



Health Net Seniority Plus Employer (HMO)

2019 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 19530, Version Number 8

This formulary was updated on 09/01/2018. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 (UC Employees: 1-800-539-4072) or, for TTY users, 711. From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m., from April 1 to September 30; you can call us Monday through Friday from 8 a.m. to 8 p.m. or visit www.healthnet.com/GroupMedicareFormulary.

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 Seniority Plus Employer (HMO). When it refers to “plan” or “our plan,” it means Health Net of California, Inc. and Health Net Community Solutions, Inc.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2018. 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, 2020, and from time to time during the year.

What is the Health Net Seniority Plus Employer (HMO) 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 plan 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market (see bullets below for more information on changes that affect members currently taking the drug). 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Health Net Seniority Plus Employer (HMO)’s Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. 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 30 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 30-day supply of the drug.

The enclosed formulary is current as of 09/01/2018. To get updated information about the drugs covered by Health Net Seniority Plus Employer (HMO), 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. - Drugs to Treat Heart and Circulation Conditions.” 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, Health Net Seniority Plus Employer (HMO) provides one tablet 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 Web site. 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 Seniority Plus Employer (HMO) formulary?" on page v 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 us.
- 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 Seniority Plus Employer (HMO) 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 this drug is not on the specialty tier. 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 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.

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 Seniority Plus Employer (HMO) 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., ELIQUIS TABS) and generic drugs are listed in lower-case italics (e.g., *warfarin sodium tabs*).

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

Abbreviations

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

Abbreviation	Definition	Description
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.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services from October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. Our contact information appears on the front and back covers. TTY users should call 711.
MO	Mail Order	This drug is available at our mail order pharmacy in addition to other network pharmacies.
NDS	Non-Extended Day Supply	This prescription drug may not be available for an extended day supply. Call Member Services to ask if the drug is available as an extended supply.
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 we will cover. For example, we cover one tablet per day per prescription for simvastatin 40 mg. This may be in addition to a standard one-month or three-month supply limit.

Abbreviation	Definition	Description
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 our Medicare Part D plans.
SL	Safety Limit	This drug has a maximum daily dose limit for safety supported by the FDA. This means that we will not cover more than the maximum daily dose. For example, the FDA maximum daily dose of <i>ibuprofen</i> is 3200 mg. Therefore, we will only cover four tablets per day for <i>ibuprofen 800 mg</i> .
ST	Step Therapy	<p>This drug requires step therapy. This means that you must first try certain drugs to treat your medical condition before we cover another drug for that condition.</p> <p>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.</p>
*	Additional Gap Coverage	For some Employer Group 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.
+	Additional Gap Coverage	<p>Only for some Health Net Seniority Plus Employer (HMO) plans:</p> <p>We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>

Formulary tier descriptions

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) for a one-month supply of drugs in each tier. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your *Evidence of Coverage* and other plan materials.

Tier	Copayment/ Coinsurance	Description
Tier 1 (Preferred Generic Drugs)	Tier 1 copayment	Includes preferred generic drugs.
Tier 2 (Preferred Brand Drugs)	Tier 2 copayment	Includes preferred brand drugs.
Tier 3 (Non-Preferred Drugs)	Tier 3 copayment	Includes non-preferred brand drugs and may include some generic drugs.
Tier 4 (Injectable Drugs)	Tier 4 copayment	Includes injectable drugs that do not meet the CMS cost threshold required to be placed on Tier 5.
Tier 5 (Specialty Tier)	Tier 5 copayment or coinsurance	Includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

Note: If NF is displayed in the Drug Tier column, this means the drug is not covered on the formulary. You may request an exception from us to cover these non-formulary drugs. 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.



Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

تتبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم.
ARABIC California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)
(مكلا و مصلافتا ه مقر: 711).

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ։
ARMENIAN Զանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO) (TTY: 711).

注意：如果您說中文，您可以免費獲得語言援助服務。請致電
CHINESE California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737
(all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii,
CUSHITE kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous
FRENCH sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
GERMAN Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913
(HMO and PPO) (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया
HINDI California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737
(all other HMO) (TTY: 711). पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab
HMONG dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO
SNP), 1-800-275-4737 (all other HMO) (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援サービスをご利用い
ただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711)
にお電話ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수
KOREAN 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)
번으로 전화해 주십시오.

MON-KHMER
CAMBODIAN

ធមាហអាហ្វេណា: លេខទូរសព្ទកន្លែងយាយកាសាខ្មោះ សែវភ័ណីយាយកាសាដោយតែគត់តម្លៃ គមានសរបតែង។ សូមចូរសំពួលទៅលេខ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។

PERSIAN

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
لطفاً با شماره California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) تماس بگیرید.

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).

THAI

ເຮືອນ: ປ້າຄຸນພູດການຍໍາໄຫຍ້ບົງການຂ່າຍແລ້ວທາງການຢ່າໄດ້ພົງ ໂທຣ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS <i>(Amphetamine-Dextroamphetamine)</i>	NF	MO
ADDERALL XR CP24 <i>(Amphetamine-Dextroamphetamine)</i>	NF	MO
<i>amphetamine-dextroamphetamine cp24</i>	1	MO; *
<i>amphetamine-dextroamphetamine tabs</i>	1	MO; *
DEXEDRINE CP24 <i>(Dextroamphetamine Sulfate)</i>	NF	MO
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	MO; *
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg, 2.5 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>atomoxetine hcl caps 10 mg</i>	1	SL(10 ea daily); MO; *
<i>atomoxetine hcl caps 100 mg</i>	1	SL(1 ea daily); MO; *
<i>atomoxetine hcl caps 18 mg</i>	1	SL(5.55 ea daily); MO; *
<i>atomoxetine hcl caps 25 mg</i>	1	SL(4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl caps 40 mg</i>	1	SL(2.5 ea daily); MO; *
<i>atomoxetine hcl caps 60 mg</i>	1	SL(1.66 ea daily); MO; *
<i>atomoxetine hcl caps 80 mg</i>	1	SL(1.25 ea daily); MO; *
<i>guanfacine hcl (adhd) tb24</i>	1	AL(Up to 64 yrs old); MO; *
INTUNIV TB24 <i>(Guanfacine HCl (ADHD))</i>	NF	AL(Up to 64 yrs old); MO
STRATTERA CAPS 10 MG <i>(Atomoxetine HCl)</i>	NF	SL(10 ea daily); MO
STRATTERA CAPS 100 MG <i>(Atomoxetine HCl)</i>	NF	SL(1 ea daily); MO
STRATTERA CAPS 18 MG <i>(Atomoxetine HCl)</i>	NF	SL(5.55 ea daily); MO
STRATTERA CAPS 25 MG <i>(Atomoxetine HCl)</i>	NF	SL(4 ea daily); MO
STRATTERA CAPS 40 MG <i>(Atomoxetine HCl)</i>	NF	SL(2.5 ea daily); MO
STRATTERA CAPS 60 MG <i>(Atomoxetine HCl)</i>	NF	SL(1.66 ea daily); MO
STRATTERA CAPS 80 MG <i>(Atomoxetine HCl)</i>	NF	SL(1.25 ea daily); MO
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; MO; *
CONCERTA TBCR <i>(Methylphenidate HCl)</i>	NF	MO
DAYTRANA PTCH	3	MO; +
<i>dexmethylphenidate hcl cp24</i>	1	MO; *
<i>dexmethylphenidate hcl tabs</i>	1	MO; *
FOCALIN TABS <i>(Dexmethylphenidate HCl)</i>	NF	MO
FOCALIN XR CP24 <i>(Dexmethylphenidate HCl)</i>	NF	MO
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG <i>(Methylphenidate HCl)</i>	NF	QL(1 ea daily); MO
METADATE CD CPCR 20 MG <i>(Methylphenidate HCl)</i>	NF	QL(2 ea daily); MO
METADATE CD CPCR 30 MG <i>(Methylphenidate HCl)</i>	NF	MO

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cp24 or 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	MO; *
methylphenidate hcl cpcr or 10 mg, 40 mg, 50 mg, 60 mg	1	QL(1 ea daily); MO; *
methylphenidate hcl cpcr or 20 mg	1	QL(2 ea daily); MO; *
methylphenidate hcl cpcr or 30 mg	1	MO; *
methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg	1	QL(3 ea daily); MO; *
methylphenidate hcl tb24 or 18 mg, 27 mg, 36 mg, 54 mg	1	Non-Osmotic Release; *
methylphenidate hcl tbcr or 18 mg, 27 mg, 36 mg, 54 mg	1	MO; *
methylphenidate hcl tbcr or 20 mg	1	QL(3 ea daily); MO; *
modafinil tabs 100 mg	1	PA; MO; *
modafinil tabs 200 mg	1	PA; QL(1 ea daily); MO; *
NUVIGIL TABS (Armodafinil)	NF	PA; MO
PROVIGIL TABS 100 MG (Modafinil)	NF	PA; MO
PROVIGIL TABS 200 MG (Modafinil)	NF	PA; QL(1 ea daily); MO
RITALIN LA CP24 10 MG, 20 MG, 30 MG, 40 MG (Methylphenidate HCl)	NF	MO
RITALIN LA CP24 60 MG	3	MO; +
RITALIN TABS (Methylphenidate HCl)	NF	QL(3 ea daily); MO
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA; MO; +
ORALAIR SUBL	3	PA; MO; +
Biologicals Misc		
ADAGEN SOLN	5	NDS;LA; MO; +

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml	4	MO; +
BETHKIS NEBU	5	B/D; NDS; +
gentamicin in saline soln 0.9%-1mg/ml	4	+
gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml	4	MO; +
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1MG/ML	4	+
KITABIS PAK NEBU	5	B/D; NDS; +
neomycin sulfate tabs or	1	MO; *
paromomycin sulfate caps	1	MO; *
TOBI NEBU (Tobramycin)	NF	B/D
TOBI PODHALER CAPS	5	NDS; +
tobramycin nebu in	1	B/D; *
tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	4	MO; +
tobramycin sulfate solr ij 1.2 gm	4	+
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; NDS; +
HUMIRA PEN PNKT	5	PA; NDS; +
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; NDS; +
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; NDS; +
HUMIRA PSKT	5	PA; NDS; +

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SIMPONI ARIA SOLN	5	PA; NDS; +	KEVZARA SOSY 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NDS; +	
SIMPONI SOAJ	5	PA; NDS; +	Nonsteroidal Anti-inflammatory Agents (NSAIDs)			
SIMPONI SOSY	5	PA; NDS; +	ANAPROX DS TABS (<i>Naproxen Sodium</i>)	NF	MO	
Antirheumatic - Enzyme Inhibitors						
XELJANZ TABS	5	PA; NDS; +	ARTHROTEC 50 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO	
XELJANZ XR TB24	5	PA; NDS; +	ARTHROTEC 75 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO	
Antirheumatic Antimetabolites						
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML	4	PA; +	CELEBREX CAPS (<i>Celecoxib</i>)	NF	MO	
RASUVO SOAJ 10 MG/0.2ML, 15 MG/0.3ML, 20 MG/0.4ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML, 12.5 MG/0.25ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML	4	PA; +	<i>celecoxib caps</i>	1	MO; *	
Gold Compounds			<i>DAYPRO TABS (Oxaprozin)</i>	NF	MO	
RIDAURA CAPS	5	NDS;MO; +	<i>diclofenac potassium tabs</i>	1	MO; *	
Interleukin-1 Blockers			<i>diclofenac sodium tb24 or 100 mg</i>	1	MO; *	
ARCALYST SOLR	5	NDS;LA; +	<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	MO; *	
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>diclofenac w/ misoprostol tbec</i>	1	MO; *	
KINERET SOSY	5	PA; NDS;MO; +	DUEXIS TABS	5	PA; NDS;MO; +	
Interleukin-1beta Blockers			EC-NAPROSYN TBEC (<i>Naproxen</i>)	NF	MO	
ILARIS SOLN	5	PA; NDS;LA; +	<i>etodolac caps</i>	1	MO; *	
ILARIS SOLR	5	PA; NDS;LA; +	<i>etodolac tabs</i>	1	MO; *	
Interleukin-6 Receptor Inhibitors			<i>etodolac tb24</i>	1	MO; *	
ACTEMRA SOLN	5	PA; NDS; +	FELDENE CAPS (<i>Piroxicam</i>)	NF	MO	
ACTEMRA SOSY	5	PA; NDS; +	<i>flurbiprofen tabs or 50 mg, 100 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; *	
			<i>ibuprofen tabs or 800 mg</i>	1	SL(4 ea daily); MO; *	

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INDOCIN SUSP OR 25 MG/5ML	3	AL(Up to 64 yrs old); MO; +	<i>piroxicam caps or 10 mg, 20 mg</i>	1	MO; *	
<i>indomethacin caps or 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *	PONSTEL CAPS (Mefenamic Acid)	NF	MO	
<i>indomethacin cpcr or 75 mg</i>	1	AL(Up to 64 yrs old); MO; *	<i>sulindac tabs or 150 mg, 200 mg</i>	1	MO; *	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	*	<i>tolmetin sodium caps 400 mg</i>	1	MO; *	
<i>ketoprofen cp24 200 mg</i>	1	MO; *	<i>tolmetin sodium tabs 200 mg</i>	1	*	
<i>ketorolac tromethamine soln jj 15 mg/ml, 30 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +	VIMOVO TBEC	5	PA; NDS; MO; +	
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	4	AL(Up to 64 yrs old); MO; +	ZIPSOR CAPS	3	MO; +	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL(Up to 64 yrs old); MO; *	Phosphodiesterase 4 (PDE4) Inhibitors			
LODINE TABS (Etodolac)	NF	MO	OTEZLA TABS	5	PA; NDS; +	
<i>meclofenamate sodium caps or 100 mg</i>	1	MO; *	OTEZLA TBPK	5	PA; NDS; +	
<i>mefenamic acid caps or</i>	1	MO; *	Pyrimidine Synthesis Inhibitors			
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	1	MO; *	ARAVA TABS (Leflunomide)	NF	MO	
MOBIC TABS (Meloxicam)	NF	MO	<i>leflunomide tabs</i>	1	MO; *	
<i>nabumetone tabs</i>	1	MO; *	Selective Costimulation Modulators			
NAPRELAN TB24 375 MG, 500 MG (Naproxen Sodium)	NF	MO	ORENCIA CLICKJECT SOAJ	5	PA; NDS; +	
NAPRELAN TB24 750 MG	3	MO; +	ORENCIA SOLR	5	PA; NDS; +	
NAPROSYN TABS 500 MG (Naproxen)	NF	MO	ORENCIA SOSY	5	PA; NDS; +	
<i>naproxen sodium tabs or 275 mg, 550 mg</i>	1	MO; *	Soluble Tumor Necrosis Factor Receptor Agents			
<i>naproxen sodium tb24 or 375 mg, 500 mg</i>	1	MO; *	ENBREL MINI SOCT	5	PA; NDS; +	
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	MO; *	ENBREL SOLR	5	PA; NDS; +	
<i>naproxen tbec or 375 mg, 500 mg</i>	1	MO; *	ENBREL SOSY	5	PA; NDS; +	
<i>oxaprozin tabs</i>	1	MO; *	ENBREL SURECLICK SOAJ	5	PA; NDS; +	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions						
Salicylates						
<i>diflunisal tabs</i>	1	MO; *				

