT...	73
morphine sulfate 20 mg/5ml...	6	NAGLAZYME.....	67	NEUMEGA.....	73
morphine sulfate 200 mg.....	6	naloxone hcl 2 mg/2ml....	27	NEUPOGEN.....	73

NEUPRO.....	41	NIZORAL.....	59	NOVOLOG MIX 70/30	
NEURONTIN.....	18	NOR-QD.....	55	PREFILLED FLEXPEN.....	26
NEVANAC.....	82	NORDITROPIN FLEXPEN 10		NOVOLOG PENFILL.....	26
nevirapine 100 mg, 400 mg	46	MG/1.5ML, 5 MG/1.5ML...	66	NOXAFIL 100 MG.....	29
nevirapine 200 mg.....	46	norelgestromin-ethinyl		NOXAFIL 300 MG/16.7ML...	29
NEVIRAPINE 50 MG/5ML...	46	estradiol.....	55	NOXAFIL 40 MG/ML.....	29
NEXAVAR.....	39	norethin acet & estrad-fe 75mg-		NUCALA.....	13
NEXIUM 10 MG, 2.5 MG, 20 MG,		20mcg-1mg, 75mg-30mcg-		NUCYNTA 100 MG.....	6
40 MG, 5 MG.....	89	1.5mg.....	54	NUCYNTA 50 MG.....	6
NEXIUM 20 MG.....	89	norethindrone & eth		NUCYNTA 75 MG.....	6
NEXIUM 40 MG.....	89	estradiol.....	54	NUCYNTA ER 100 MG.....	6
NEXIUM I.V.....	89	norethindrone & ethinyl		NUCYNTA ER 150 MG, 200 MG,	
niacin (antihyperlipidemic)...	31	estradiol-fe.....	54	250 MG.....	6
NIASPAN.....	31	norethindrone		NUCYNTA ER 50 MG.....	6
nicardipine hcl 20 mg, 30 mg	51	(contraceptive).....	55	NUDEXTA.....	86
NICOTROL INHALER.....	87	norethindrone acet & eth estra		NULOJIX.....	49
NICOTROL NS.....	87	20mcg-1mg, 30mcg-1.5mg	54	NULYTELY/FLAVOR	
nifedipine 20 mg.....	51	norethindrone acetate.....	85	PACKS.....	74
nifedipine 30 mg, 60 mg, 90		norethindrone acetate-ethinyl		NUPLAZID.....	42
mg.....	51	estradiol 2.5mcg-0.5mg...	68	NUTROPIN AQ NUSPIN 20	
NILANDRON.....	38	norethindrone-eth estradiol		MG/2ML.....	66
nilutamide.....	38	(triphasic).....	54	NUVARING.....	55
nimodipine 30 mg, 30mg...	51	norgestimate-ethinyl		NUVIGIL 150 MG, 250 MG, 50	
NINLARO.....	39	estradiol.....	54	MG.....	2
NIPENT.....	40	norgestimate-ethinyl estradiol		NUVIGIL 200 MG.....	2
nisoldipine 17 mg, 34 mg, 8.5		(triphasic).....	54	NYMALIZE.....	51
mg.....	51	norgestrel & ethinyl		nystatin.....	28
NITRO-DUR 0.1 MG/HR, 0.2		estradiol.....	54	nystatin (mouth-throat).....	78
MG/HR, 0.4 MG/HR, 0.6		NORINYL 1+35.....	54	nystatin (topical).....	59
MG/HR.....	11	NORPACE.....	12	nystatin-triamcinolone.....	59
NITRO-DUR 0.3 MG/HR, 0.8		NORPACE CR.....	12	OCALIVA 10 MG.....	69
MG/HR.....	11	NORPRAMIN.....	22	OCALIVA 5 MG.....	69
nitrofurantoin.....	90	NORTHERA 100 MG.....	92	OCTAGAM 10 GM/100ML, 2	
nitrofurantoin macrocrystal 100		NORTHERA 200 MG.....	92	GM/20ML, 20 GM/200ML, 5	
mg.....	90	NORTHERA 300 MG.....	92	GM/50ML.....	83
nitrofurantoin macrocrystal 25		nortriptyline hcl 10 mg, 25 mg,		octreotide acetate 100 mcg/ml,	
mg, 50 mg.....	90	50 mg, 75 mg.....	22	200 mcg/ml, 50 mcg/ml.....	68
nitrofurantoin monohyd		nortriptyline hcl 10 mg/5ml.	22	OCUFEN.....	82
macro.....	90	NORVASC 10 MG.....	51	OCUFLOX.....	81
nitroglycerin 0.1 mg/hr, 0.2 mg/hr,		NORVASC 2.5 MG.....	51	ODEFSEY.....	46
0.4 mg/hr, 0.6 mg/hr.....	12	NORVASC 5 MG.....	51	ODOMZO.....	37
nitroglycerin 0.3 mg, 0.4 mg, 0.6		NORVIR.....	46	OFEV.....	87
mg.....	12	NOVOLIN 70/30.....	25	ofloxacin (ophth).....	81
nitroglycerin 0.4 mg/spray...	12	NOVOLIN 70/30 RELION...	25	ofloxacin (otic).....	83
nitroglycerin 2 %.....	11	NOVOLIN N.....	25	olanzapine.....	43
NITROGLYCERIN LINGUAL	11	NOVOLIN N RELION.....	25	olmesartan medoxomil.....	32
NITROLINGUAL.....		NOVOLIN R.....	25	olmesartan medoxomil-	
PUMPSPRAY.....	12	NOVOLIN R RELION.....	25	amlodipine-hydrochlorothiazide	
NITROMIST.....	12	NOVOLOG.....	26	34
NITROSTAT.....	12	NOVOLOG FLEXPEN.....	26		
nizatidine 150 mg, 300 mg...	89	NOVOLOG MIX 70/30.....	26		