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ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
ABSTRAL SUBL 100 MCG	3	PA; QL(16 ea daily); +	DURAGESIC PT72 (Fentanyl)	NF	Limit 10 patches per month; QL(0.34 ea daily); MO
ABSTRAL SUBL 200 MCG	5	PA; NDS; QL(8 ea daily); +	EXALGO T24A 12 MG (Hydromorphone HCl)	NF	QL(4.17 ea daily); MO
ABSTRAL SUBL 300 MCG	5	PA; NDS; QL(5.34 ea daily); +	EXALGO T24A 16 MG (Hydromorphone HCl)	NF	QL(3.14 ea daily); MO
ABSTRAL SUBL 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL(4 ea daily); +	EXALGO T24A 32 MG (Hydromorphone HCl)	NF	QL(1.57 ea daily); MO
ACTIQ LPOP 200 MCG (Fentanyl Citrate)	NF	PA; NDS; QL(8 ea daily); MO	EXALGO T24A 8 MG (Hydromorphone HCl)	NF	QL(6.27 ea daily); MO
ACTIQ LPOP 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG (Fentanyl Citrate)	NF	PA; NDS; QL(4 ea daily); MO	fentanyl citrate lpop bu 200 mcg	5	PA; NDS; QL(8 ea daily); MO; +
codeine sulfate tabs 15 mg	1	SL(24 ea daily); MO; *	fentanyl citrate lpop bu 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	5	PA; NDS; QL(4 ea daily); MO; +
CODEINE SULFATE TABS 15 MG (Codeine Sulfate)	NF	SL(24 ea daily); MO	fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	Limit 10 patches per month; QL(0.34 ea daily); MO; *
codeine sulfate tabs 30 mg	1	SL(12 ea daily); MO; *	FENTORA TABS 100 MCG	5	PA; NDS; QL(16 ea daily); MO; +
CODEINE SULFATE TABS 30 MG (Codeine Sulfate)	NF	SL(12 ea daily); MO	FENTORA TABS 200 MCG	5	PA; NDS; QL(8 ea daily); MO; +
codeine sulfate tabs 60 mg	1	SL(6 ea daily); MO; *	FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL(4 ea daily); MO; +
CODEINE SULFATE TABS 60 MG (Codeine Sulfate)	NF	SL(6 ea daily); MO	hydromorphone hcl liqd or 1 mg/ml	1	QL(50 ml daily); MO; *
DILAUDID LIQD OR 1 MG/ML (Hydromorphone HCl)	NF	QL(50 ml daily); MO	hydromorphone hcl soln ij 1 mg/ml, 2 mg/ml, 4 mg/ml	4	MO; +
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML (Hydromorphone HCl)	NF	MO	hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	4	+
DILAUDID TABS OR 2 MG, 4 MG (Hydromorphone HCl)	NF	QL(9 ea daily); MO	hydromorphone hcl soln ij 2 mg/ml	4	Preservative Free; +
DILAUDID TABS OR 8 MG (Hydromorphone HCl)	NF	QL(6.25 ea daily); MO	hydromorphone hcl t24a or 12 mg	1	QL(4.17 ea daily); MO; *
DOLOPHINE TABS (Methadone HCl)	NF	QL(6 ea daily); MO	hydromorphone hcl t24a or 16 mg	1	QL(3.14 ea daily); MO; *
			hydromorphone hcl t24a or 32 mg	1	QL(1.57 ea daily); MO; *

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hydromorphone hcl t24a or 8mg, 8 mg	1	QL(6.27 ea daily); MO; *	methadone hcl soln or 10 mg/5ml	1	QL(33.34 ml daily); MO; *
hydromorphone hcl tabs or 2 mg, 4 mg	1	QL(9 ea daily); MO; *	methadone hcl soln or 5 mg/5ml	1	QL(15 ml daily); MO; *
hydromorphone hcl tabs or 8 mg	1	QL(6.25 ea daily); MO; *	methadone hcl tabs or 5 mg, 10 mg	1	QL(6 ea daily); MO; *
HYDROMORPHONE HYDROCHLORIDE SOLN 1 MG/ML, 110 MG/55ML	4	MO; +	METHADOSE CONC (Methadone HCl)	NF	QL(6.67 ml daily); MO
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (Hydromorphone HCl)	4	+	METHADOSE SUGAR-FREE CONC (Methadone HCl)	NF	QL(6.67 ml daily); MO
HYDROMORPHONE HYDROCHLORIDE SOLN 2 MG/ML (Hydromorphone HCl)	4	Preservative Free; +	morphine sulfate beads cp24 120 mg	1	QL(1.67 ea daily); MO; *
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG	3	PA; QL(2 ea daily); MO; +	morphine sulfate beads cp24 30 mg	1	QL(6.67 ea daily); MO; *
HYSINGLA ER T24A 80 MG, 100 MG, 120 MG	3	PA; QL(1 ea daily); MO; +	morphine sulfate beads cp24 45 mg	1	QL(4.44 ea daily); MO; *
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG (Morphine Sulfate)	NF	QL(3 ea daily); MO	morphine sulfate beads cp24 60 mg	1	QL(3.34 ea daily); MO; *
KADIAN CP24 100 MG (Morphine Sulfate)	NF	NDS;QL(2 ea daily); MO	morphine sulfate beads cp24 75 mg	1	QL(2.67 ea daily); MO; *
KADIAN CP24 200 MG	3	PA; QL(1 ea daily); MO; +	morphine sulfate beads cp24 90 mg	1	QL(2.24 ea daily); MO; *
KADIAN CP24 40 MG	3	PA; QL(3 ea daily); MO; +	morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg	1	QL(3 ea daily); MO; *
KADIAN CP24 60 MG (Morphine Sulfate)	NF	QL(3.34 ea daily); MO	morphine sulfate cp24 or 100 mg	5	NDS;QL(2 ea daily); MO; +
KADIAN CP24 80 MG (Morphine Sulfate)	NF	QL(2.5 ea daily); MO	morphine sulfate cp24 or 60 mg	1	QL(3.34 ea daily); MO; *
LAZANDA SOLN 100 MCG/ACT	5	PA; NDS;QL(1 ea daily); MO; +	morphine sulfate cp24 or 80 mg	1	QL(2.5 ea daily); MO; *
LAZANDA SOLN 300 MCG/ACT	5	PA; NDS;QL(0.5 ea daily); MO; +	morphine sulfate soln jj 0.5 mg/ml	4	+
LAZANDA SOLN 400 MCG/ACT	5	PA; NDS;QL(0.27 ea daily); MO; +	morphine sulfate soln jj 1 mg/ml	4	MO; +
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(6.67 ml daily); MO; *	morphine sulfate soln or 10 mg/5ml	1	QL(100 ml daily); MO; *
			morphine sulfate soln or 20 mg/5ml	1	QL(50 ml daily); MO; *
			morphine sulfate soln or 20 mg/ml, 100 mg/5ml	1	QL(10 ml daily); MO; *
			MORPHINE SULFATE TABS OR 15 MG	3	QL(13.34 ea daily); MO; +
			MORPHINE SULFATE TABS OR 30 MG	3	QL(6.67 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tbcr or 100 mg, 200 mg	1	QL(2 ea daily); MO; *	oxymorphone hcl tb12 30 mg	1	QL(2.22 ea daily); MO; *
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg	1	QL(3 ea daily); MO; *	oxymorphone hcl tb12 40 mg	1	QL(2 ea daily); MO; *
MS CONTIN TBCR 100 MG, 200 MG (Morphine Sulfate)	NF	QL(2 ea daily); MO	oxymorphone hcl tb12 5 mg	1	QL(13.34 ea daily); MO; *
MS CONTIN TBCR 15 MG, 30 MG, 60 MG (Morphine Sulfate)	NF	QL(3 ea daily); MO	oxymorphone hcl tb12 7.5 mg	1	QL(8.89 ea daily); MO; *
NUCYNTA ER TB12 100 MG	2	QL(6.67 ea daily); MO; +	ROXICODONE TABS 30 MG (Oxycodone HCl)	NF	QL(4.44 ea daily); MO
NUCYNTA ER TB12 150 MG	2	QL(4.44 ea daily); MO; +	ROXICODONE TABS 5 MG, 15 MG (Oxycodone HCl)	NF	QL(6 ea daily); MO
NUCYNTA ER TB12 200 MG	2	QL(3.34 ea daily); MO; +	SUBSYS LIQD 100 MCG	5	PA; NDS; QL(16 ea daily); MO; +
NUCYNTA ER TB12 250 MG	2	QL(2 ea daily); MO; +	SUBSYS LIQD 1200 MCG	5	PA; NDS; QL(2 ea daily); +
NUCYNTA ER TB12 50 MG	2	QL(13.34 ea daily); MO; +	SUBSYS LIQD 200 MCG	5	PA; NDS; QL(8 ea daily); MO; +
NUCYNTA TABS 100 MG	3	QL(6.67 ea daily); MO; +	SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG	5	PA; NDS; QL(4 ea daily); MO; +
NUCYNTA TABS 50 MG	3	QL(13.34 ea daily); MO; +	tramadol hcl tabs or 50 mg	1	SL(8 ea daily); MO; *
NUCYNTA TABS 75 MG	3	QL(8.88 ea daily); MO; +	tramadol hcl tb24 or 100 mg	1	SL(3 ea daily); MO; *
OPANA ER (CRUSH RESISTANT) T12A 40 MG	5	NDS; QL(2 ea daily); +	tramadol hcl tb24 or 200 mg	1	SL(1.5 ea daily); MO; *
OPANA TABS OR 5 MG, 10 MG (Oxymorphone HCl)	NF	QL(6 ea daily); MO	tramadol hcl tb24 or 300 mg	1	SL(1 ea daily); MO; *
oxycodone hcl caps or 5 mg	1	QL(6 ea daily); MO; *	ULTRAM ER TB24 (Tramadol HCl)	NF	SL(1 ea daily); MO
oxycodone hcl conc or 100 mg/5ml	1	QL(6 ml daily); MO; *	ULTRAM TABS (Tramadol HCl)	NF	SL(8 ea daily); MO
oxycodone hcl tabs or 30 mg	1	QL(4.44 ea daily); MO; *	ZOHYDRO ER C12A 10 MG, 15 MG	3	PA; QL(3 ea daily); MO; +
oxycodone hcl tabs or 5 mg, 10 mg, 15 mg, 20 mg	1	QL(6 ea daily); MO; *	ZOHYDRO ER C12A 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL(2 ea daily); MO; +
oxymorphone hcl tabs 5 mg, 10 mg	1	QL(6 ea daily); MO; *	Opioid Combinations		
oxymorphone hcl tb12 10 mg	1	QL(3 ea daily); MO; *	acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml		
oxymorphone hcl tb12 15 mg	1	QL(4.44 ea daily); MO; *	1 Limit 4500mls per month; SL(150 ml daily); MO; *		
oxymorphone hcl tb12 20 mg	1	QL(3.34 ea daily); MO; *			

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acetaminophen w/ codeine tabs 300mg-15mg	1	SL(13.3 ea daily); MO; *	REPREXAIN TABS (<i>Hydrocodone-Ibuprofen</i>)	NF	QL(5 ea daily); MO	
acetaminophen w/ codeine tabs 300mg-30mg	1	SL(12 ea daily); MO; *	tramadol-acetaminophen tabs	1	SL(8 ea daily); MO; *	
acetaminophen w/ codeine tabs 300mg-60mg	1	SL(6 ea daily); MO; *	TYLENOL/CODEINE #3 TABS (<i>Acetaminophen w/ Codeine</i>)	NF	SL(12 ea daily); MO	
butilbital-acetaminophen-caffeine w/ codeine caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *	TYLENOL/CODEINE #4 TABS (<i>Acetaminophen w/ Codeine</i>)	NF	SL(6 ea daily); MO	
butilbital-aspirin-caffeine w/cod caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *	ULTRACET TABS (<i>Tramadol-Acetaminophen</i>)	NF	SL(8 ea daily); MO	
FIORICET/CODEINE CAPS (<i>Butalbital-Acetaminophen-Caffeine w/ Codeine</i>)	NF	AL(Up to 64 yrs old); SL(6 ea daily); MO	XODOL TABS (<i>Hydrocodone-Acetaminophen</i>)	NF	SL(13.3 ea daily); MO	
FIORINAL/CODEINE #3 CAPS (<i>Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	AL(Up to 64 yrs old); SL(6 ea daily); MO	Opioid Partial Agonists			
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 10mg/15ml-325mg/15ml, 7.5mg/15ml-325mg/15ml	1	Limit 5535mls per month; SL(184.5 ml daily); MO; *	BUNAVAIL FILM 2.1MG-0.3MG	3	+	
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg	1	SL(13.3 ea daily); MO; *	BUNAVAIL FILM 4.2MG-0.7MG	3	QL(6 ea daily); +	
hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	1	SL(12.3 ea daily); MO; *	BUNAVAIL FILM 6.3MG-1MG	3	QL(4 ea daily); MO; +	
hydrocodone-ibuprofen tabs	1	QL(5 ea daily); MO; *	buprenorphine hcl subl sl 2 mg	1	QL(12 ea daily); MO; *	
IBUDONE TABS (<i>Hydrocodone-Ibuprofen</i>)	NF	QL(5 ea daily); MO	buprenorphine hcl subl sl 8 mg	1	QL(3 ea daily); MO; *	
NORCO TABS (<i>Hydrocodone-Acetaminophen</i>)	NF	SL(12.3 ea daily); MO	buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg	1	QL(3 ea daily); MO; *	
oxycodone w/ acetaminophen tabs	1	SL(12.3 ea daily); MO; *	buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg	1	QL(12 ea daily); MO; *	
oxycodone-aspirin tabs	1	MO; *	buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg	1	QL(4 ea daily); MO; *	
PERCOCET TABS (<i>Oxycodone w/ Acetaminophen</i>)	NF	SL(12.3 ea daily); MO	BUPRENORPHINE PTWK 10 MCG/HR	2	Limit 8 patches per 28 days; SL(0.29 ea daily); MO; +	
			BUPRENORPHINE PTWK 15 MCG/HR	2	Limit 5 patches per 28 days; SL(0.19 ea daily); MO; +	

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BUPRENORPHINE PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +	SUBOXONE FILM 4MG-1MG, 8MG-2MG, 2MG-0.5MG	3	QL(3 ea daily); MO; +
BUPRENORPHINE PTWK 5 MCG/HR	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +	ZUBSOLV SUBL 0.7MG-0.18MG	3	MO; +
BUPRENORPHINE PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +	ZUBSOLV SUBL 1.4MG-0.36MG, 11.4MG-2.9MG, 2.9MG-0.71MG	3	QL(1 ea daily); MO; +
<i>butorphanol tartrate soln ij 2 mg/ml</i>	4	MO; +	ZUBSOLV SUBL 5.7MG-1.4MG	3	QL(3 ea daily); MO; +
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 210mls per month;QL(7 ml daily); MO; *	ZUBSOLV SUBL 8.6MG-2.1MG	3	QL(2 ea daily); MO; +
BUTRANS PTWK 10 MCG/HR	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BUTRANS PTWK 15 MCG/HR	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +	Anabolic Steroids		
BUTRANS PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +	ANADROL-50 TABS	5	NDS;MO; +
BUTRANS PTWK 5 MCG/HR	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +	OXANDRIN TABS 10 MG (<i>Oxandrolone</i>)	NF	NDS;MO
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +	OXANDRIN TABS 2.5 MG (<i>Oxandrolone</i>)	NF	MO
SUBOXONE FILM 12MG-3MG	3	QL(2 ea daily); MO; +	<i>oxandrolone tabs or 10 mg</i>	5	NDS;MO; +
			<i>oxandrolone tabs or 2.5 mg</i>	1	MO; *
			Androgens		
			ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM (<i>Testosterone</i>)	NF	MO
			AVEED SOLN	3	LA; +
			AXIRON SOLN (<i>Testosterone</i>)	NF	MO
			<i>danazol caps or 50 mg, 100 mg, 200 mg</i>	1	MO; *
			DEPO-TESTOSTERONE SOLN (<i>Testosterone Cypionate</i>)	NF	MO
			<i>fluoxymesterone tabs</i>	1	MO; *
			<i>methyltestosterone caps or</i>	1	MO; *
			TESTIM GEL (<i>Testosterone</i>)	NF	MO
			<i>testosterone cypionate soln</i>	4	MO; +

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<i>testosterone enanthate soln im</i>	4	MO; +
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	1	MO; *
<i>testosterone soln 30 mg/act</i>	1	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		
ANUSOL-HC CREA (<i>Hydrocortisone (Rectal)</i>)	NF	MO
<i>hydrocortisone (rectal) crea</i>	1	MO; *
PROCTOCORT CREA 1 % (<i>Hydrocortisone (Rectal)</i>)	NF	MO
Vasodilating Agents		
RECTIV OINT	3	MO; +
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	MO; +
BILTRICIDE TABS (<i>Praziquantel</i>)	2	MO; +
<i>ivermectin tabs or</i>	1	MO; *
<i>praziquantel tabs or</i>	1	MO; *
STROMECTOL TABS (<i>Ivermectin</i>)	NF	MO
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium solr ij</i>	4	MO; +
COLY-MYCIN M SOLR (<i>Colistimethate Sodium</i>)	NF	MO
FLAGYL CAPS 375 MG (<i>Metronidazole</i>)	NF	SL(10.6 ea daily); MO
FLAGYL TABS 250 MG (<i>Metronidazole</i>)	NF	SL(16 ea daily); MO
FLAGYL TABS 500 MG (<i>Metronidazole</i>)	NF	SL(8 ea daily); MO
IMPAVIDO CAPS	5	NDS;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; *
NEBUPENT SOLR	2	B/D; MO; +
ORBACTIV SOLR	5	NDS; +
PENTAM 300 SOLR	4	MO; +
TINDAMAX TABS (<i>Tinidazole</i>)	NF	MO
<i>tinidazole tabs or 250 mg, 500 mg</i>	1	MO; *
<i>trimethoprim tabs or</i>	1	MO; *
VANCOCIN HCL CAPS 250 MG (<i>Vancomycin HCl</i>)	NF	PA; NDS;MO
<i>vancomycin hcl caps or 125 mg</i>	3	PA; MO; +
<i>vancomycin hcl caps or 250 mg</i>	5	PA; NDS;MO; +
VANCOMYCIN HCL IN DEXTROSE SOLN 1GM/200ML-5%, 5%-750MG/150ML, 500MG/100ML-5%	4	+
<i>vancomycin hcl solr iv 10 gm, 750 mg, 1000 mg, 5000 mg</i>	4	+

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl solr iv 500 mg	4	MO; +	MERREM SOLR 1 GM (<i>Meropenem</i>)	NF	MO
XIFAXAN TABS 200 MG	5	NDS;MO; +	MERREM SOLR 500 MG (<i>Meropenem</i>)	NF	
XIFAXAN TABS 550 MG	5	NDS;QL(3 ea daily); MO; +	PRIMAXIN IV SOLR (<i>Imipenem-Cilastatin</i>)	NF	MO
Anti-infective Misc. - Combinations			VABOMERE SOLR	4	+
BACTRIM DS TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	NF	MO	Chloramphenicols		
BACTRIM TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	NF	MO	CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml	4	MO; +	Cyclic Lipopeptides		
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	1	MO; *	CUBICIN RF SOLR (<i>Daptomycin</i>)	NF	NDS
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	1	MO; *	CUBICIN SOLR (<i>Daptomycin</i>)	NF	NDS
Antiprotozoal Agents			daptomycin solr 500 mg	5	NDS; +
ALINIA TABS 500 MG	3	MO; +	Glycylcyclines		
atovaquone susp	5	NDS;MO; +	tigecycline solr	5	NDS; +
MEPRON SUSP (<i>Atovaquone</i>)	NF	NDS;MO	TIGECYCLINE SOLR	5	NDS; +
Carbapenems			TYGACIL SOLR (<i>Tigecycline</i>)	NF	NDS
DORIBAX SOLR	4	+	Leprostatics		
DORIPENEM SOLR	4	+	dapsone tabs or 25 mg, 100 mg	1	MO; *
ertapenem sodium solr	4	MO; +	Lincosamides		
imipenem-cilastatin solr	1	MO; *	CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Clindamycin HCl</i>)	NF	MO
INVANZ SOLR IJ (<i>Ertapenem Sodium</i>)	4	MO; +	CLEOCIN IN D5W SOLN (<i>Clindamycin Phosphate in D5W</i>)	NF	
INVANZ SOLR IV	4	+	CLEOCIN PEDIATRIC GRANULES SOLR (<i>Clindamycin Palmitate Hydrochloride</i>)	NF	MO
meropenem solr 1 gm	4	MO; +	CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML (<i>Clindamycin Phosphate</i>)	NF	
meropenem solr 500 mg	1	*			

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CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML (<i>Clindamycin Phosphate</i>)	NF	MO
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (<i>Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (<i>Clindamycin Phosphate in D5W</i>)	NF	
<i>clindamycin hcl caps or 75 mg, 150 mg, 300 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, 300 mg/2ml, 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, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	+
LINCOCIN SOLN (<i>Lincomycin HCl</i>)	NF	MO
<i>lincomycin hcl soln ij</i>	4	MO; +
Monobactams		
AZACTAM SOLR (<i>Aztreonam</i>)	NF	MO
<i>aztreonam solr</i>	4	MO; +
CAYSTON SOLR	5	PA; NDS;LA; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	NDS; +
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid susr or 100 mg/5ml</i>	5	NDS;MO; +
<i>linezolid tabs or 600 mg</i>	5	NDS;MO; +
SIVEXTRO SOLR IV	5	NDS; +
SIVEXTRO TABS OR	5	NDS;MO; +
ZYVOX SOLN IV 200 MG/100ML	5	NDS; +
ZYVOX SOLN IV 600 MG/300ML (<i>Linezolid</i>)	NF	NDS
ZYVOX SUSR OR 100 MG/5ML (<i>Linezolid</i>)	NF	NDS;MO
ZYVOX TABS OR 600 MG (<i>Linezolid</i>)	NF	NDS;MO
Polymyxins		
<i>polymyxin b sulfate solr ij</i>	4	+
Streptogramins		
SYNERCID SOLR	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antiangulars-Other		
RANEXA TB12	3	PA; MO; +
Nitrates		
DILATRATE SR CPCR	3	MO; +
ISORDIL TITRADOSE TABS 40 MG	5	NDS;MO; +
ISORDIL TITRADOSE TABS 5 MG (<i>Isosorbide Dinitrate</i>)	NF	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 30 mg, 60 mg, 120 mg</i>	1	MO; *

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NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR <i>(Nitroglycerin)</i>	NF	MO	<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +	ATIVAN SOLN <i>(Lorazepam)</i>	NF	MO
NITROGLYCERIN LINGUAL AERS	3	MO; +	ATIVAN TABS <i>(Lorazepam)</i>	NF	MO
<i>nitroglycerin oint td 2 %</i>	1	MO; *	<i>clorazepate dipotassium tabs</i>	1	MO; *
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *	<i>diazepam conc or 5 mg/ml</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *	<i>diazepam soln jj 5 mg/ml</i>	1	MO; *
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; *	<i>diazepam soln or 5 mg/5ml</i>	1	MO; *
NITROLINGUAL PUMPSPRAY SOLN <i>(Nitroglycerin)</i>	NF	MO	<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	MO; *
NITROSTAT SUBL <i>(Nitroglycerin)</i>	2	MO; +	<i>lorazepam conc or 2 mg/ml</i>	1	MO; *
ANTIANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
<i>buspirone hcl tabs or 5 mg, 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	MO; *	<i>lorazepam soln jj 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	1	MO; *
<i>hydroxyzine hcl soln im 50 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +	<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>hydroxyzine hcl syrup or 10 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *	TRANXENE T TABS <i>(Clorazepate Dipotassium)</i>	NF	MO
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *	VALIUM TABS <i>(Diazepam)</i>	NF	MO
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *	XANAX TABS <i>(Alprazolam)</i>	NF	MO
<i>meprobamate tabs</i>	1	AL(Up to 64 yrs old); MO; *	XANAX XR TB24 <i>(Alprazolam)</i>	NF	MO
VISTARIL CAPS <i>(Hydroxyzine Pamoate)</i>	NF	AL(Up to 64 yrs old); MO	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Benzodiazepines					
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *	Antiarrhythmics Type I-A		
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; *	<i>disopyramide phosphate caps</i>	1	AL(Up to 64 yrs old); MO; *
Antiarrhythmics Type I-B					
<i>norpacing caps</i>					
NORPACE CAPS <i>(Disopyramide Phosphate)</i>					
NORPACE CR CP12					
<i>quinidine gluconate tbc or 324 mg</i>					
<i>quinidine sulfate tabs</i>					
<i>mexiletine hcl caps</i>					

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Antiarrhythmics Type I-C					
flecainide acetate tabs 100 mg	1	SL(4 ea daily); MO; *	ipratropium bromide soln in	1	B/D; MO; *
flecainide acetate tabs 150 mg	1	SL(2.66 ea daily); MO; *	SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily); MO; +
flecainide acetate tabs 50 mg	1	SL(8 ea daily); MO; *	SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +
propafenone hcl cp12	1	MO; *	TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; +
propafenone hcl tabs	1	MO; *	TUDORZA PRESSAIR AEPB	2	Limit 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; +
RYTHMOL SR CP12 (Propafenone HCl)	NF	MO	Leukotriene Modulators		
RYTHMOL TABS (Propafenone HCl)	NF	MO	ACCOLATE TABS (Zafirlukast)	NF	MO
Antiarrhythmics Type III			montelukast sodium chew 4 mg, 5 mg	1	QL(1 ea daily); MO; *
amiodarone hcl tabs or 100 mg, 200 mg, 400 mg	1	MO; *	montelukast sodium tabs 10 mg	1	QL(1 ea daily); MO; *
dofetilide caps	1	*	SINGULAIR CHEW 4 MG, 5 MG (Montelukast Sodium)	NF	QL(1 ea daily); MO
MULTAQ TABS	2	MO; +	SINGULAIR TABS 10 MG (Montelukast Sodium)	NF	QL(1 ea daily); MO
TIKOSYN CAPS (Dofetilide)	NF		zafirlukast tabs	1	MO; *
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			zileuton tb12	5	NDS; SL(4 ea daily); MO; +
Anti-Inflammatory Agents			ZYFLO CR TB12 (Zileuton)	NF	NDS; SL(4 ea daily); MO
cromolyn sodium nebu in	1	B/D; MO; *	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
Antiasthmatic - Monoclonal Antibodies			DALIRESP TABS	3	QL(1 ea daily); MO; +
CINQAIR SOLN	5	PA; NDS; LA; +	Steroid Inhalants		
FASENRA SOSY	5	PA; NDS; +	AEROSPAN AERS	2	Limit 2 inhalers per month (120 actuations); SL(0.6 gm daily); +
NUCALA SOLR	5	PA; NDS; LA; +			
XOLAIR SOLR	5	PA; NDS; 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; +			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month;SL(0.41 gm daily); MO; +	ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 4 inhalers per month;SL(0.15 ea daily); MO; +
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month;SL(0.82 gm daily); MO; +	<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	B/D; QL(8 ml daily); MO; *
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +	<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	B/D; QL(4 ml daily); MO; *
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month;SL(0.87 gm daily); MO; +	<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	B/D; QL(2 ml daily); MO; *
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month;SL(0.44 gm daily); MO; +	FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month;SL(0.04 ea daily); MO; +	FLOVENT DISKUS AEPB 250 MCG/BLIST	2	SL(8 ea daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month;SL(0.29 ea daily); MO; +	FLOVENT DISKUS AEPB 50 MCG/BLIST	2	SL(40 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 1 inhaler per month;SL(0.04 ea daily); MO; +	FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month;SL(0.14 ea daily); MO; +	FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily); MO; +
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month;SL(0.07 ea 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>)	NF	B/D; QL(8 ml daily); MO
			PULMICORT SUSP 0.5 MG/2ML (<i>Budesonide (Inhalation)</i>)	NF	B/D; QL(4 ml daily); MO
			PULMICORT SUSP 1 MG/2ML (<i>Budesonide (Inhalation)</i>)	NF	B/D; QL(2 ml daily); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	2	Limit 3 inhalers per month;QL(0.87 gm daily); MO; +	<i>levalbuterol tartrate aero</i>	3	MO; +
Sympathomimetics					
ADVAIR DISKUS AEPB	2	QL(2 ea daily); MO; +	<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	1	MO; *
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +	PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml</i>	1	B/D; MO; *	PROAIR HFA AERS	2	MO; +
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	MO; *	PROAIR RESPICLICK AEPB	2	MO; +
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; *	PROVENTIL HFA AERS	2	MO; +
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *	SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; +	STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily); MO; +
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily); MO; +	STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm 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; +	SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack);QL(0.4 gm daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 1 inhaler per month;SL(2 ea daily); MO; +	SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack);QL(0.46 gm daily); MO; +
BROVANA NEBU	3	B/D; MO; +	SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT	3	Limit 1 inhaler per month;QL(0.34 gm daily); MO; +
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month;SL(0.2 gm daily); MO; +	<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	MO; *
DULERA AERO	2	QL(4 gm daily); MO; +	TRELEGY ELLIPTA AEPB	2	MO; +
<i>ipratropium-albuterol soln</i>	1	B/D; MO; *	VENTOLIN HFA AERS	3	MO; +
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml, 1.25 mg/0.5ml</i>	1	B/D; MO; *			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
XOPENEX CONCENTRATE NEBU (Levalbuterol HCl)	NF	B/D; MO	<i>enoxaparin sodium soln sc 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml</i>	4	MO; +			
XOPENEX NEBU (Levalbuterol HCl)	NF	B/D; MO	<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	MO; +			
Xanthines								
<i>aminophylline soln</i>	4	+	<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; *			
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *	<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NDS;MO; +			
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *	FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; +			
ANTICOAGULANTS - Blood Thinners								
Coumarin Anticoagulants								
COUMADIN TABS (Warfarin Sodium)	3	MO; +	FRAGMIN SOLN 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	MO; +			
<i>warfarin sodium tabs</i>	1	MO; *	FRAGMIN SOLN 95000 UNIT/3.8ML	5	NDS;MO; +			
Direct Factor Xa Inhibitors								
BEVYXXA CAPS	3	QL(1 ea daily); +	<i>heparin sodium (porcine) soln</i>	4	MO; +			
ELIQUIS STARTER PACK TABS	3	MO; +	LOVENOX SOLN (Enoxaparin Sodium)	NF	MO			
ELIQUIS TABS	3	MO; +	Thrombin Inhibitors					
SAVAYSA TABS	3	MO; +	ARGATROBAN SOLN 250 MG/2.5ML	4	+			
XARELTO STARTER PACK TBPK	2	MO; +	<i>argatroban soln 250 mg/2.5ml</i>	4	+			
XARELTO TABS	2	MO; +	ARGATROBAN SOLN 250 MG/2.5ML (Argatroban)	NF				
Heparins And Heparinoid-Like Agents			IPRIVASK SOLR	5	NDS; +			
ARIXTRA SOLN 10 MG/0.8ML, 2.5 MG/0.5ML (Fondaparinux Sodium)	NF	MO	PRADAXA CAPS	2	MO; +			
ARIXTRA SOLN 5 MG/0.4ML, 7.5 MG/0.6ML (Fondaparinux Sodium)	NF	NDS;MO	ANTICONVULSANTS - Drugs to Treat Seizures					
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +	AMPA Glutamate Receptor Antagonists					
<i>enoxaparin sodium soln sc 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	1	MO; *	FYCOMPA SUSP	3	MO; +			
			FYCOMPA TABS	3	MO; +			
Anticonvulsants - Benzodiazepines								
			<i>clonazepam tabs or 0.5 mg</i>	1	SL(40 ea daily); MO; *			