olmesartan medoxomil-hydrochlorothiazide	34	ORENITRAM 0.25 MG, 1 MG, 2.5 MG	52	oxycodone w/ acetaminophen 5mg/5ml-325mg/5ml	8
olopatadine hcl	82	ORFADIN 10 MG, 2 MG, 20 MG, 5 MG	67	oxycodone-aspirin 4.835mg-325mg	8
olopatadine hcl (nasal)	79	ORKAMBI	87	OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	7
OLUX	62	orphenadrine citrate 100 mg	78	OXYCONTIN 80 MG	7
OLYSIO	47	ORTHO EVRA	55	oxymorphone hcl 10 mg	7
omega-3-acid ethyl esters	30	ORTHO MICRONOR	55	oxymorphone hcl 15 mg	7
omeprazole 10 mg, 20 mg, 40 mg	89	ORTHO TRI-CYCLEN	55	oxymorphone hcl 20 mg, 30 mg, 40 mg	7
omeprazole-sodium bicarbonate 20mg-1100mg	89	ORTHO TRI-CYCLEN LO	54	oxymorphone hcl 5 mg	7
omeprazole-sodium bicarbonate 20mg-1680mg	90	ORTHO-CEPT	55	oxymorphone hcl 7.5 mg	7
omeprazole-sodium bicarbonate 40mg-1100mg	89	ORTHO-CYCLEN	55	OXYTROL	90
omeprazole-sodium bicarbonate 40mg-1680mg	90	ORTHO-NOVUM 1/35	55	paclitaxel 100 mg/16.7ml	40
OMNARIS	79	ORTHO-NOVUM 7/7/7	55	PACLITAXEL 150 MG/25ML	40
OMNIPRED	82	OSENI 12.5MG-15MG	23	paclitaxel 30 mg/5ml, 300 mg/50ml	40
OMNITROPE 10 MG/1.5ML, 5 MG/1.5ML	66	OSENI 12.5MG-30MG	23	paliperidone 1.5 mg	43
ONCASPARG	39	OSENI 12.5MG-45MG, 25MG-45MG	23	paliperidone 3 mg	43
ondansetron	27	OSMOPREP	74	paliperidone 6 mg	43
ondansetron hcl 24 mg, 4 mg, 8 mg	27	OTEZLA	4	paliperidone 9 mg	43
ondansetron hcl 4 mg/2ml, 40 mg/20ml	27	OTREXUP	2	PAMELOR	22
ondansetron hcl 4 mg/5ml	27	oxaliplatin 100 mg, 50 mg	36	PAMINE	88
ONFI 10 MG	17	oxaliplatin 100 mg/20ml	36	PAMINE FORTE	88
ONFI 2.5 MG/ML	17	oxaliplatin 50 mg/10ml	36	PANCREAZE 10000UNIT-4200UNIT-17500UNIT, 25000UNIT-10500UNIT-43750UNIT, 37000UNIT-21000UNIT-61000UNIT, 40000UNIT-16800UNIT-70000UNIT	64
ONFI 20 MG	17	OXANDRIN 10 MG	8	PANCREAZE 6200UNIT-2600UNIT-10850UNIT	64
ONGLYZA	24	OXANDRIN 2.5 MG	8	PANCRELIPASE	64
ONMEL	29	oxandrolone 10 mg	8	PANRETIN	59
OPANA 10 MG	6	oxandrolone 2.5 mg	8	pantoprazole sodium 20 mg, 40 mg	89
OPANA 5 MG	6	oxaprozin	3	pantoprazole sodium 40 mg	89
OPANA ER (CRUSH RESISTANT) 40 MG	6	oxcarbazepine	18	PARAFON FORTE DSC	78
OPDIVO	37	oxiconazole nitrate	59	parenteral electrolytes	77
opium tincture	27	OXISTAT	59	paricalcitol 1 mcg, 2 mcg, 4 mcg	67
OPSUMIT	52	OXSORALEN ULTRA	60	PARLODEL	41
OPTIVAR	82	oxybutynin chloride	90	PARNATE	20
ORACEA	64	oxycodone hcl 10 mg	6	paromomycin sulfate	2
ORALAIR	50	oxycodone hcl 100 mg/5ml	6	paroxetine hcl	21
ORAP	86	oxycodone hcl 15 mg	6	PATADAY	82
ORAPRED ODT 10 MG	56	oxycodone hcl 20 mg	6	PATANASE	79
ORAPRED ODT 15 MG, 30 MG	56	oxycodone hcl 30 mg	6	PATANOL	83
ORBACTIV	10	oxycodone hcl 5 mg	6		
ORENCIA	4	OXYCODONE HCL ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	6		
ORENCIA CLICKJECT	4	OXYCODONE HCL ER 80 MG	6		
ORENITRAM 0.125 MG	52	oxycodone w/ acetaminophen 10mg-325mg, 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg	8		

PAXIL 10 MG, 20 MG, 30 MG, 40 MG	phenyleph-promethazine w/ cod	potassium chloride in dextrose & sodium chloride 0.45%-20meq/l-5%
21	57	77
PAXIL 10 MG/5ML	phenytoin 125 mg/5ml	potassium chloride microencapsulated crystals
21	19	cr.
PAXIL CR	phenytoin 50 mg	78
21	19	potassium citrate (alkalinizer)
PCE 333 MG	phenytoin sodium	1080 mg, 540 mg
75	19	71
PEDVAX HIB	phenytoin sodium extended	POTIGA 200 MG
91	19	18
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	PHOSLO	POTIGA 300 MG
74	70	18
peg 3350-potassium chloride-sod bicarbonate-sod chloride	PHOSLYRA	POTIGA 400 MG
74	70	18
PEG-INTRON	PHOSPHOLINE IODIDE	POTIGA 50 MG
47	80	18
PEG-INTRON REDIPEN	PICATO	POTIGA 50 MG
47	59	18
PEG-INTRON REDIPEN PAK 4	pilocarpine hcl (oral)	PRADAXA
47	78	16
PEGANONE	pilocarpine hcl 1 %, 2 %, 4 %	PRALUENT 150 MG/ML
19	80	31
PEGASYS	pimozide	PRALUENT 75 MG/ML
47	86	31
PEGASYS PROCLICK	pindolol	pramipexole dihydrochloride
47	50	41
PEGINTRON	pioglitazone hcl 15 mg	pramoxine-hc 1%-1%
47	24	62
penicillin g potassium	pioglitazone hcl 30 mg	PRANDIMET
84	24	23
penicillin v potassium 250 mg, 500 mg	pioglitazone hcl 45 mg	PRANDIN 0.5 MG
84	25	26
penicillin v potassium 250 mg/5ml	pioglitazone hcl-glimepiride	PRANDIN 1 MG
84	23	26
PENNSAID 1.5 %	pioglitazone hcl-metformin hcl	PRANDIN 2 MG
58	23	26
PENNSAID 2 %	piperacillin sodium-tazobactam sodium	PRAVACHOL
58	84	31
PENTAM 300	piroxicam 10 mg, 20 mg	pravastatin sodium
10	4	31
PENTASA 250 MG	PLAQUENIL	prazosin hcl
70	34	33
PENTASA 500 MG	PLAVIX 300 MG	PRECOSE
70	72	22
pentoxifylline	PLAVIX 75 MG	PRED FORTE
71	72	82
PEPCID	PLEGRIDY	PRED MILD
89	86	82
PERFOROMIST	PLEGRIDY STARTER	prednicarbate
15	86	62
perindopril erbumine 2 mg	PACK	prednisolone 15 mg/5ml
32	86	56
perindopril erbumine 4 mg	PLETAL 50 MG	prednisolone 5 mg
32	72	56
perindopril erbumine 8 mg	podofilox	prednisolone acetate (ophth)
32	63	82
PERJETA	polyethylene glycol 3350	prednisolone sodium phosphate (ophth)
37	74	82
permethrin 5 %	polymyxin b sulfate	prednisolone sodium phosphate 10 mg, 15 mg, 30 mg
64	11	56
perphenazine 16 mg, 2 mg, 4 mg, 8 mg	polymyxin b-trimethoprim	prednisolone sodium phosphate 15 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml
44	81	56
perphenazine-amitriptyline	POLYTRIM	prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg
86	81	56
PERSANTINE	POMALYST	prednisone 10 mg, 5 mg
72	38	56
PERTZYE	PONSTEL	prednisone 5 mg/5ml
64	4	56
PEXEVA	PORTRAZZA	prednisone 5 mg/ml
21	37	56
PFIZERPEN-G	potassium chloride 10 %, 20 %	PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG
84	78	68
phenelzine sulfate	potassium chloride 10 meq, 20 meq, 8 meq	PREMARIN 0.625 MG/GM
20	78	92
PHENERGAN	potassium chloride 10 meq, 8 meq	PREMPHASE
29	78	68
phenobarbital 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	potassium chloride 2 meq/ml	PREMPRO
73	78	68
phenobarbital 20 mg/5ml	POTASSIUM CHLORIDE ER	PREPOPIK
73	78	74
phenoxybenzamine hcl		PREVACID 15 MG
32		89