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clonazepam tabs or 1 mg	1	SL(20 ea daily); MO; *	BRIVIACT TABS OR 100 MG	5	PA; NDS;SL(2 ea daily); MO; +
clonazepam tabs or 2 mg	1	SL(10 ea daily); MO; *	BRIVIACT TABS OR 25 MG	5	PA; NDS;SL(8 ea daily); MO; +
clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO; *	BRIVIACT TABS OR 50 MG	5	PA; NDS;SL(4 ea daily); MO; +
DIASTAT ACUDIAL GEL	3	MO; +	BRIVIACT TABS OR 75 MG	5	PA; NDS;SL(2.67 ea daily); MO; +
DIASTAT PEDIATRIC GEL	3	MO; +	carbamazepine chew or 100 mg	1	MO; *
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	3	MO; +	carbamazepine cp12 or 100 mg, 200 mg, 300 mg	1	MO; *
DIAZEPAM RECTAL GEL GEL	3	MO; +	carbamazepine susp or 100 mg/5ml	1	MO; *
KLONOPIN TABS 0.5 MG (<i>Clonazepam</i>)	NF	SL(40 ea daily); MO	carbamazepine tabs or 200 mg	1	MO; *
KLONOPIN TABS 1 MG (<i>Clonazepam</i>)	NF	SL(20 ea daily); MO	carbamazepine tb12 or 100 mg, 200 mg, 400 mg	1	MO; *
KLONOPIN TABS 2 MG (<i>Clonazepam</i>)	NF	SL(10 ea daily); MO	CARBATROL CP12 (<i>Carbamazepine</i>)	3	MO; +
ONFI SUSP 2.5 MG/ML	3	MO; +	gabapentin caps or 100 mg, 300 mg, 400 mg	1	MO; *
ONFI TABS 10 MG	3	MO; +	gabapentin soln or 250 mg/5ml, 300 mg/6ml	1	MO; *
ONFI TABS 20 MG	5	NDS;MO; +	gabapentin tabs or 600 mg, 800 mg	1	MO; *
Anticonvulsants - Misc.					
APTIOM TABS 200 MG	3	MO; +	KEPPRA SOLN (<i>Levetiracetam</i>)	NF	MO
APTIOM TABS 400 MG, 600 MG, 800 MG	5	NDS;MO; +	KEPPRA TABS (<i>Levetiracetam</i>)	NF	MO
BANZEL SUSP 40 MG/ML	3	MO; +	KEPPRA XR TB24 (<i>Levetiracetam</i>)	NF	MO
BANZEL TABS 200 MG	3	MO; +	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Lamotrigine</i>)	NF	MO
BANZEL TABS 400 MG	5	NDS;MO; +	LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (<i>Lamotrigine</i>)	NF	MO
BRIVIACT SOLN IV 50 MG/5ML	5	NDS;SL(20 ml daily); +	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Lamotrigine</i>)	NF	MO
BRIVIACT SOLN OR 10 MG/ML	5	PA; NDS;SL(20 ml daily); MO; +			
BRIVIACT TABS OR 10 MG	5	PA; NDS;SL(20 ea daily); MO; +			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Lamotrigine</i>)	NF	MO	LYRICA CAPS 150 MG, 200 MG, 225 MG	2	QL(2 ea daily); MO; +
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Lamotrigine</i>)	NF	MO	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG	2	QL(3 ea daily); MO; +
LAMICTAL TABS (<i>Lamotrigine</i>)	NF	MO	LYRICA CAPS 300 MG	2	SL(2 ea daily); MO; +
LAMICTAL XR KIT	3	MO; +	LYRICA SOLN 20 MG/ML	2	SL(30 ml daily); MO; +
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (<i>Lamotrigine</i>)	NF	MO	mysoline tabs (<i>Primidone</i>)	NF	MO
<i>lamotrigine chew 5 mg, 25 mg</i>	1	MO; *	NEURONTIN CAPS (<i>Gabapentin</i>)	NF	MO
<i>lamotrigine kit 25 mg</i>	1	MO; *	NEURONTIN SOLN (<i>Gabapentin</i>)	NF	MO
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	MO; *	NEURONTIN TABS (<i>Gabapentin</i>)	NF	MO
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	1	MO; *	<i>oxcarbazepine susp</i>	1	MO; *
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *	<i>oxcarbazepine tabs</i>	1	MO; *
<i>levetiracetam in sodium chloride soln</i>	4	+	POTIGA TABS 200 MG	5	NDS; SL(6 ea daily); MO; +
<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +	POTIGA TABS 300 MG	3	SL(4 ea daily); MO; +
LEVETIRACETAM SOLN IV 500MG/100ML- 820MG/100ML, 1000MG/100ML- 750MG/100ML, 1500MG/100ML- 540MG/100ML (<i>Levetiracetam in Sodium Chloride</i>)	NF		POTIGA TABS 400 MG	3	SL(3 ea daily); MO; +
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *	POTIGA TABS 50 MG	3	SL(24 ea daily); MO; +
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	MO; *	<i>primidone tabs or 50 mg, 250 mg</i>	1	MO; *
<i>levetiracetam tb24 or 500 mg, 750 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); MO; +
			SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; +
			SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; +
			TEGRETOL SUSP (<i>Carbamazepine</i>)	3	MO; +
			TEGRETOL TABS (<i>Carbamazepine</i>)	3	MO; +
			TEGRETOL-XR TB12 (<i>Carbamazepine</i>)	3	MO; +
			TOPAMAX SPRINKLE CPSP (<i>Topiramate</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS (Topiramate)	NF	MO	CEREBYX SOLN 500 MG PE/10ML (Fosphenytoin Sodium)	NF	MO
topiramate cpsp or 15 mg, 25 mg	1	MO; *	DILANTIN-125 SUSP (Phenytoin)	3	MO; +
topiramate tabs or 25 mg, 50 mg, 100 mg, 200 mg	1	MO; *	fosphenytoin sodium soln 100 mg pe/2ml	4	+
TRILEPTAL SUSP (Oxcarbazepine)	NF	MO	fosphenytoin sodium soln 500 mg pe/10ml	4	MO; +
TRILEPTAL TABS (Oxcarbazepine)	NF	MO	PEGANONE TABS	3	MO; +
VIMPAT SOLN IV 200 MG/20ML	4	+	PHENYTEK CAPS (Phenytoin Sodium Extended)	NF	MO
VIMPAT SOLN OR 10 MG/ML	3	MO; +	phenytoin chew or 50 mg	1	MO; *
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	MO; +	phenytoin sodium extended caps	1	MO; *
ZONEGRAN CAPS (Zonisamide)	NF	MO	phenytoin sodium soln ij	4	+
zonisamide caps	1	MO; *	phenytoin susp or 125 mg/5ml	1	MO; *
Carbamates					
felbamate susp	1	MO; *	Succinimides		
felbamate tabs	1	MO; *	CELONTIN CAPS	3	MO; +
FELBATOL SUSP (Felbamate)	NF	MO	ethosuximide caps or 250 mg	1	MO; *
FELBATOL TABS (Felbamate)	NF	MO	ethosuximide soln or 250 mg/5ml	1	MO; *
GABA Modulators					
GABITRIL TABS (Tiagabine HCl)	NF	MO	ZARONTIN CAPS (Ethosuximide)	NF	MO
SABRIL PACK (Vigabatrin)	NF	NDS;LA	ZARONTIN SOLN (Ethosuximide)	NF	MO
SABRIL TABS	5	NDS;LA; +	Valproic Acid		
tiagabine hcl tabs	1	MO; *	DEPACON SOLN (Valproate Sodium)	NF	
vigabatrin pack	5	NDS;LA; +	DEPAKENE CAPS (Valproic Acid)	3	MO; +
Hydantoins			DEPAKENE SOLN (Valproate Sodium)	3	MO; +
CEREBYX SOLN 100 MG PE/2ML (Fosphenytoin Sodium)	NF		DEPAKOTE ER TB24 (Divalproex Sodium)	3	MO; +
			DEPAKOTE SPRINKLES CSDR (Divalproex Sodium)	3	MO; +
			DEPAKOTE TBEC (Divalproex Sodium)	3	MO; +

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divalproex sodium csdr	1	MO; *
divalproex sodium tb24	1	MO; *
divalproex sodium tbec	1	MO; *
valproate sodium soln iv 100 mg/ml, 500 mg/5ml	4	+
valproate sodium soln or 250 mg/5ml	1	MO; *
valproic acid caps	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	1	MO; *
mirtazapine tbdp	1	MO; *
REMERON SOLTAB TBDP (Mirtazapine)	NF	MO
REMERON TABS (Mirtazapine)	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; +
bupropion hcl tabs or 100 mg	1	SL(4.5 ea daily); MO; *
bupropion hcl tabs or 75 mg	1	SL(6 ea daily); MO; *
bupropion hcl tb12 or 100 mg	1	SL(4 ea daily); MO; *
bupropion hcl tb12 or 150 mg	1	SL(2.66 ea daily); MO; *
bupropion hcl tb12 or 200 mg	1	SL(2 ea daily); MO; *
bupropion hcl tb24 or 150 mg	1	SL(3 ea daily); MO; *
bupropion hcl tb24 or 300 mg	1	SL(1.5 ea daily); MO; *
FORFIVO XL TB24	3	ST; MO; +

Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl tabs	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 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	NDS; MO; +
MARPLAN TABS	3	MO; +
NARDIL TABS (<i>Phenelzine Sulfate</i>)	NF	MO
PARNATE TABS (<i>Tranylcypromine Sulfate</i>)	NF	MO
phenelzine sulfate tabs or	1	MO; *
tranylcypromine sulfate tabs	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
citalopram hydrobromide soln 10 mg/5ml	1	SL(20 ml daily); MO; *
citalopram hydrobromide tabs 10 mg	1	SL(4 ea daily); MO; *
citalopram hydrobromide tabs 20 mg	1	SL(2 ea daily); MO; *
citalopram hydrobromide tabs 40 mg	1	SL(1 ea daily); MO; *
escitalopram oxalate soln	1	MO; *
escitalopram oxalate tabs	1	MO; *
fluoxetine hcl caps or 10 mg, 20 mg, 40 mg	1	MO; *

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fluoxetine hcl cpdr or 90 mg	1	MO; *
fluoxetine hcl soln or 20 mg/5ml	1	MO; *
fluoxetine hcl tabs or 10 mg, 20 mg, 60 mg	1	MO; *
FLUOXETINE HYDROCHLORIDE TABS (Fluoxetine HCl)	NF	MO
fluvoxamine maleate cp24	1	MO; *
fluvoxamine maleate tabs	1	MO; *
LEXAPRO SOLN (Escitalopram Oxalate)	NF	MO
LEXAPRO TABS (Escitalopram Oxalate)	NF	MO
paroxetine hcl tabs	1	MO; *
paroxetine hcl tb24	1	MO; *
PAXIL CR TB24 (Paroxetine HCl)	NF	MO
PAXIL SUSP 10 MG/5ML	3	MO; +
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Paroxetine HCl)	NF	MO
PEXEVA TABS	3	ST; MO; +
PROZAC CAPS (Fluoxetine HCl)	NF	MO
PROZAC WEEKLY CPDR (Fluoxetine HCl)	NF	MO
sertraline hcl conc or 20 mg/ml	1	MO; *
sertraline hcl tabs or 25 mg, 50 mg, 100 mg	1	MO; *
ZOLOFT CONC (Sertraline HCl)	NF	MO
ZOLOFT TABS (Sertraline HCl)	NF	MO
Serotonin Modulators		
nefazodone hcl tabs	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tabs or 50 mg, 100 mg, 150 mg, 300 mg	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; +
VIIIBRYD STARTER PACK KIT	3	ST; MO; +
VIIIBRYD TABS	3	ST; MO; +
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Duloxetine HCl)	NF	MO
DESVENLAFAKINE ER TB24 50 MG, 100 MG	3	ST; MO; +
desvenlafaxine succinate tb24	1	MO; *
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	MO; *
EFFEXOR XR CP24 150 MG (Venlafaxine HCl)	NF	SL(1.5 ea daily); MO
EFFEXOR XR CP24 37.5 MG (Venlafaxine HCl)	NF	SL(6 ea daily); MO
EFFEXOR XR CP24 75 MG (Venlafaxine HCl)	NF	SL(3 ea daily); MO
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily); MO; +
FETZIMA TITRATION PACK C4PK	3	ST; MO; +
KHEDEZLA TB24	3	ST; MO; +
PRISTIQ TB24 (Desvenlafaxine Succinate)	NF	MO
venlafaxine hcl cp24 150 mg	1	SL(1.5 ea daily); MO; *
venlafaxine hcl cp24 37.5 mg	1	SL(6 ea daily); MO; *
venlafaxine hcl cp24 75 mg	1	SL(3 ea daily); MO; *

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VENLAFAXINE HCL ER TB24 150 MG (<i>Venlafaxine HCl</i>)	NF	SL(1.5 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 225 mg</i>	1	ST; SL(1 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(Up to 64 yrs old); MO; *
<i>amoxapine tabs</i>	1	MO; *
<i>ANAFRANIL CAPS (Clomipramine HCl)</i>	NF	AL(Up to 64 yrs old); MO
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	MO; *
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>doxepin hcl conc or 10 mg/ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>ELAVIL TABS (Amitriptyline HCl)</i>	NF	AL(Up to 64 yrs old); MO
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine pamoate caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>NORPRAMIN TABS (Desipramine HCl)</i>	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<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; *
<i>PAMELOR CAPS (Nortriptyline HCl)</i>	NF	MO
<i>protriptyline hcl tabs</i>	1	MO; *
<i>SURMONTIL CAPS (Trimipramine Maleate)</i>	NF	AL(Up to 64 yrs old); MO
<i>TOFRANIL TABS (Imipramine HCl)</i>	NF	AL(Up to 64 yrs old); MO
<i>trimipramine maleate caps or 25 mg, 50 mg, 100 mg</i>	1	AL(Up to 64 yrs old); MO; *
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily); MO; *
<i>GLYSET TABS (Miglitol)</i>	NF	QL(3 ea daily); MO
<i>miglitol tabs</i>	1	QL(3 ea daily); MO; *
<i>PRECOSE TABS (Acarbose)</i>	NF	QL(3 ea daily); MO
Antidiabetic - Amylin Analogs		
<i>SYMLINPEN 120 SOPN</i>	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +
<i>SYMLINPEN 60 SOPN</i>	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +
Antidiabetic Combinations		
<i>ACTOPLUS MET TABS (Pioglitazone HCl-Metformin HCl)</i>	NF	SL(3 ea daily); MO
<i>ACTOPLUS MET XR TB24 15MG-1000MG</i>	2	SL(2 ea daily); MO; +
<i>ACTOPLUS MET XR TB24 30MG-1000MG</i>	2	SL(1.5 ea daily); MO; +
<i>ALOGLIPTIN/METFORMIN HCL TABS</i>	3	PA; SL(2 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +	KAZANO TABS	3	PA; SL(2 ea daily); MO; +	
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +	KOMBIGLYZE XR TB24 2.5MG-1000MG	3	PA; SL(2 ea daily); MO; +	
ALOGLIPTIN/PIOGLITAZONE TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-45MG	3	PA; SL(1 ea daily); MO; +	KOMBIGLYZE XR TB24 5MG-500MG, 5MG-1000MG	3	PA; SL(1 ea daily); MO; +	
DUETACT TABS (<i>Pioglitazone HCl-Glimepiride</i>)	NF	SL(1.5 ea daily); MO	OSENI TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +	
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	1	SL(8 ea daily); MO; *	OSENI TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +	
<i>glipizide-metformin hcl tabs 5mg-500mg, 2.5mg-500mg</i>	1	SL(4 ea daily); MO; *	OSENI TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-45MG	3	PA; SL(1 ea daily); MO; +	
GLUCOVANCE TABS (<i>Glyburide-Metformin</i>)	NF	AL(Up to 64 yrs old); SL(4 ea daily); MO	<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; *	
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *	<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; *	
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *	<i>repaglinide-metformin hcl tabs</i>	1	SL(5 ea daily); MO; *	
INVOKAMET TABS 150MG-500MG, 50MG-1000MG, 150MG-1000MG	2	SL(2 ea daily); MO; +	SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +	
INVOKAMET TABS 50MG-500MG	2	SL(4 ea daily); MO; +	SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	2	SL(4 ea daily); MO; +	
INVOKAMET XR TB24 150MG-500MG, 50MG-1000MG, 150MG-1000MG	2	SL(2 ea daily); MO; +	SYNJARDY XR TB24 25MG-1000MG	2	SL(1 ea daily); MO; +	
INVOKAMET XR TB24 50MG-500MG	2	SL(4 ea daily); MO; +	SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +	
JANUMET TABS	2	SL(2 ea daily); MO; +	XIGDUO XR TB24 10MG-500MG, 10MG-1000MG	3	SL(1 ea daily); MO; +	
JANUMET XR TB24 100MG-1000MG	2	SL(1 ea daily); MO; +	XIGDUO XR TB24 5MG-500MG, 5MG-1000MG, 2.5MG-1000MG	3	SL(2 ea daily); MO; +	
JANUMET XR TB24 50MG-500MG, 50MG-1000MG	2	SL(2 ea daily); MO; +	Biguanides			
JENTADUETO TABS	2	SL(2 ea daily); MO; +	GLUCOPHAGE TABS 1000 MG (<i>Metformin HCl</i>)	NF	SL(2.55 ea daily); MO	
JENTADUETO XR TB24 2.5MG-1000MG	2	SL(2 ea daily); MO; +	GLUCOPHAGE TABS 500 MG (<i>Metformin HCl</i>)	NF	SL(5.1 ea daily); MO	
JENTADUETO XR TB24 5MG-1000MG	2	SL(1 ea daily); MO; +	GLUCOPHAGE TABS 850 MG (<i>Metformin HCl</i>)	NF	SL(3 ea daily); MO	
			GLUCOPHAGE XR TB24 500 MG (<i>Metformin HCl</i>)	NF	(GLUCOPHAGE XR); SL(4 ea daily); MO	

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GLUCOPHAGE XR TB24 750 MG (Metformin HCl)	NF	(GLUCOPHAGE XR);SL(2.66 ea daily); MO	NESINA TABS 6.25 MG	3	PA; QL(4 ea daily); MO; +	
metformin hcl tabs or 1000 mg	1	SL(2.55 ea daily); MO; *	ONGLYZA TABS 2.5 MG	3	PA; QL(2 ea daily); MO; +	
metformin hcl tabs or 500 mg	1	SL(5.1 ea daily); MO; *	ONGLYZA TABS 5 MG	3	PA; QL(1 ea daily); MO; +	
metformin hcl tabs or 850 mg	1	SL(3 ea daily); MO; *	TRADJENTA TABS	2	QL(1 ea daily); MO; +	
metformin hcl tb24 or 500 mg	1	(GLUCOPHAGE XR);SL(4 ea daily); MO; *	Dopamine Receptor Agonists - Antidiabetic			
metformin hcl tb24 or 750 mg	1	(GLUCOPHAGE XR);SL(2.66 ea daily); MO; *	CYCLOSET TABS	3	QL(6 ea daily); MO; +	
METFORMIN HYDROCHLORIDE SOLN	2	SL(25.5 ml daily); MO; +	Incretin Mimetic Agents (GLP-1 Receptor			
RIOMET SOLN	2	SL(25.5 ml daily); MO; +	BYDUREON BCISE AUIJ	2	ST; MO; +	
Diabetic Other			BYDUREON PEN PEN	2	ST; MO; +	
GLUCAGEN HYPOKIT SOLR	2	MO; +	BYDUREON SRER	2	ST; MO; +	
GLUCAGON EMERGENCY KIT KIT	2	MO; +	BYETTA SOPN	2	ST; MO; +	
KORLYM TABS	3	PA; SL(4 ea daily); LA; MO; +	TANZEUM PEN	3	ST; MO; +	
PROGLYCEM SUSP	3	MO; +	TRULICITY SOPN	5	ST; NDS;MO; +	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors						
ALOGLIPTIN TABS 12.5 MG	3	PA; QL(2 ea daily); MO; +	VICTOZA SOPN	2	ST; MO; +	
ALOGLIPTIN TABS 25 MG	3	PA; QL(1 ea daily); MO; +	Insulin Sensitizing Agents			
ALOGLIPTIN TABS 6.25 MG	3	PA; QL(4 ea daily); MO; +	ACTOS TABS 15 MG (Pioglitazone HCl)	NF	SL(3 ea daily); MO	
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; +	ACTOS TABS 30 MG (Pioglitazone HCl)	NF	SL(1.5 ea daily); MO	
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; +	ACTOS TABS 45 MG (Pioglitazone HCl)	NF	SL(1 ea daily); MO	
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; +	AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +	
NESINA TABS 12.5 MG	3	PA; QL(2 ea daily); MO; +	AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +	
NESINA TABS 25 MG	3	PA; QL(1 ea daily); MO; +	pioglitazone hcl tabs 15 mg	1	SL(3 ea daily); MO; *	
			pioglitazone hcl tabs 30 mg	1	SL(1.5 ea daily); MO; *	
			pioglitazone hcl tabs 45 mg	1	SL(1 ea daily); MO; *	
Insulin						
			AFREZZA POWD 12 UNIT	5	NDS;QL(18 ea daily); MO; +	

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AFREZZA POWD 4 UNIT, 8 UNIT	3	QL(18 ea daily); MO; +	HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
APIDRA SOLN	3	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; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +	HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	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; +
FIASP SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +	HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG JUNIOR KWIKPEN SOPN	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; +
HUMALOG KWIKPEN SOPN	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; +
HUMALOG MIX 50/50 KWIKPEN SUPN	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; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LANTUS SOLN	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; +	LANTUS SOLOSTAR SOPN	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; +	LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOCT	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; +

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Drug Name	Drug Tier	Requirements/Limits
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; +
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 MAX SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily); MO; +
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
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>)	NF	QL(3 ea daily); MO
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
AMARYL TABS 1 MG (<i>Glimepiride</i>)	NF	SL(8 ea daily); MO
AMARYL TABS 2 MG (<i>Glimepiride</i>)	NF	SL(4 ea daily); MO
AMARYL TABS 4 MG (<i>Glimepiride</i>)	NF	SL(2 ea daily); MO
<i>chlorpropamide tabs 100 mg</i>	1	AL(Up to 64 yrs old); SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	1	AL(Up to 64 yrs old); SL(3 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; *

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

Drug Name	Drug Tier	Requirements/Limits
glipizide tb24 or 2.5 mg	1	SL(8 ea daily); MO; *
glipizide tb24 or 5 mg	1	SL(4 ea daily); MO; *
GLUCOTROL TABS 10 MG (Glipizide)	NF	SL(4 ea daily); MO
GLUCOTROL TABS 5 MG (Glipizide)	NF	SL(8 ea daily); MO
GLUCOTROL XL TB24 10 MG (Glipizide)	NF	SL(2 ea daily); MO
GLUCOTROL XL TB24 2.5 MG (Glipizide)	NF	SL(8 ea daily); MO
GLUCOTROL XL TB24 5 MG (Glipizide)	NF	SL(4 ea daily); MO
glyburide micronized tabs 1.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
glyburide micronized tabs 3 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
glyburide micronized tabs 6 mg	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
glyburide tabs or 1.25 mg	1	AL(Up to 64 yrs old); SL(16 ea daily); MO; *
glyburide tabs or 2.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
glyburide tabs or 5 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
GLYNASE TABS 1.5 MG (Glyburide Micronized)	NF	AL(Up to 64 yrs old); SL(8 ea daily); MO
GLYNASE TABS 3 MG (Glyburide Micronized)	NF	AL(Up to 64 yrs old); SL(4 ea daily); MO
GLYNASE TABS 6 MG (Glyburide Micronized)	NF	AL(Up to 64 yrs old); SL(2 ea daily); MO
tolazamide tabs 500 mg	1	SL(2 ea daily); MO; *
tolbutamide tabs	1	SL(6 ea daily); MO; *

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Drug Name	Drug Tier	Requirements/Limits
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	1	MO; *
LOMOTIL TABS (Diphenoxylate w/ Atropine)	NF	MO
loperamide hcl caps or 2 mg	1	RX/OTC; MO; *
MOTOFEN TABS	3	+
opium tincture tinc	5	NDS;MO; +
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; +
EXJADE TBSO	5	NDS;LA; +
FERRIPROX TABS 500 MG	5	PA; NDS;LA; MO; +
JADENU SPRINKLE PACK	5	NDS; +
JADENU TABS	5	NDS; +
Antidotes and Specific Antagonists		
VISTOGARD PACK	5	NDS;MO; +
Opioid Antagonists		
EVZIO SOAJ 2 MG/0.4ML	3	PA; MO; +
naloxone hcl sosy ij 2 mg/2ml	1	*
naltrexone hcl tabs or	1	MO; *
NARCAN LIQD	3	Limit 4 per month;QL(0.13 4 ea daily); MO; +
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
granisetron hcl tabs or 1 mg	1	B/D; MO; *
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	4	MO; +
ondansetron hcl soln or 4 mg/5ml	1	B/D; MO; *
ondansetron hcl tabs or 24 mg	1	B/D; *
ondansetron hcl tabs or 4 mg, 8 mg	1	B/D; MO; *
ONDANSETRON HYDROCHLORIDE SOLN	4	MO; +
ondansetron tbdp	1	B/D; MO; *
SANCUSO PTCH	5	NDS;MO; +
ZOFRAN ODT TBDP (Ondansetron)	NF	B/D; MO
ZOFRAN SOLN (Ondansetron HCl)	NF	B/D; MO
ZOFRAN TABS (Ondansetron HCl)	NF	B/D; MO
Antiemetics - Anticholinergic		
meclizine hcl tabs or 25 mg, 12.5 mg	1	RX/OTC; MO; *
scopolamine pt72	1	MO; *
TIGAN CAPS OR 300 MG (Trimethobenzamide HCl)	NF	MO
TIGAN SOLN IM 100 MG/ML	4	MO; +
TRANSDERM-SCOP PT72 (Scopolamine)	NF	MO
trimethobenzamide hcl caps or	1	MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +
dronabinol caps 10 mg	5	B/D; NDS;MO; +
dronabinol caps 5 mg, 2.5 mg	1	B/D; MO; *
MARINOL CAPS 10 MG (Dronabinol)	NF	B/D; NDS;MO

Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS 5 MG, 2.5 MG (Dronabinol)	NF	B/D; MO
SYNDROS SOLN	5	B/D; NDS;MO; +
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 40 mg	1	PA; MO; *
aprepitant caps 80 mg, 125 mg	1	B/D; MO; *
EMEND CAPS OR 40 MG (Aprepitant)	NF	PA; MO
EMEND CAPS OR 80 MG, 125 MG (Aprepitant)	NF	B/D; MO
EMEND TRIPACK CAPS (Aprepitant)	NF	B/D; MO
VARUBI TABS OR 90 MG	3	B/D; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR	4	+
MYCAMINE SOLR 100 MG	5	NDS; +
MYCAMINE SOLR 50 MG	5	NDS;MO; +
Antifungals		
ABELCET SUSP	4	PA; +
AMBISOME SUSR	4	PA; +
AMPHOTERICIN B SOLR IJ 50 MG	4	PA; MO; +
ANCOBON CAPS (Flucytosine)	NF	MO
flucytosine caps	1	MO; *
GRIS-PEG TABS (Griseofulvin Ultramicrosize)	NF	MO
griseofulvin microsize susp	1	MO; *
griseofulvin microsize tabs	1	MO; *
griseofulvin ultramicrosize tabs	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
LAMISIL TABS (Terbinafine HCl)	NF	MO
nystatin tabs	1	MO; *
terbinafine hcl tabs or	1	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	NDS;MO; +
CRESEMBA SOLR IV 372 MG	5	NDS; +
DIFLUCAN SUSR (Fluconazole)	NF	MO
DIFLUCAN TABS (Fluconazole)	NF	MO
fluconazole in dextrose soln 200mg/100ml- 56mg/ml, 400mg/200ml- 56mg/ml	4	+
FLUCONAZOLE IN DEXTROSE SOLN 400MG/200ML-56MG/ML	4	+
fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%	4	+
fluconazole susr or 10 mg/ml, 40 mg/ml	1	MO; *
fluconazole tabs or 50 mg, 100 mg, 150 mg, 200 mg	1	MO; *
itraconazole caps or	1	MO; *
ketoconazole tabs or	1	MO; *
NOXAFIL SOLN IV 300 MG/16.7ML	5	NDS; +
NOXAFIL SUSP OR 40 MG/ML	5	NDS;MO; +
NOXAFIL TBEC OR 100 MG	5	NDS;MO; +
SPORANOX CAPS 100 MG (Itraconazole)	NF	MO
SPORANOX PULSEPAK CAPS (Itraconazole)	NF	MO
SPORANOX SOLN 10 MG/ML	5	NDS;MO; +
VFEND IV SOLR (Voriconazole)	NF	