PREVACID 30 MG.....	89	promethazine hcl 12.5 mg, 25 mg, 50 mg.....	29	QUALAQUIN.....	34
PREVACID SOLUTAB.....	89	promethazine hcl 25 mg/ml, 50 mg/ml.....	29	QUARTETTE.....	55
PREVPAC.....	90	promethazine hcl 6.25 mg/5ml.....	29	quetiapine fumarate 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg.....	43
PREZCOBIX.....	46	PROMETRIUM.....	85	quetiapine fumarate 400 mg.....	43
PREZISTA 100 MG/ML.....	46	propafenone hcl.....	13	QUETIAPINE FUMARATE ER.....	43
PREZISTA 150 MG.....	46	propranolol hcl.....	81	quinapril hcl.....	32
PREZISTA 600 MG, 800 MG.....	46	propranolol & hydrochlorothiazide.....	34	quinapril-hydrochlorothiazide.....	34
PREZISTA 75 MG.....	46	propranolol hcl 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	50	quinidine gluconate 324 mg.....	12
PRIFTIN.....	35	propranolol hcl 120 mg, 160 mg, 60 mg, 80 mg.....	50	quinidine sulfate.....	12
PRILOSEC 10 MG, 20 MG, 40 MG.....	89	propranolol hcl 20 mg/5ml, 40 mg/5ml.....	50	quinine sulfate.....	34
primaquine phosphate.....	34	propylthiouracil.....	88	QVAR.....	15
PRIMAXIN IV.....	10	PROQUAD.....	91	RABAVERT.....	91
primidone 250 mg, 50 mg.....	18	PROSCAR.....	71	RAGWITEK.....	50
PRIMSOL.....	10	PROSOL.....	80	raloxifene hcl.....	66
PRINIVIL.....	32	PROTONIX 20 MG, 40 MG.....	89	ramipril.....	32
PRISTIQ.....	22	PROTONIX 40 MG.....	89	RANEXA.....	11
PRIVIGEN.....	83	PROTOPIC.....	63	ranitidine hcl 15 mg/ml, 150 mg/10ml, 75 mg/5ml.....	89
PROAIR HFA.....	15	protriptyline hcl.....	22	ranitidine hcl 150 mg.....	89
PROAIR RESPICLICK.....	15	PROVENTIL HFA.....	15	ranitidine hcl 150 mg, 300 mg.....	89
probenecid.....	71	PROVERA.....	85	ranitidine hcl 300 mg.....	89
PROCARDIA XL.....	51	PROVIGIL.....	2	RAPAFLO.....	71
prochlorperazine.....	44	PROZAC.....	21	RAPAMUNE 0.5 MG, 2 MG.....	49
prochlorperazine edisylate.....	44	PROZAC WEEKLY.....	21	RAPAMUNE 1 MG.....	49
prochlorperazine maleate 10 mg, 5 mg.....	44	PRUDOXIN.....	59	RAPAMUNE 1 MG/ML.....	49
PROCRIT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML.....	73	pseudoephed-cpm w/ hydrocod.....	57	RASUVO.....	2
PROCRIT 20000 UNIT/ML, 40000 UNIT/ML.....	73	PULMICORT 0.25 MG/2ML.....	14	RAVICTI.....	67
PROCTOCORT 1 %.....	9	PULMICORT 0.5 MG/2ML.....	14	RAYOS 2 MG, 5 MG.....	56
PROCYSBI.....	71	PULMICORT 1 MG/2ML.....	15	RAZADYNE.....	85
progesterone micronized 100 mg, 200 mg.....	85	PULMICORT FLEXHALER 180 MCG/ACT.....	14	RAZADYNE ER.....	85
PROGLYCEM.....	24	PULMICORT FLEXHALER 90 MCG/ACT.....	14	REBETOL 200 MG.....	47
PROGRAF 0.5 MG, 1 MG.....	49	PULMICORT FLEXHALER 180 MCG/ACT.....	14	REBETOL 40 MG/ML.....	47
PROGRAF 5 MG.....	49	PULMOZYME.....	87	REBIF.....	86
PROGRAF 5 MG/ML.....	49	PURINETHOL.....	36	REBIF REBIDOSE.....	86
PROLASTIN-C.....	87	PURIXAN.....	36	REBIF REBIDOSE TITRATIONPACK.....	86
PROLENSA.....	83	PYLERA.....	90	REBIF TITRATION PACK.....	86
PROLEUKIN.....	40	pyrazinamide.....	35	RECLAST.....	66
PROLIA.....	66	pyridostigmine bromide 180 mg.....	35	RECOMBIVAX HB.....	91
PROMACTA 12.5 MG.....	73	pyridostigmine bromide 60 mg.....	35	RECTIV.....	9
PROMACTA 25 MG.....	73	QNASL.....	79	REGLAN.....	69
PROMACTA 50 MG.....	73	QNASL CHILDRENS.....	79	REGRANEX.....	64
PROMACTA 75 MG.....	73			RELENZA DISKHALER.....	48
promethazine hcl 12.5 mg, 25 mg.....	29			RELISTOR 12 MG/0.6ML.....	70

RELISTOR 8 MG/0.4ML.....	70	ribavirin (hepatitis c).....	47	ROXICODONE 30 MG.....	7
RELPAK.....	76	RIDAURA.....	2	ROXICODONE 5 MG.....	7
REMERON.....	20	rifabutin.....	35	ROZEREM.....	74
REMERON SOLTAB.....	20	RIFADIN 300 MG.....	35	RUCONEST.....	71
REMICADE.....	70	RIFADIN 600 MG.....	35	RYTARY.....	41
REMODULIN.....	52	rifampin 150 mg, 300 mg..	35	RYTHMOL.....	13
RENAGEL 800 MG.....	70	rifampin 600 mg.....	35	RYTHMOL SR.....	13
RENVELA.....	70	RIFATER.....	35	SABRIL.....	19
repaglinide 0.5 mg.....	26	RILUTEK.....	79	SAFYRAL.....	55
repaglinide 1 mg.....	26	riluzole.....	79	SALAGEN.....	78
repaglinide 2 mg.....	26	rimantadine hydrochloride.	48	SAMSCA.....	68
repaglinide-metformin hcl ..	23	RIOMET.....	24	SANCUSO.....	27
REPATHA.....	31	risedronate sodium 150		SANDIMMUNE 100 MG, 25	
REPATHA PUSHTRONEX		mg.....	66	MG.....	49
SYSTEM.....	31	risedronate sodium 30 mg, 5		SANDIMMUNE 100 MG/ML.	49
REPATHA SURECLICK.....	31	mg.....	66	SANDIMMUNE 50 MG/ML..	49
REQUIP.....	41	risedronate sodium 35 mg.	66	SANDOSTATIN 100	
REQUIP XL.....	41	RISPERDAL.....	43	MCG/ML.....	68
RESCRIPTOR 100 MG.....	46	RISPERDAL CONSTA 12.5		SANDOSTATIN 200 MCG/ML, 50	
RESCRIPTOR 200 MG.....	46	MG.....	43	MCG/ML.....	68
RESERPINE 0.1 MG.....	33	RISPERDAL CONSTA 25		SANDOSTATIN LAR DEPOT 20	
RESERPINE 0.25 MG.....	33	MG.....	43	MG, 30 MG.....	68
RESTASIS.....	81	RISPERDAL CONSTA 37.5		SANTYL.....	63
RESTASIS MULTIDOSE.....	81	MG.....	43	SAPHRIS 10 MG.....	44
RESTORIL.....	73	RISPERDAL CONSTA 50		SAPHRIS 2.5 MG.....	44
RETIN-A.....	58	MG.....	43	SAPHRIS 5 MG.....	44
RETIN-A MICRO.....	58	RISPERDAL M-TAB.....	43	SAVAYSA.....	16
RETIN-A MICRO PUMP 0.04 %, 0.1 %.....	58	risperidone.....	43	SAVELLA.....	86
RETIN-A MICRO PUMP 0.08 %.....	58	RITALIN.....	2	SAVELLA TITRATION	
RETROVIR.....	46	RITALIN LA 10 MG, 60 MG.	2	PACK.....	86
RETROVIR IV INFUSION.....	46	RITALIN LA 20 MG, 30 MG, 40		SEASONIQUE.....	55
REVATIO 10 MG/12.5ML.....	52	MG.....	2	SECTRAL.....	50
REVATIO 20 MG.....	52	RITUXAN.....	37	selegiline hcl.....	42
REVIA.....	27	rivastigmine.....	85	selenium sulfide 2.5 %.....	60
REVLIMID.....	48	rivastigmine tartrate.....	86	SELZENTRY.....	46
REXULTI 0.25 MG.....	45	rizatriptan benzoate 10 mg.	76	SEMPREX-D.....	57
REXULTI 0.5 MG.....	45	rizatriptan benzoate 5 mg..	76	SENSIPAR.....	67
REXULTI 1 MG.....	45	ROBAXIN 500 MG.....	78	SEREVENT DISKUS.....	15
REXULTI 2 MG.....	45	ROBAXIN-750.....	78	SEROQUEL 100 MG, 200 MG, 25 MG, 50 MG.....	44
REXULTI 3 MG.....	45	ROBINUL 0.2 MG/ML.....	88	SEROQUEL 300 MG, 400	
REXULTI 4 MG.....	45	ROBINUL 1 MG.....	88	MG.....	44
REYATAZ.....	46	ROBINUL FORTE.....	88	SEROQUEL XR 150 MG, 200	
REZIRA.....	57	ROCALTROL.....	67	MG, 300 MG, 50 MG.....	44
RHEUMATREX.....	2	ropinirole hydrochloride....	41	SEROQUEL XR 400 MG....	44
RHINOCORT AQUA.....	79	rosuvastatin calcium.....	31	SEROSTIM 4 MG, 6 MG....	66
		ROTARIX.....	91	sertraline hcl 100 mg, 25 mg, 50	
		ROTATEQ.....	91	mg.....	21
		ROWASA.....	70	sertraline hcl 20 mg/ml.....	21
		ROXICODONE 15 MG.....	7	SIGNIFOR.....	68