Drug Name	Drug Tier	Requirements/Limits
VFEND SUSR 40 MG/ML (Voriconazole)	NF	MO
VFEND TABS 50 MG, 200 MG (Voriconazole)	NF	NDS;MO
voriconazole solr iv 200 mg	1	*
voriconazole susr or 40 mg/ml	1	MO; *
voriconazole tabs or 50 mg, 200 mg	5	NDS;MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate soln 4 mg/5ml	1	AL(Up to 64 yrs old); MO; *
carbinoxamine maleate tabs 4 mg	1	AL(Up to 64 yrs old); MO; *
clemastine fumarate tabs or 2.68 mg	1	AL(Up to 64 yrs old); MO; *
diphenhydramine hcl soln ij 50 mg/ml	4	MO; +
Antihistamines - Non-Sedating		
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	1	RX/OTC; MO; *
CLARINEX TABS 5 MG (Desloratadine)	NF	MO
desloratadine tabs	1	MO; *
desloratadine tbdp	1	MO; *
levocetirizine dihydrochloride soln 2.5 mg/5ml	1	RX/OTC; MO; *
levocetirizine dihydrochloride tabs 5 mg	1	RX/OTC; MO; *
XYZAL ALLERGY 24HR CHILDRENS SOLN (Levocetirizine Dihydrochloride)	NF	RX/OTC; MO
XYZAL ALLERGY 24HR TABS (Levocetirizine Dihydrochloride)	NF	RX/OTC; MO
XYZAL SOLN (Levocetirizine Dihydrochloride)	NF	RX/OTC; MO

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Updated 09/01/2018

Drug Name	Drug Tier	Requirements/Limits
XYZAL TABS (Levocabetizine Dihydrochloride)	NF	RX/OTC; MO
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Promethazine HCl)	NF	AL(Up to 64 yrs old); MO
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	4	AL(Up to 64 yrs old); MO; +
promethazine hcl soln or 6.25 mg/5ml	1	AL(Up to 64 yrs old); MO; *
promethazine hcl supp re 25 mg, 12.5 mg	1	AL(Up to 64 yrs old); MO; *
promethazine hcl syrup or 6.25 mg/5ml	1	AL(Up to 64 yrs old); MO; *
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	1	AL(Up to 64 yrs old); MO; *
Antihistamines - Piperidines		
ciproheptadine hcl syrup or 2 mg/5ml	1	AL(Up to 64 yrs old); MO; *
ciproheptadine hcl tabs or 4 mg	1	AL(Up to 64 yrs old); MO; *
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs 10mg-10mg	1	QL(8 ea daily); MO; *
ezetimibe-simvastatin tabs 10mg-20mg	1	QL(4 ea daily); MO; *
ezetimibe-simvastatin tabs 40mg-10mg	1	QL(2 ea daily); MO; *
ezetimibe-simvastatin tabs 80mg-10mg	1	PA; QL(1 ea daily); MO; *
VYTORIN TABS 10MG-10MG (Ezetimibe-Simvastatin)	NF	QL(8 ea daily); MO
VYTORIN TABS 10MG-20MG (Ezetimibe-Simvastatin)	NF	QL(4 ea daily); MO
VYTORIN TABS 40MG-10MG (Ezetimibe-Simvastatin)	NF	QL(2 ea daily); MO
VYTORIN TABS 80MG-10MG (Ezetimibe-Simvastatin)	NF	PA; QL(1 ea daily); MO
Antihyperlipidemics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
KYNAMRO SOSY	5	PA; NDS;LA; +
LOVAZA CAPS (Omega-3-acid Ethyl Esters)	NF	MO
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS	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	MO; *
<i>colesevelam hcl pack</i>	1	MO; *
<i>colesevelam hcl tabs</i>	1	MO; *
COLESTID FLAVORED GRAN 5 GM (Colestipol HCl)	NF	MO
COLESTID GRAN (Colestipol HCl)	NF	MO
COLESTID PACK (Colestipol HCl)	NF	MO
COLESTID TABS (Colestipol HCl)	NF	MO
<i>colestipol hcl gran</i>	1	MO; *
<i>colestipol hcl pack</i>	1	MO; *
<i>colestipol hcl tabs</i>	1	MO; *
QUESTRAN LIGHT POWD (Cholestyramine Light)	NF	MO
QUESTRAN PACK (Cholestyramine)	NF	MO
QUESTRAN POWD (Cholestyramine)	NF	MO
WELCHOL PACK 3.75 GM (Colesevelam HCl)	3	MO; +
WELCHOL TABS 625 MG (Colesevelam HCl)	NF	MO
Fibric Acid Derivatives		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ANTARA CAPS 30 MG	3	SL(4.33 ea daily); MO; +	<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily); MO; *	
ANTARA CAPS 90 MG	3	SL(1.44 ea daily); MO; +	<i>fluvastatin sodium tb24 80 mg</i>	1	MO; *	
<i>choline fenofibrate cpdr</i>	1	MO; *	LESCOL XL TB24 (<i>Fluvastatin Sodium</i>)	NF	MO	
FENOFIBRATE CAPS 50 MG, 150 MG	3	MO; +	LIPITOR TABS (<i>Atorvastatin Calcium</i>)	NF	MO	
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *	LIVALO TABS	3	MO; +	
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *	<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily); MO; *	
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	MO; *	<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily); MO; *	
<i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i>	1	MO; *	MEVACOR TABS (<i>Lovastatin</i>)	NF	QL(2 ea daily); MO	
FENOFIBRIC ACID TABS	3	MO; +	PRAVACHOL TABS (<i>Pravastatin Sodium</i>)	NF	QL(1 ea daily); MO	
FENOGLIDE TABS (<i>Fenofibrate</i>)	NF	MO	<i>pravastatin sodium tabs</i>	1	QL(1 ea daily); MO; *	
FIBRICOR TABS	3	MO; +	<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily); MO; *	
<i>gemfibrozil tabs or</i>	1	MO; *	<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily); MO; *	
LIPOFEN CAPS	3	MO; +	<i>simvastatin tabs or 80 mg</i>	1	SL(1 ea daily); MO; *	
LOFIBRA CAPS (<i>Fenofibrate Micronized</i>)	NF	MO	ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (<i>Simvastatin</i>)	NF	QL(1 ea daily); MO	
LOFIBRA TABS (<i>Fenofibrate</i>)	NF	MO	ZOCOR TABS 80 MG (<i>Simvastatin</i>)	NF	SL(1 ea daily); MO	
LOPID TABS (<i>Gemfibrozil</i>)	NF	MO	Intestinal Cholesterol Absorption Inhibitors			
TRICOR TABS (<i>Fenofibrate</i>)	NF	MO	<i>ezetimibe tabs</i>	1	QL(1 ea daily); MO; *	
TRILIPIX CPDR (<i>Choline Fenofibrate</i>)	NF	MO	ZETIA TABS (<i>Ezetimibe</i>)	NF	QL(1 ea daily); MO	
HMG CoA Reductase Inhibitors						
ALTOPREV TB24	3	MO; +	Microsomal Triglyceride Transfer Protein (MTP)			
<i>atorvastatin calcium tabs</i>	1	MO; *	JUXTAPID CAPS 10 MG	5	PA; NDS; SL(6 ea daily); LA; MO; +	
CRESTOR TABS (<i>Rosuvastatin Calcium</i>)	NF	QL(1 ea daily); MO	JUXTAPID CAPS 20 MG	5	PA; NDS; SL(3 ea daily); LA; MO; +	
<i>fluvastatin sodium caps 20 mg</i>	1	QL(3 ea daily); MO; *	JUXTAPID CAPS 30 MG	5	PA; NDS; SL(2 ea daily); LA; MO; +	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 40 MG	5	PA; NDS; SL(1.5 ea daily); LA; MO; +	ACEON TABS 8 MG (<i>Perindopril Erbumine</i>)	NF	SL(2 ea daily); MO
JUXTAPID CAPS 5 MG	5	PA; NDS; SL(12 ea daily); LA; MO; +	ALTACE CAPS (<i>Ramipril</i>)	NF	MO
JUXTAPID CAPS 60 MG	5	PA; NDS; SL(1 ea daily); LA; MO; +	<i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	MO; *
Nicotinic Acid Derivatives			<i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i>	1	MO; *
<i>niacin (antihyperlipidemic) tbcr</i>	1	MO; *	<i>enalapril maleate tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
NIASPIN TBCR (<i>Niacin (Antihyperlipidemic)</i>)	NF	MO	<i>enalapril maleate tabs or 2.5 mg</i>	1	SL(16 ea daily); MO; *
Proprotein Convertase Subtilisin/Kexin Type 9			<i>enalapril maleate tabs or 20 mg</i>	1	SL(2 ea daily); MO; *
PRALUENT SOPN 150 MG/ML	5	PA; NDS; Limit 2mls per 28 days; SL(0.08 ml daily); +	<i>enalapril maleate tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
PRALUENT SOPN 75 MG/ML	5	PA; NDS; Limit 4mls per 28 days; SL(0.15 ml daily); +	<i>fosinopril sodium tabs</i>	1	MO; *
PRALUENT SOSY 150 MG/ML	5	PA; NDS; Limit 2mls per 28 days; SL(0.08 ml daily); +	<i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg</i>	1	MO; *
PRALUENT SOSY 75 MG/ML	5	PA; NDS; Limit 4mls per 28 days; SL(0.15 ml daily); +	LOTENSIN TABS 10 MG (<i>Benazepril HCl</i>)	3	MO; +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; NDS; +	LOTENSIN TABS 20 MG, 40 MG (<i>Benazepril HCl</i>)	NF	MO
REPATHA SOSY	5	PA; NDS; +	MAVIK TABS (<i>Trandolapril</i>)	NF	MO
REPATHA SURECLICK SOAJ	5	PA; NDS; +	<i>moexipril hcl tabs</i>	1	MO; *
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>perindopril erbumine tabs 2 mg</i>	1	SL(8 ea daily); MO; *
ACE Inhibitors			<i>perindopril erbumine tabs 4 mg</i>	1	SL(4 ea daily); MO; *
ACCUPRIL TABS (<i>Quinapril HCl</i>)	NF	MO	<i>perindopril erbumine tabs 8 mg</i>	1	SL(2 ea daily); MO; *
ACEON TABS 4 MG (<i>Perindopril Erbumine</i>)	NF	SL(4 ea daily); MO	PRINIVIL TABS (<i>Lisinopril</i>)	NF	MO
			<i>quinapril hcl tabs</i>	1	MO; *
			<i>ramipril caps</i>	1	MO; *
			<i>trandolapril tabs 1 mg, 2 mg, 4 mg</i>	1	MO; *
			VASOTEC TABS 10 MG (<i>Enalapril Maleate</i>)	NF	SL(4 ea daily); MO
			VASOTEC TABS 2.5 MG (<i>Enalapril Maleate</i>)	NF	SL(16 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TABS 20 MG (<i>Enalapril Maleate</i>)	NF	SL(2 ea daily); MO
VASOTEC TABS 5 MG (<i>Enalapril Maleate</i>)	NF	SL(8 ea daily); MO
ZESTRIL TABS (<i>Lisinopril</i>)	NF	MO
Agents for Pheochromocytoma		
DEMSER CAPS	5	NDS;MO; +
DIBENZYLINE CAPS (<i>Phenoxybenzamine HCl</i>)	NF	MO
<i>phenoxybenzamine hcl caps or</i>	1	MO; *
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Candesartan Cilexetil</i>)	NF	MO
AVAPRO TABS (<i>Irbesartan</i>)	NF	MO
BENICAR TABS (<i>Olmesartan Medoxomil</i>)	NF	MO
<i>candesartan cilexetil tabs</i>	1	MO; *
COZAAR TABS (<i>Losartan Potassium</i>)	NF	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>)	NF	MO
CATAPRES TABS (<i>Clonidine HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-1 PTWK (<i>Clonidine HCl</i>)	NF	MO
CATAPRES-TTS-2 PTWK (<i>Clonidine HCl</i>)	NF	MO
CATAPRES-TTS-3 PTWK (<i>Clonidine HCl</i>)	NF	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; *
<i>guanfacine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>methyldopa tabs</i>	1	AL(Up to 64 yrs old); MO; *
MINIPRESS CAPS (<i>Prazosin HCl</i>)	NF	MO
<i>prazosin hcl caps</i>	1	MO; *
TENEX TABS (<i>Guanfacine HCl</i>)	NF	AL(Up to 64 yrs old); MO
<i>terazosin hcl caps</i>	1	MO; *
Antihypertensive Combinations		
ACCURETIC TABS (<i>Quinapril-Hydrochlorothiazide</i>)	NF	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>)	NF	MO
<i>atenolol & chlorthalidone tabs</i>	1	MO; *
AVALIDE TABS (<i>Irbesartan-Hydrochlorothiazide</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AZOR TABS (<i>Amlodipine Besylate-Olmesartan Medoxomil</i>)	NF	MO	LOTENSIN HCT TABS (<i>Benazepril & Hydrochlorothiazide</i>)	NF	MO
<i>benazepril & hydrochlorothiazide tabs</i>	1	MO; *	LOTREL CAPS (<i>Amlodipine Besylate-Benazepril HCl</i>)	NF	MO
BENICAR HCT TABS (<i>Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NF	MO	<i>metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg, 100mg-50mg</i>	1	MO; *
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; *	MICARDIS HCT TABS (<i>Telmisartan-Hydrochlorothiazide</i>)	NF	MO
BYVALSON TABS	3	MO; +	<i>moexipril-hydrochlorothiazide tabs</i>	1	MO; *
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *	<i>nadolol & bendroflumethiazide tabs</i>	1	MO; *
<i>captopril & hydrochlorothiazide tabs</i>	1	MO; *	<i>olmesartan medoxomil-amldipine-hydrochlorothiazide tabs</i>	1	MO; *
CORZIDE TABS (<i>Nadolol & Bendroflumethiazide</i>)	NF	MO	<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
DIOVAN HCT TABS (<i>Valsartan-Hydrochlorothiazide</i>)	NF	MO	<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
EDARBYCLOR TABS	3	MO; +	<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; *	TARKA TBCR 2MG-240MG, 4MG-240MG (<i>Trandolapril-Verapamil HCl</i>)	NF	MO
EXFORGE HCT TABS (<i>Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NF	MO	TEKTURNNA HCT TABS	2	MO; +
EXFORGE TABS (<i>Amlodipine Besylate-Valsartan</i>)	NF	MO	<i>telmisartan-amldipine tabs</i>	1	MO; *
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; *	<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
HYZAAR TABS (<i>Losartan Potassium & Hydrochlorothiazide</i>)	NF	MO	TENORETIC 100 TABS (<i>Atenolol & Chlorthalidone</i>)	NF	MO
<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; *	TENORETIC 50 TABS (<i>Atenolol & Chlorthalidone</i>)	NF	MO
<i>lisinopril & hydrochlorothiazide tabs</i>	1	MO; *	<i>trandolapril-verapamil hcl tbcr 2mg-240mg, 4mg-240mg</i>	1	MO; *
LOPRESSOR HCT TABS (<i>Metoprolol & Hydrochlorothiazide</i>)	NF	MO	TRIBENZOR TABS (<i>Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide</i>)	NF	MO
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; *			