SIGNIFOR LAR 20 MG.....	68	sotalol hcl.....	50	SUBOXONE.....	8
SIGNIFOR LAR 40 MG.....	68	sotalol hcl (afib/afI).....	50	SUBSYS 100 MCG, 200 MCG7	
SIGNIFOR LAR 60 MG.....	68	Sotalol Hcl IV Soln.....	50	SUBSYS 1200 MCG.....	7
sildenafil citrate (pulmonary hypertension) 10 mg/12.5ml.	52	SOTYLIZE.....	50	SUBSYS 1600 MCG, 400 MCG, 600 MCG, 800 MCG.....	7
sildenafil citrate (pulmonary hypertension) 20 mg.....	52	SOVALDI.....	47	sucralfate.....	89
SILENOR.....	73	SPIRIVA HANDIHALER... 13		SULAR.....	51
SILVADENE.....	60	SPIRIVA RESPIMAT 1.25 MCG/ACT, 2.5 MCG/ACT. 13		sulfacetamide sod- prednisolone.....	82
silver sulfadiazine.....	60	SPIRIVA RESPIMAT 2.5 MCG/ACT.....	13	sulfacetamide sodium (acne)58	
SIMBRINZA.....	80	spironolactone & hydrochlorothiazide.....	65	sulfacetamide sodium (ophth).....	81
SIMPONI.....	2	spironolactone 100 mg, 25 mg, 50 mg.....	65	sulfadiazine.....	87
SIMPONI ARIA.....	2	SPORANOX 10 MG/ML... 29		sulfamethoxazole-trimethoprim	10
SIMULECT.....	49	SPORANOX 100 MG..... 29		SULFAMETHOXAZOLE/TRIMET HOPRIM.....	10
simvastatin 10 mg.....	31	SPORANOX PULSEPAK... 29		SULFAMYLON 85 MG/GM... 60	
simvastatin 20 mg.....	31	SPRITAM 1000 MG..... 18		sulfasalazine.....	70
simvastatin 40 mg.....	31	SPRITAM 250 MG..... 18		sulindac 150 mg, 200 mg..... 4	
simvastatin 5 mg.....	31	SPRITAM 500 MG..... 18		sumatriptan 20 mg/act..... 76	
simvastatin 80 mg.....	31	SPRITAM 750 MG..... 18		sumatriptan 5 mg/act..... 76	
SINEMET.....	42	SPRYCEL.....	39	sumatriptan succinate 100 mg.....	77
SINEMET CR.....	42	STALEVO 100.....	42	sumatriptan succinate 25 mg77	
SINGULAIR 10 MG.....	13	STALEVO 125.....	42	sumatriptan succinate 4 mg/0.5ml.....	76
SINGULAIR 4 MG, 5 MG... 13		STALEVO 150.....	42	sumatriptan succinate 50 mg77	
sirolimus.....	49	STALEVO 200.....	42	sumatriptan succinate 6 mg/0.5ml.....	77
SIRTURO.....	35	STALEVO 50.....	42	SUMATRIPTAN SUCCINATE 6 MG/0.5ML.....	77
SIVEXTRO.....	11	STALEVO 75.....	42	SUMAVEL DOSEPRO..... 77	
SKELAXIN.....	78	STARLIX.....	26	SUPRAX 400 MG..... 54	
sodium chloride (gu irrigant). 71		stavudine.....	46	SUPREP BOWEL PREP... 74	
sodium chloride 0.45 %..... 78		STAXYN.....	52	SURMONTIL.....	22
sodium chloride 0.9 %..... 78		STELARA 45 MG/0.5ML, 90 MG/ML.....	60	SUSTIVA 200 MG, 50 MG... 46	
sodium fluoride 1 mg..... 77		STENDRA.....	52	SUSTIVA 600 MG..... 46	
sodium polystyrene sulfonate.....	49	STIMATE.....	67	SUTENT.....	39
sodium polystyrene sulfonate 15 gm/60ml.....	49	STIOLTO RESPIMAT... 15		SYLATRON.....	40
SOLARAZE.....	59	STIVARGA.....	39	SYMBICORT 4.5MCG/ACT- 160MCG/ACT.....	15
SOLTAMOX.....	38	STRATTERA 10 MG..... 1		SYMBICORT 4.5MCG/ACT- 160MCG/ACT, 4.5MCG/ACT- 80MCG/ACT.....	15
SOLU-CORTEF 100 MG, 250 MG.....	56	STRATTERA 100 MG..... 1		SYMBICORT 4.5MCG/ACT- 80MCG/ACT.....	15
SOLU-MEDROL 1000 MG, 125 MG, 40 MG.....	56	STRATTERA 18 MG..... 1		SYMLINPEN 120.....	22
SOLU-MEDROL 2 GM.....	56	STRATTERA 25 MG..... 1		SYMLINPEN 60.....	22
SOMA.....	78	STRATTERA 40 MG..... 1		SYNAGIS.....	84
SOMATULINE DEPOT..... 68		STRATTERA 60 MG..... 1		SYNALAR.....	62
SOMAVERT.....	66	STRATTERA 80 MG..... 1		SYNAREL.....	67
SONATA.....	73	STRENSIQ.....	67		
SOOLANTRA.....	64	STRIBILD.....	46		
SORIATANE.....	60	STRIVERDI RESPIMAT... 15			
SORILUX.....	60	STROMECTOL.....	9		

SYNERCID.....	11	TEMOVATE.....	63	TIGECYCLINE.....	10
SYNJARDY 12.5MG-1000MG, 5MG-1000MG.....	23	TEMOVATE E.....	63	TIKOSYN.....	13
SYNJARDY 12.5MG-500MG, 5MG-500MG.....	23	TENEX.....	33	timolol maleate (ophth).....	80
SYNRIBO.....	40	TENIVAC.....	88	timolol maleate 10 mg.....	50
SYNTHROID.....	88	TENORETIC 100.....	34	timolol maleate 20 mg.....	50
SYPRINE.....	48	TENORETIC 50.....	34	timolol maleate 5 mg.....	50
TABLOID.....	36	TENORMIN.....	50	TIMOPTIC.....	80
TACLONEX.....	62	TERAZOL 3.....	91	TIMOPTIC OCUDOSE.....	80
tacrolimus (topical).....	63	TERAZOL 7.....	91	TIMOPTIC-XE.....	80
tacrolimus 0.5 mg, 1 mg.....	49	terazosin hcl.....	33	TINDAMAX.....	10
tacrolimus 5 mg.....	49	terbinafine hcl.....	28	tinidazole 250 mg, 500 mg.....	10
TAFINLAR.....	39	terbutaline sulfate 2.5 mg, 5 mg.....	16	TIVICAY 10 MG.....	46
TAGRISSE.....	39	terconazole vaginal.....	91	TIVICAY 25 MG, 50 MG.....	46
TALTZ.....	60	TESSALON PERLES.....	57	tizanidine hcl 2 mg.....	78
TALWIN.....	8	TESTIM.....	9	tizanidine hcl 4 mg.....	78
TAMIFLU 30 MG, 45 MG.....	48	TESTOSTERONE 1 %, 10 MG/ACT, 25 MG/2.5GM, 50 MG/5GM.....	9	tizanidine hcl 6 mg.....	78
TAMIFLU 6 MG/ML.....	48	testosterone 1 %, 25 mg/2.5gm, 50 mg/5gm.....	9	TOBI.....	2
TAMIFLU 75 MG.....	48	testosterone cypionate.....	9	TOBI PODHALER.....	2
tamoxifen citrate 10 mg, 20 mg.....	38	testosterone enanthate.....	9	TOBRADEX.....	82
tamsulosin hcl.....	71	TESTOSTERONE PUMP.....	9	TOBRADEX ST.....	82
TANZEUM.....	24	TETANUS/DIPHThERIA TOXOIDS-ADSORBED.....	88	tobramycin.....	2
TARCEVA.....	39	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	88	tobramycin (ophth).....	81
TARGRETIN 1 %.....	59	tetrabenazine.....	86	tobramycin sulfate 1.2 gm.....	2
TARGRETIN 75 MG.....	40	tetracycline hcl 250 mg, 500 mg.....	87	tobramycin sulfate 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml.....	2
TARKA 2MG-240MG, 4MG- 240MG.....	34	tetrahydrozoline hcl.....	79	tobramycin-dexamethasone.....	82
TASIGNA.....	39	THALOMID.....	48	TOBREX.....	81
TASMAR.....	41	theophylline 100 mg, 200 mg, 300 mg, 450 mg.....	16	TOFRANIL-PM.....	22
TAXOTERE.....	40	theophylline 400 mg, 600 mg.....	16	tolazamide 500 mg.....	27
TAZORAC.....	60	THERACYS.....	40	tolbutamide.....	27
TECENTRIQ.....	37	thioridazine hcl 10 mg, 100 mg, 25 mg, 50 mg.....	44	tolcapone.....	41
TECFIDERA.....	86	THIOTEPA.....	36	tolmetin sodium 200 mg.....	4
TECFIDERA STARTER PACK.....	86	thiothixene.....	45	tolmetin sodium 400 mg.....	4
TECHNIVIE.....	47	THYMOGLOBULIN.....	49	tolmetin sodium 600 mg.....	4
TEFLARO 600 MG.....	54	tiagabine hcl.....	19	tolterodine tartrate.....	90
TEGRETOL.....	19	TIAZAC.....	51	TOPAMAX.....	19
TEGRETOL-XR.....	19	TICE BCG.....	40	TOPAMAX SPRINKLE.....	19
TEKTURNA.....	34	ticlopidine hcl.....	72	TOPICORT.....	63
TEKTURNA HCT.....	34	TIGAN 100 MG/ML.....	28	topiramate 100 mg, 200 mg, 25 mg, 50 mg.....	19
telmisartan.....	32	TIGAN 300 MG.....	28	topiramate 15 mg, 25 mg.....	19
telmisartan-amlodipine.....	34			topotecan hcl 4 mg.....	41
telmisartan-hydrochlorothiazide	34			TOPROL XL.....	50
temazepam.....	73			TORISEL.....	39
TEMODAR 100 MG.....	36			torsemide 10 mg, 100 mg, 20 mg, 5 mg.....	65
				TOUJEO SOLOSTAR.....	26

TOVIAZ.....	90	TRIGLIDE.....	30	UROCIT-K 5.....	71
TRACLEER.....	52	trihexyphenidyl hcl.....	41	UROXATRAL.....	71
TRADJENTA.....	24	TRILEPTAL.....	19	URSO 250.....	69
tramadol hcl 100 mg.....	7	TRILIPIX.....	30	URSO FORTE.....	69
tramadol hcl 200 mg.....	7	trimethobenzamide hcl.....	28	ursodiol 250 mg, 500 mg.....	69
tramadol hcl 300 mg.....	7	trimethoprim.....	10	ursodiol 300 mg.....	69
tramadol hcl 50 mg.....	7	trimipramine maleate 100 mg, 25 mg, 50 mg.....	22	UVADEX.....	40
tramadol-acetaminophen.....	8	TRINATAL RX 1.....	78	VAGIFEM.....	92
trandolapril.....	32	TRINTELLIX 10 MG.....	21	valacyclovir hcl 1 gm, 1000 mg, 500 mg.....	48
trandolapril-verapamil hcl 2mg- 240mg, 4mg-240mg.....	34	TRINTELLIX 20 MG.....	21	VALCHLOR.....	59
tranexamic acid 1000 mg/10ml.....	73	TRINTELLIX 5 MG.....	21	VALCYTE.....	47
tranexamic acid 650 mg.....	73	TRISENOX.....	40	valganciclovir hcl.....	47
TRANSDERM-SCOP.....	28	TRIUMEQ.....	46	VALIUM.....	12
TRANXENE T.....	12	TRIZIVIR.....	46	valproate sodium 100 mg/ml, 500 mg/5ml.....	20
tranylcypromine sulfate.....	20	tropium chloride.....	90	valproate sodium 250 mg/5ml.....	20
TRAVATAN Z.....	83	TRULICITY.....	24	valproic acid.....	20
travoprost.....	83	TRUSOPT.....	83	valsartan.....	32
trazodone hcl 100 mg, 150 mg, 300 mg, 50 mg.....	21	TRUVADA 150MG-100MG, 200MG-133MG, 250MG- 167MG.....	46	valsartan-hydrochlorothiazide	34
TREANDA.....	36	TRUVADA 300MG-200MG.....	46	VALSTAR.....	38
TRECATOR.....	35	TUDORZA PRESSAIR.....	13	VALTREX.....	48
TRELSTAR.....	38	TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	57	VANCOGIN HCL.....	10
TRELSTAR MIXJECT 11.25 MG, 3.75 MG.....	38	TWINRIX.....	91	vancomycin hcl 10 gm, 1000 mg, 5000 mg.....	10
TRELSTAR MIXJECT 22.5 MG.....	38	TWYNSTA.....	34	vancomycin hcl 125 mg, 250 mg.....	10
TRESIBA FLEXTOUCH 100 UNIT/ML.....	26	TYBOST.....	46	vancomycin hcl 500 mg.....	10
TRESIBA FLEXTOUCH 200 UNIT/ML.....	26	TYGACIL.....	10	VANCOMYCIN HCL IN DEXTROSE.....	10
tretinoin (chemotherapy).....	40	TYKERB.....	39	VANOS.....	63
tretinoin 0.01 %, 0.025 %, 0.05 %.....	58	TYPHIM VI.....	91	VANTAS.....	38
tretinoin 0.025 %, 0.05 %, 0.1 %.....	58	TYSABRI.....	86	VAQTA.....	91
tretinoin microsphere.....	58	TYVASO.....	52	VARIVAX.....	91
TREXIMET 10MG-60MG.....	75	TYVASO REFILL.....	52	VARIZIG 125 UNIT/1.2ML.....	84
TREXIMET 85MG-500MG.....	75	TYVASO STARTER.....	52	VARUBI.....	28
triamcinolone acetonide (mouth).....	78	TYZEKA.....	47	VASCEPA 0.5 GM.....	30
triamcinolone acetonide (nasal).....	79	UCERIS 2 MG/ACT.....	9	VASCEPA 1 GM.....	30
triamcinolone acetonide (topical).....	63	UCERIS 9 MG.....	56	VASERETIC.....	34
triamterene & hydrochlorothiazide.....	65	ULORIC.....	71	VASOTEC 10 MG.....	32
TRIBENZOR.....	34	ULTRACET.....	8	VASOTEC 2.5 MG.....	32
TRICOR.....	30	ULTRAM.....	7	VASOTEC 20 MG.....	32
trifluoperazine hcl.....	44	ULTRAM ER 100 MG.....	7	VASOTEC 5 MG.....	32
trifluridine.....	81	ULTRAM ER 200 MG.....	7	VECTIBIX.....	37
		ULTRAM ER 300 MG.....	7	VECTICAL.....	60
		ULTRAVATE.....	63	VELCADE.....	39
		UNASYN 1GM-2GM.....	84	VELPHORO.....	70
		UPTRAVI.....	52		
		UROCIT-K 10.....	71		