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

Drug Name	Drug Tier	Requirements/Limits
TWYNSTA TABS <i>(Telmisartan-Amlodipine)</i>	NF	MO
valsartan-hydrochlorothiazide tabs	1	MO; *
VASERETIC TABS <i>(Enalapril Maleate & Hydrochlorothiazide)</i>	NF	MO
ZESTORETIC TABS <i>(Lisinopril & Hydrochlorothiazide)</i>	NF	MO
ZIAC TABS <i>(Bisoprolol & Hydrochlorothiazide)</i>	NF	MO
Direct Renin Inhibitors		
TEKTURN TA B S	2	MO; +
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	MO; *
INSPRA TABS <i>(Eplerenone)</i>	NF	MO
Vasodilators		
hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg	1	MO; *
minoxidil tabs or 10 mg, 2.5 mg	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	MO; *
COARTEM TABS	3	MO; +
MALARONE TABS <i>(Atovaquone-Proguanil HCl)</i>	NF	MO
Antimalarials		
chloroquine phosphate tabs or 250 mg, 500 mg	1	MO; *
DARAPRIM TABS	3	+
hydroxychloroquine sulfate tabs or	1	MO; *
mefloquine hcl tabs	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL TABS <i>(Hydroxychloroquine Sulfate)</i>	NF	MO
PRIMAQUINE PHOSPHATE TABS <i>primaquine phosphate tabs</i>	3	MO; +
QUALAQUIN CAPS <i>(Quinine Sulfate)</i>	NF	PA; MO
quinine sulfate caps or	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	+
MESTINON TABS 60 MG <i>(Pyridostigmine Bromide)</i>	NF	MO
MESTINON TIMESSPAN TBCR <i>(Pyridostigmine Bromide)</i>	NF	MO
pyridostigmine bromide tabs or 60 mg	1	MO; *
pyridostigmine bromide tbc r or 180 mg	1	MO; *
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
isoniazid & rifampin caps	1	MO; *
RIFATER TABS	3	MO; +
Antimycobacterial Agents		
aminosalicylic acid pack or	1	MO; *
CAPASTAT SULFATE SOLR	4	+
ethambutol hcl tabs or 100 mg, 400 mg	1	MO; *
isoniazid tabs or 100 mg, 300 mg	1	MO; *
MYAMBUTOL TABS <i>(Ethambutol HCl)</i>	NF	MO
MYCOBUTIN CAPS <i>(Rifabutin)</i>	NF	NDS;MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS	3	MO; +	GLEOSTINE CAPS 40 MG, 100 MG	3	MO; +
<i>pyrazinamide tabs or</i>	1	MO; *	GLEOSTINE CAPS 5 MG, 10 MG	3	+
<i>rifabutin caps</i>	5	NDS;MO; +	HEXALEN CAPS	5	NDS;MO; +
RIFADIN CAPS OR 150 MG, 300 MG (<i>Rifampin</i>)	NF	MO	IFEX SOLR 1 GM (<i>Ifosfamide</i>)	NF	
RIFADIN SOLR IV 600 MG (<i>Rifampin</i>)	NF		IFEX SOLR 3 GM	4	+
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *	<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>rifampin solr iv 600 mg</i>	4	+	<i>ifosfamide solr 1 gm</i>	4	+
SIRTURO TABS	5	NDS;LA; +	IFOSFAMIDE SOLR 3 GM	4	+
TRECATOR TABS	3	MO; +	LEUKERAN TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>melphalan hcl solr</i>	4	+
Alkylating Agents			<i>melphalan tabs</i>	1	B/D; MO; *
ALKERAN SOLR IV 50 MG (<i>Melphalan HCl</i>)	NF		MUSTARGEN SOLR	4	+
ALKERAN TABS OR 2 MG (<i>Melphalan</i>)	NF	B/D; MO	<i>oxaliplatin soln 100 mg/20ml</i>	1	*
BENDEKA SOLN	5	NDS; +	<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS; +
BICNU SOLR	4	+	<i>oxaliplatin solr 50 mg, 100 mg</i>	5	NDS; +
<i>busulfan soln</i>	4	+	TEMODAR SOLR IV 100 MG	5	NDS; +
BUSULFEX SOLN (<i>Busulfan</i>)	NF		<i>thiotepa solr ij</i>	5	NDS; +
<i>carboplatin soln</i>	1	*	TREANDA SOLR	5	NDS; +
CISPLATIN SOLN 200 MG/200ML	4	+	YONDELIS SOLR	5	NDS;LA; +
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	+	ZANOSAR SOLR	4	MO; +
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	B/D; MO; *	Antimetabolites		
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (<i>Cyclophosphamide</i>)	NF	B/D; MO	ALIMTA SOLR	5	NDS; +
EVOMELA SOLR	5	NDS; +	ARRANON SOLN	5	NDS; +
			<i>azacitidine susr</i>	5	NDS; +

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cladribine soln	4	PA; +
clofarabine soln	4	+
CLOLAR SOLN (Clofarabine)	NF	
cytarabine soln	4	PA; +
DACOGEN SOLR (Decitabine)	NF	
decitabine solr	1	*
fludarabine phosphate solr 50 mg	1	*
fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml	4	PA; +
FOLOTYN SOLN	5	NDS; +
gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	5	NDS; +
gemcitabine hcl solr 1 gm, 2 gm	1	*
gemcitabine hcl solr 200 mg	5	NDS; +
GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML, 200 MG/2ML	3	+
GEMZAR SOLR 1 GM (Gemcitabine HCl)	NF	
GEMZAR SOLR 200 MG (Gemcitabine HCl)	NF	NDS
mercaptopurine tabs or	1	MO; *
methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml	4	+
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	4	+
methotrexate sodium soln ij 1 gm	4	+
methotrexate sodium tabs or 5 mg, 10 mg, 15 mg, 2.5 mg, 7.5 mg	1	MO; *
PURIXAN SUSP	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS	2	MO; +
VIDAZA SUSR (Azacitidine)	NF	NDS
XATMEP SOLN	5	PA; NDS; MO; +
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	PA; NDS; +
CYRAMZA SOLN	5	NDS; LA; +
ZALTRAP SOLN	5	PA; NDS; +
Antineoplastic - Antibodies		
ARZERRA CONC	5	NDS; +
BAVENCIO SOLN	5	NDS; LA; +
BESPONSA SOLR	5	NDS; MO; +
BLINCYTO SOLR	5	NDS; +
CAMPATH SOLN	5	NDS; +
DARZALEX SOLN	5	NDS; LA; +
EMPLICITI SOLR	5	NDS; +
ERBITUX SOLN	5	NDS; +
GAZYVA SOLN	5	NDS; LA; +
HERCEPTIN SOLR	5	PA; NDS; +
IMFINZI SOLN	5	NDS; LA; +
KADCYLA SOLR	5	PA; NDS; +
KEYTRUDA SOLN	5	PA; NDS; +
LARTRUVO SOLN	5	NDS; LA; MO; +
MYLOTARG SOLR	5	NDS; MO; +
OPDIVO SOLN	5	NDS; +
PERJETA SOLN	5	NDS; +

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA SOLN	5	NDS; +	FIRMAGON SOLR 120 MG	5	NDS; +
RITUXAN SOLN	5	PA; NDS; +	FIRMAGON SOLR 80 MG	4	+
TECENTRIQ SOLN	5	PA; NDS; +	<i>flutamide caps</i>	1	MO; *
VECTIBIX SOLN	5	NDS; +	HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	5	NDS; +
YERVOY SOLN	5	PA; NDS; +	<i>letrozole tabs</i>	1	MO; *
Antineoplastic - BCL-2 Inhibitors			<i>leuprolide acetate kit ij</i>	4	+
VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	4	+
VENCLEXTA TABS	3	PA; LA; MO; +	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	NDS; +
Antineoplastic - Hedgehog Pathway Inhibitors			LUPRON DEPOT (3-MONTH) KIT	5	NDS; +
ERIVEDGE CAPS	5	NDS;LA; +	LUPRON DEPOT (4-MONTH) KIT	5	NDS; +
ODOMZO CAPS	5	PA; NDS;LA; +	LUPRON DEPOT (6-MONTH) KIT	5	NDS; +
Antineoplastic - Hormonal and Related Agents			LYSODREN TABS	2	MO; +
<i>anastrozole tabs or</i>	1	MO; *	MEGACE ORAL SUSP (Megestrol Acetate)	NF	AL(Up to 64 yrs old); MO
ARIMIDEX TABS (Anastrozole)	NF	MO	<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	AL(Up to 64 yrs old); MO; *
AROMASIN TABS (Exemestane)	NF	MO	<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>bicalutamide tabs</i>	1	MO; *	NILANDRON TABS (Nilutamide)	NF	MO
CASODEX TABS (Bicalutamide)	NF	MO	<i>nilutamide tabs</i>	1	MO; *
DEPO-PROVERA SUSP	4	MO; +	SOLTAMOX SOLN	3	MO; +
ELIGARD KIT	4	+	<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	MO; *
EMCYT CAPS	3	MO; +	TRELSTAR MIXJECT SUSR 22.5 MG	5	NDS; +
ERLEADA TABS	5	PA; NDS; +	TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG	4	+
<i>exemestane tabs</i>	1	MO; *	TRELSTAR SUSR	4	+
FARESTON TABS	5	NDS;MO; +	VANTAS KIT	5	NDS; +
FASLODEX SOLN	5	NDS; +			
FEMARA TABS (Letrozole)	NF	MO			

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XTANDI CAPS	5	PA; NDS;LA; +
ZOLADEX IMPL	3	+
ZYTIGA TABS	5	PA; NDS; +
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	NDS;LA; +
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	PA; +
COSMEGEN SOLR (<i>Dactinomycin</i>)	NF	
<i>dactinomycin solr</i>	4	+
<i>daunorubicin hcl inj</i>	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN	5	NDS; +
DOXIL INJ (<i>Doxorubicin HCl Liposomal</i>)	NF	
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln</i>	4	+
<i>doxorubicin hcl solr</i>	4	+
ELLENCE SOLN (<i>Epirubicin HCl</i>)	NF	
<i>epirubicin hcl soln</i>	4	+
IDAMYCIN PFS SOLN (<i>Idarubicin HCl</i>)	NF	
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr iv 5 mg, 20 mg, 40 mg</i>	4	+
<i>mitoxantrone hcl conc</i>	1	*
VALSTAR SOLN	5	NDS; +
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	5	PA; NDS; +
KISQALI FEMARA 400 DOSE TBPK	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE TBPK	5	PA; NDS; +
LONSURF TABS	5	PA; NDS; +
RITUXAN HYCELA SOLN	5	NDS; +
VYXEOS SUSR	5	NDS;MO; +
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	PA; NDS; +
AFINITOR TABS	5	PA; NDS; +
ALECENSA CAPS	5	PA; NDS;LA; +
ALIQOPA SOLR	5	NDS;MO; +
ALUNBRIG TABS	5	PA; NDS;LA; +
ALUNBRIG TBPK	5	PA; NDS;LA; +
BELEODAQ SOLR	5	PA; NDS; +
BORTEZOMIB SOLR	5	NDS; +
BOSULIF TABS	5	PA; NDS; +
CABOMETYX TABS	5	PA; NDS; +
CALQUENCE CAPS	5	PA; NDS;LA; MO; +
CAPRELSA TABS	5	PA; NDS;LA; MO; +
COMETRIQ KIT	5	PA; NDS;LA; MO; +
COTELLIC TABS	5	PA; NDS;LA; +
FARYDAK CAPS	5	PA; NDS;LA; +
GILOTrif TABS	5	PA; NDS;LA; MO; +
GLEEVEC TABS (<i>Imatinib Mesylate</i>)	NF	PA
IBRANCE CAPS	5	NDS;LA; +
ICLUSIG TABS	5	PA; NDS;LA; MO; +

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IDHIFA TABS	5	PA; NDS; +	NERLYNX TABS	5	PA; NDS;LA; +
<i>imatinib mesylate tabs</i>	1	PA; *	NEXAVAR TABS	5	NDS;LA; +
IMBRUICA CAPS 140 MG	5	PA; NDS;LA; MO; +	NINLARO CAPS	5	PA; NDS; +
IMBRUICA CAPS 70 MG	5	PA; NDS;LA; +	ROMIDEPSIN SOLR	5	NDS; +
IMBRUICA TABS 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NDS;LA; +	RUBRACA TABS	5	PA; NDS;LA; +
INLYTA TABS	5	PA; NDS;LA; +	RYDAPT CAPS	5	PA; NDS; +
IRESSA TABS	5	NDS;LA; MO; +	SPRYCEL TABS	5	PA; NDS; +
ISTODAX (OVERFILL) SOLR	5	NDS; +	STIVARGA TABS	5	PA; NDS;LA; +
ISTODAX SOLR	5	NDS; +	SUTENT CAPS	5	NDS; +
JAKAFI TABS	5	PA; NDS;LA; +	TAFINLAR CAPS	5	NDS; +
KISQALI TABS	5	PA; NDS; +	TAGRISSO TABS	5	PA; NDS;LA; +
KYPROLIS SOLR	5	NDS; +	TARCEVA TABS	2	PA; +
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	TASIGNA CAPS	5	PA; NDS; +
LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS; +	<i>temsirolimus soln</i>	5	NDS; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	TORISEL SOLN (<i>Temsirolimus</i>)	5	NDS; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	TYKERB TABS	5	NDS; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	VELCADE SOLR	5	NDS; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	VERZENIO TABS	5	PA; NDS; +
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS; +	VOTRIENT TABS	5	PA; NDS; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS;MO; +	XALKORI CAPS	5	PA; NDS; +
LYNPARZA CAPS	5	PA; NDS;LA; MO; +	ZEJULA CAPS	5	PA; NDS;LA; MO; +
LYNPARZA TABS	5	PA; NDS;LA; MO; +	ZELBORAF TABS	5	PA; NDS;LA; +
MEKINIST TABS	5	PA; NDS; +	ZOLINZA CAPS	5	NDS; +
			ZYDELIG TABS	5	PA; NDS;LA; +
			ZYKADIA CAPS	5	PA; NDS;LA; +