VELTASSA 16.8 GM.....	49	VIIBRYD STARTER PACK	21	VYVANSE 60 MG.....	1
VELTASSA 25.2 GM.....	49	VIMIZIM.....	67	VYVANSE 70 MG.....	1
VELTASSA 8.4 GM.....	49	VIMOVO.....	4	warfarin sodium.....	16
VELTIN.....	58	VIMPAT 10 MG/ML.....	19	water for irrigation, sterile...	49
VENCLEXTA.....	37	VIMPAT 100 MG, 50 MG..	19	WELCHOL.....	30
VENCLEXTA STARTING		VIMPAT 150 MG, 200 MG.	19	WELLBUTRIN 100 MG.....	20
PACK.....	37	VIMPAT 200 MG/20ML....	19	WELLBUTRIN 75 MG.....	20
venlafaxine hcl 100 mg.....	22	VINBLASTINE SULFATE..	40	WELLBUTRIN SR 100 MG..	20
venlafaxine hcl 150 mg.....	22	vincristine sulfate.....	41	WELLBUTRIN SR 150 MG..	20
venlafaxine hcl 25 mg.....	22	vinorelbine tartrate 10 mg/ml,		WELLBUTRIN SR 200 MG..	20
venlafaxine hcl 37.5 mg.....	22	50 mg/5ml.....	41	WELLBUTRIN XL 150 MG..	20
venlafaxine hcl 50 mg.....	22	VIOKACE.....	64	WELLBUTRIN XL 300 MG..	20
venlafaxine hcl 75 mg.....	22	VIRACEPT.....	46	WESTCORT.....	63
VENLAFAXINE HCL ER.....	22	VIRAMUNE 200 MG.....	46	XALATAN.....	83
VENTAVIS 10 MCG/ML.....	52	VIRAMUNE 50 MG/5ML....	46	XALKORI.....	39
VENTAVIS 20 MCG/ML.....	52	VIRAMUNE XR 100 MG....	46	XANAX.....	12
VENTOLIN HFA.....	16	VIRAMUNE XR 400 MG....	46	XANAX XR.....	12
VERAMYST.....	79	VIRAZOLE.....	48	XARELTO.....	16
verapamil hcl 100 mg, 120 mg,		VIREAD.....	46	XARELTO STARTER PACK.	16
180 mg, 200 mg, 240 mg, 300		VIROPTIC.....	81	XELJANZ.....	2
mg, 360 mg.....	51	VISTARIL.....	12	XELJANZ XR.....	2
verapamil hcl 120 mg, 180 mg,		VISTIDE.....	47	XENAZINE.....	86
240 mg.....	51	VITEKTA.....	47	XEOMIN.....	80
verapamil hcl 120 mg, 40 mg, 80		VIVELLE-DOT.....	69	XERESE.....	60
mg.....	51	VOGELXO.....	9	XGEVA.....	66
VERELAN.....	51	VOGELXO PUMP.....	9	XIAFLEX.....	48
VERELAN PM.....	51	VOLTAREN.....	58	XIFAXAN.....	10
VERSACLOZ.....	44	voriconazole 200 mg.....	29	XIGDUO XR 10MG-1000MG,	
VESICARE.....	90	voriconazole 200 mg, 50		10MG-500MG.....	23
VEXOL.....	82	mg.....	29	XIGDUO XR 5MG-1000MG,	
VFEND 200 MG, 50 MG.....	29	voriconazole 40 mg/ml.....	29	5MG-500MG.....	23
VFEND 40 MG/ML.....	29	VOTRIENT.....	39	XOLAIR.....	13
VFEND IV.....	29	VPRIV.....	72	XOPENEX.....	16
VIAGRA.....	52	VRAYLAR.....	42	XOPENEX CONCENTRATE	16
VIBERZI.....	70	VRAYLAR 1.5 MG.....	42	XOPENEX HFA.....	16
VIBRAMYCIN 100 MG.....	88	VRAYLAR 3 MG.....	42	XTANDI.....	38
VIBRAMYCIN 25 MG/5ML....	88	VRAYLAR 4.5 MG.....	42	XYLOCAINE 1 %, 2 %.....	74
VIBRAMYCIN 50 MG/5ML....	88	VRAYLAR 6 MG.....	42	XYLOCAINE 4 %.....	63
VICTOZA.....	24	VYTORIN 10MG-10MG....	29	XYLOCAINE-MPF 1 %.....	74
VICTRELIS.....	47	VYTORIN 10MG-20MG....	29	XYREM.....	85
VIDAZA.....	36	VYTORIN 40MG-10MG....	29	XYZAL.....	29
VIDEX EC.....	46	VYTORIN 80MG-10MG....	29	YASMIN 28.....	55
VIDEXPEDIATRIC.....	46	VYVANSE 10 MG.....	1	YAZ.....	55
VIEKIRA PAK.....	47	VYVANSE 20 MG.....	1	YERVOY.....	37
VIGAMOX.....	81	VYVANSE 30 MG.....	1	YF-VAX.....	91
VIIBRYD.....	21	VYVANSE 40 MG.....	1	YONDELIS.....	36
VIIBRYD 10 MG, 20 MG, 40		VYVANSE 50 MG.....	1	zafirlukast.....	13
MG.....	21				

zaleplon.....	73	ZIRGAN.....	81	ZORTRESS 0.25 MG.....	49
ZALTRAP.....	36	ZITHROMAX 1 GM.....	75	ZORTRESS 0.5 MG, 0.75	
ZANAFLEX 2 MG.....	79	ZITHROMAX 100 MG/5ML, 200		MG.....	49
ZANAFLEX 4 MG.....	79	MG/5ML.....	75	ZOSTAVAX.....	91
ZANAFLEX 6 MG.....	79	ZITHROMAX 250 MG, 500 MG,		ZOSYN 0.25GM-2GM, 0.375GM-	
ZANOSAR.....	36	600 MG.....	75	3GM, 0.5GM-4GM, 4.5GM-	
ZANTAC 150 MG.....	89	ZITHROMAX 500 MG.....	75	36GM.....	84
ZANTAC 300 MG.....	89	ZITHROMAX TRI-PAK.....	75	ZOSYN 0.375GM/50ML-	
ZARONTIN.....	19	ZITHROMAX Z-PAK.....	75	3GM/50ML-5%.....	84
ZARXIO.....	73	ZOCOR 10 MG.....	31	ZOVIRAX 200 MG.....	48
ZAVESCA.....	72	ZOCOR 20 MG.....	31	ZOVIRAX 200 MG/5ML.....	48
ZEBETA.....	50	ZOCOR 40 MG.....	31	ZOVIRAX 400 MG, 800 MG.....	48
ZEGERID 20MG-1100MG.....	90	ZOCOR 5 MG.....	31	ZOVIRAX 5 %.....	60
ZEGERID 20MG-1680MG.....	90	ZOCOR 80 MG.....	31	ZUBSOLV 1.4MG-0.36MG,	
ZEGERID 40MG-1100MG.....	90	ZOFRAN 4 MG, 8 MG.....	28	5.7MG-1.4MG, 8.6MG-2.1MG.....	8
ZEGERID 40MG-1680MG.....	90	ZOFRAN 4 MG/5ML.....	28	ZUBSOLV 11.4MG-2.9MG,	
ZELAPAR.....	42	ZOFRAN 40 MG/20ML.....	27	2.9MG-0.71MG.....	8
ZELBORAF.....	39	ZOFRAN ODT.....	27	ZUTRIPRO.....	57
ZEMAIRA.....	87	ZOFRAN ODT.....	27	ZYBAN.....	87
ZEMBRACE SYMTOUCH.....	77	ZOFRAN ODT.....	27	ZYCLARA.....	63
ZEMPLAR 1 MCG, 2 MCG.....	67	ZOHYDRO ER 10 MG, 15 MG,		ZYCLARA PUMP.....	63
ZENPEP 10000UNIT-3000UNIT-		20 MG, 30 MG, 40 MG, 50		ZYDELIG.....	39
16000UNIT, 17000UNIT-		MG.....	7	ZYFLO CR.....	13
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34000UNIT-10000UNIT-		ZOLEDRONIC ACID 4 MG.....	66	ZYLET.....	82
55000UNIT, 51000UNIT-		zoledronic acid 4 mg/5ml.....	66	ZYLOPRIM 100 MG.....	71
15000UNIT-82000UNIT,		zoledronic acid 5		ZYLOPRIM 300 MG.....	71
68000UNIT-20000UNIT-		mg/100ml.....	66	ZYMAXID.....	81
109000UNIT, 85000UNIT-		ZOLINZA.....	39	ZYPREXA 10 MG.....	44
25000UNIT-136000UNIT.....	64	zolmitriptan 2.5 mg.....	77	ZYPREXA 10 MG, 2.5 MG, 5	
ZENPEP 136000UNIT-		zolmitriptan 5 mg.....	77	MG, 7.5 MG.....	44
40000UNIT-218000UNIT.....	64	ZOLOFT.....	21	ZYPREXA 15 MG, 20 MG.....	44
ZEPATIER.....	47	zolpidem tartrate 1.75 mg, 3.5		ZYPREXA RELPREVV 210	
ZERIT.....	47	mg.....	74	MG.....	44
ZESTORETIC.....	34	zolpidem tartrate 10 mg.....	74	ZYPREXA ZYDIS.....	44
ZESTRIL.....	32	zolpidem tartrate 12.5 mg.....	74	ZYTIGA.....	38
ZETIA.....	31	zolpidem tartrate 5 mg.....	74	ZYVOX 100 MG/5ML.....	11
ZETONNA.....	79	zolpidem tartrate 6.25 mg.....	74	ZYVOX 200 MG/100ML.....	11
ZIAC.....	34	ZOLPIMIST.....	74	ZYVOX 600 MG.....	11
ZIAGEN 20 MG/ML.....	47	ZOMACTON 5 MG.....	66	ZYVOX 600 MG/300ML.....	11
ZIAGEN 300 MG.....	47	ZOMETA 4 MG/5ML.....	66		
ZIANA.....	58	ZOMIG 2.5 MG.....	77		
zidovudine.....	47	ZOMIG 5 MG.....	77		
ZINACEF 1.5 GM.....	53	ZOMIG NASAL SPRAY.....	77		
ZINECARD.....	40	ZOMIG ZMT 2.5 MG.....	77		
ZIOPTAN.....	83	ZOMIG ZMT 5 MG.....	77		
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This formulary was updated on 12/1/2016. For more recent information or other questions, please contact Health Net at:

Arizona Plans: 1-800-977-7522

California HMO Plans: 1-800-275-4737

California PPO Plans: 1-800-960-4638

Oregon/Washington Plans: 1-888-445-8913

or, for **TTY users, 711**, 8:00 a.m. - 8:00 p.m., seven days a week (automated telephone service is used on some weekends and holidays), or visit **www.healthnet.com/medicare**.

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Esta información está disponible en forma gratuita en otros idiomas. Por favor llame a nuestro número de servicio al cliente al número de teléfono que aparece arriba.

本資訊備有其他語言版本，可免費提供。請撥打本冊子開頭所列的免付費電話，聯絡我們的客戶服務部。

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