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Antineoplastic Enzymes								
ERWINAZE SOLR	5	NDS;MO; +	KEPIVANCE SOLR	5	NDS; +			
ONCASPAR SOLN	5	NDS; +	Chemotherapy Rescue/Antidote Agents					
Antineoplastics Misc.								
ACTIMMUNE SOLN	5	NDS;LA; +	<i>amifostine solr</i>	1	MO; *			
<i>bexarotene caps</i>	5	NDS; +	<i>dexrazoxane solr</i>	4	+			
DACARBAZINE SOLR 100 MG	4	+	FUSILEV SOLR (Levoleucovorin Calcium)	NF				
<i>dacarbazine solr 200 mg</i>	4	+	<i>leucovorin calcium solr jj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	4	+			
HYDREA CAPS (Hydroxyurea)	NF	MO	<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	1	MO; *			
<i>hydroxyurea caps or</i>	1	MO; *	<i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i>	5	NDS; +			
INTRON A SOLN 10 MU/ML	5	NDS; +	<i>levoleucovorin calcium solr 50 mg</i>	4	+			
INTRON A SOLN 6000000 UNIT/ML	4	+	LEVOLEUCOVORIN SOLN 250 MG/25ML (Levoleucovorin Calcium)	5	NDS; +			
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	NDS; +	LEVOLEUCOVORIN SOLR 175 MG	5	NDS; +			
MATULANE CAPS	5	NDS;LA; +	<i>mesna soln</i>	4	+			
NIPENT SOLR	4	+	MESNEX SOLN IV 100 MG/ML (Mesna)	NF				
PROLEUKIN SOLR	5	NDS; +	MESNEX TABS OR 400 MG	5	NDS;MO; +			
SYLATRON KIT	5	NDS; +	TOTECT SOLR	4	+			
SYNRIBO SOLR	5	NDS;MO; +	ZINECARD SOLR (Dexrazoxane)	NF				
TARGRETIN CAPS OR 75 MG (Bexarotene)	NF	NDS	Mitotic Inhibitors					
TICE BCG SUSR	5	NDS; +	ABRAXANE SUSR	5	NDS;MO; +			
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO; +	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML	5	NDS; +			
TRISENOX SOLN	5	NDS; +	<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS; +			
UVADEX SOLN	4	+	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	5	NDS; +			
Chemotherapy Adjuncts								
ELITEK SOLR	5	NDS; +	<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	NDS; +			

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DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (<i>Docetaxel</i>)	NF	NDS
ETOPOPHOS SOLR	4	+
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	+
HALAVEN SOLN	5	NDS; +
IXEMPRA KIT SOLR	5	NDS; +
JEVTANA SOLN	5	NDS; +
MARQIBO SUSP	5	NDS;MO; +
NAVELBINE SOLN 10 MG/ML (<i>Vinorelbine Tartrate</i>)	NF	
NAVELBINE SOLN 50 MG/5ML (<i>Vinorelbine Tartrate</i>)	NF	MO
PACLITAXEL CONC 150 MG/25ML	4	+
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	4	+
TAXOTERE CONC (<i>Docetaxel</i>)	NF	NDS
VINBLASTINE SULFATE SOLN	4	PA; MO; +
<i>vincristine sulfate soln</i>	4	PA; MO; +
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	+
<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	MO; +
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (<i>Irinotecan HCl</i>)	NF	
HYCAMTIN SOLR IV 4 MG (<i>Topotecan HCl</i>)	NF	NDS
<i>irinotecan hcl soln</i>	1	*
ONIVYDE INJ	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl solr 4 mg</i>	5	NDS; +
ANTIPARKINSON AND RELATED THERAPY 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(Up to 64 yrs old); MO; *
COGENTIN SOLN (<i>Benztropine Mesylate</i>)	NF	MO
<i>trihexyphenidyl hcl elix</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl tabs</i>	1	AL(Up to 64 yrs old); 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>)	NF	MO
<i>tolcapone tabs</i>	1	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	1	MO; *
<i>amantadine hcl syrup or 50 mg/5ml</i>	1	MO; *
<i>amantadine hcl tabs or 100 mg</i>	1	MO; *
APOKYN SOCT	5	NDS;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; *

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<i>carbidopa-levodopa tbcr</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	MO; +
DUOPA SUSP	3	B/D; MO; +
GOCOVRI CP24	5	PA; NDS; +
MIRAPEX ER TB24 (<i>Pramipexole Dihydrochloride</i>)	NF	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; +
SINEMET CR TBCR (<i>Carbidopa-Levodopa</i>)	NF	MO
SINEMET TABS (<i>Carbidopa-Levodopa</i>)	NF	MO
STALEVO 100 TABS	3	MO; +
STALEVO 125 TABS	3	MO; +
STALEVO 150 TABS	3	MO; +
STALEVO 200 TABS	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 TABS	3	MO; +
STALEVO 75 TABS	3	MO; +
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Rasagiline Mesylate</i>)	NF	MO
ELDEPRYL CAPS (<i>Selegiline HCl</i>)	NF	MO
<i>rasagiline mesylate tabs</i>	1	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; *
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (<i>Lithium Carbonate</i>)	NF	MO
<i>lithium carbonate tabs or 300 mg</i>	1	MO; *
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	1	MO; *
LITHIUM SOLN	2	MO; +
LITHOBID TBCR (<i>Lithium Carbonate</i>)	NF	MO
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	PA; NDS;SL(1.33 ea daily); MO; +

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LATUDA TABS 20 MG	5	PA; NDS;SL(8 ea daily); MO; +	<i>paliperidone tb24 1.5 mg</i>	5	NDS;SL(8 ea daily); MO; +
LATUDA TABS 40 MG	5	PA; NDS;SL(4 ea daily); MO; +	<i>paliperidone tb24 3 mg</i>	5	NDS;SL(4 ea daily); MO; +
LATUDA TABS 60 MG	5	PA; NDS;SL(2.67 ea daily); MO; +	<i>paliperidone tb24 6 mg</i>	5	NDS;SL(2 ea daily); MO; +
LATUDA TABS 80 MG	5	PA; NDS;SL(2 ea daily); MO; +	<i>paliperidone tb24 9 mg</i>	5	NDS;SL(1.33 ea daily); MO; +
NUPLAZID TABS 10 MG, 17 MG	5	PA; NDS;LA; +	RISPERDAL CONSTA SUSR 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily); MO; +
VRAYLAR CAPS 1.5 MG	3	PA; SL(4 ea daily); MO; +	RISPERDAL CONSTA SUSR 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily); MO; +
VRAYLAR CAPS 3 MG	3	PA; SL(2 ea daily); MO; +	RISPERDAL CONSTA SUSR 37.5 MG	5	NDS; Limit 4 vials per 42 days;SL(0.1 ea daily); MO; +
VRAYLAR CAPS 4.5 MG	3	PA; SL(1.4 ea daily); MO; +	RISPERDAL CONSTA SUSR 50 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); MO; +
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; +	RISPERDAL M-TAB TBDP (<i>Risperidone</i>)	NF	MO
VRAYLAR CPPK	3	PA; MO; +	RISPERDAL SOLN (<i>Risperidone</i>)	NF	MO
<i>ziprasidone hcl caps</i>	1	MO; *	RISPERDAL TABS (<i>Risperidone</i>)	NF	MO
Benzisoxazoles					
FANAPT TABS 1 MG, 2 MG, 4 MG, 10 MG	3	MO; +	<i>risperidone soln 1 mg/ml</i>	1	MO; *
FANAPT TABS 6 MG, 8 MG, 12 MG	5	NDS;MO; +	<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *
FANAPT TITRATION PACK TABS	3	+	<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *
INVEGA SUSTENNA SUSP	4	MO; +	Butyrophenones		
INVEGA TB24 1.5 MG (<i>Paliperidone</i>)	NF	NDS;SL(8 ea daily); MO	HALDOL DECANOATE 100 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO
INVEGA TB24 3 MG (<i>Paliperidone</i>)	NF	NDS;SL(4 ea daily); MO			
INVEGA TB24 6 MG (<i>Paliperidone</i>)	NF	NDS;SL(2 ea daily); MO			
INVEGA TB24 9 MG (<i>Paliperidone</i>)	NF	NDS;SL(1.33 ea daily); MO			
INVEGA TRINZA SUSP	4	+			

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HALDOL DECANOATE 50 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO	SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
HALDOL SOLN (<i>Haloperidol Lactate</i>)	NF	MO	SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
<i>haloperidol decanoate soln</i>	1	MO; *	SEROQUEL TABS (<i>Quetiapine Fumarate</i>)	NF	MO
<i>haloperidol lactate conc</i>	1	MO; *	SEROQUEL XR TB24 (<i>Quetiapine Fumarate</i>)	NF	PA; MO
<i>haloperidol lactate soln</i>	1	MO; *	VERSACLOZ SUSP	5	PA; NDS; SL(18 ml daily); +
<i>haloperidol tabs</i>	1	MO; *	ZYPREXA RELPREVV SUSS	4	+
Dibenzapines			ZYPREXA SOLR (<i>Olanzapine</i>)	NF	MO
CLOZAPINE ODT TBDP 150 MG, 12.5 MG	3	+	ZYPREXA TABS (<i>Olanzapine</i>)	NF	MO
CLOZAPINE ODT TBDP 200 MG	5	NDS; +	ZYPREXA ZYDIS TBDP (<i>Olanzapine</i>)	NF	MO
<i>clozapine tabs</i>	1	*	Phenothiazines		
<i>clozapine tbdp</i>	1	*	CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +
CLOZARIL TABS (<i>Clozapine</i>)	NF		<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	4	+
FAZACLO TBDP 12.5 MG (<i>Clozapine</i>)	3	+	<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
FAZACLO TBDP 150 MG	3	+	<i>fluphenazine decanoate soln ij</i>	4	MO; +
FAZACLO TBDP 200 MG	5	NDS; +	<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; *
FAZACLO TBDP 25 MG, 100 MG (<i>Clozapine</i>)	NF		FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	4	MO; +
<i>loxapine succinate caps</i>	1	MO; *	<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
<i>olanzapine solr</i>	1	MO; *	<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	1	MO; *
<i>olanzapine tabs</i>	1	MO; *	<i>prochlorperazine edisylate soln ij</i>	4	MO; +
<i>olanzapine tbdp</i>	1	MO; *	<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	MO; *
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO; *	<i>prochlorperazine supp</i>	1	MO; *
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA; MO; *	<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	MO; *
SAPHRIS SUBL 10 MG	5	NDS; SL(2 ea daily); MO; +	<i>trifluoperazine hcl tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Quinolinone Derivatives								
ABILIFY MAINTENA PRSY	5	NDS;MO; +	REXULTI TABS 2 MG	5	PA; NDS;SL(2 ea daily); MO; +			
ABILIFY MAINTENA SRER	5	NDS;MO; +	REXULTI TABS 3 MG	5	PA; NDS;SL(1.33 ea daily); MO; +			
ABILIFY TABS 10 MG (Aripiprazole)	NF	SL(3 ea daily); MO	REXULTI TABS 4 MG	5	PA; NDS;SL(1 ea daily); MO; +			
ABILIFY TABS 15 MG (Aripiprazole)	NF	SL(2 ea daily); MO	Thioxanthenes					
ABILIFY TABS 2 MG (Aripiprazole)	NF	SL(15 ea daily); MO	<i>thiothixene caps</i>	1	MO; *			
ABILIFY TABS 20 MG (Aripiprazole)	NF	SL(1.5 ea daily); MO	ANTIVIRALS - Drugs to Treat Viral Infections					
ABILIFY TABS 30 MG (Aripiprazole)	NF	SL(1 ea daily); MO	Antiretrovirals					
ABILIFY TABS 5 MG (Aripiprazole)	NF	SL(6 ea daily); MO	<i>abacavir sulfate soln</i>	1	MO; *			
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; *	<i>abacavir sulfate tabs</i>	1	MO; *			
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; *	<i>abacavir sulfate-lamivudine tabs</i>	5	NDS;MO; +			
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; *	<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	5	NDS;MO; +			
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; *	APTIVUS CAPS 250 MG	2	MO; +			
<i>aripiprazole tabs 20 mg</i>	3	SL(1.5 ea daily); MO; +	APTIVUS SOLN 100 MG/ML	2	+			
<i>aripiprazole tabs 30 mg</i>	3	SL(1 ea daily); MO; +	<i>atazanavir sulfate caps</i>	5	NDS;MO; +			
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *	ATRIPLA TABS	2	MO; +			
<i>aripiprazole tbdp 10 mg</i>	5	NDS;SL(3 ea daily); MO; +	BIKTARVY TABS	5	NDS;MO; +			
<i>aripiprazole tbdp 15 mg</i>	5	NDS;SL(2 ea daily); MO; +	CIMDUO TABS	5	NDS;MO; +			
ARISTADA PRSY	5	NDS; +	COMBIVIR TABS (Lamivudine-Zidovudine)	NF	MO			
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO; +	COMPLERA TABS	5	NDS;MO; +			
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO; +	CRIXIVAN CAPS	3	MO; +			
REXULTI TABS 1 MG	5	PA; NDS;SL(4 ea daily); MO; +	DESCOVY TABS	5	NDS;MO; +			
			<i>didanosine cpdr</i>	1	MO; *			
			EDURANT TABS	5	NDS;MO; +			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
efavirenz caps	1	MO; *	KALETRA TABS 100MG-25MG	3	MO; +
efavirenz tabs	1	MO; *	KALETRA TABS 200MG-50MG	2	MO; +
EMTRIVA CAPS	3	MO; +	<i>lamivudine soln</i>	1	MO; *
EMTRIVA SOLN	3	MO; +	<i>lamivudine tabs</i>	1	MO; *
EPIVIR SOLN (<i>Lamivudine</i>)	NF	MO	<i>lamivudine-zidovudine tabs</i>	1	MO; *
EPIVIR TABS (<i>Lamivudine</i>)	NF	MO	LEXIVA SUSP 50 MG/ML	2	MO; +
EPZICOM TABS (<i>Abacavir Sulfate-Lamivudine</i>)	NF	NDS;MO	LEXIVA TABS 700 MG (<i>Fosamprenavir Calcium</i>)	NF	NDS;MO
EVOTAZ TABS	5	NDS;MO; +	<i>lopinavir-ritonavir soln</i>	1	MO; *
<i>fosamprenavir calcium tabs</i>	5	NDS;MO; +	<i>nevirapine susp</i>	1	MO; *
FUZEON SOLR	5	NDS; +	<i>nevirapine tabs</i>	1	MO; *
GENVOYA TABS	5	NDS;MO; +	<i>nevirapine tb24</i>	1	MO; *
INTELENCE TABS 100 MG	2	MO; +	NORVIR CAPS 100 MG	2	+
INTELENCE TABS 200 MG	5	NDS;MO; +	NORVIR PACK 100 MG	3	MO; +
INTELENCE TABS 25 MG	3	+	NORVIR SOLN 80 MG/ML	2	MO; +
INVIRASE CAPS	5	NDS;MO; +	NORVIR TABS 100 MG (<i>Ritonavir</i>)	NF	MO
INVIRASE TABS	5	NDS;MO; +	ODEFSEY TABS	5	NDS;MO; +
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; +	PREZCOBIX TABS	5	NDS;MO; +
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; +	PREZISTA SUSP	5	NDS;MO; +
ISENTRESS HD TABS	5	NDS;MO; +	PREZISTA TABS	5	NDS;MO; +
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; +	RESCRIPTOR TABS 100 MG	2	MO; +
ISENTRESS TABS 400 MG	5	NDS;MO; +	RESCRIPTOR TABS 200 MG	3	MO; +
JULUCA TABS	5	NDS; +	RETROVIR CAPS (<i>Zidovudine</i>)	NF	MO
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Lopinavir-Ritonavir</i>)	NF	MO	RETROVIR IV INFUSION SOLN	4	+
			RETROVIR SYRP (<i>Zidovudine</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
REYATAZ CAPS 150 MG, 200 MG, 300 MG <i>(Atazanavir Sulfate)</i>	NF	NDS;MO	VIDEX EC CPDR 125 MG	3	MO; +	
REYATAZ PACK 50 MG	5	NDS;MO; +	VIDEX EC CPDR 200 MG, 250 MG, 400 MG <i>(Didanosine)</i>	NF	MO	
<i>ritonavir tabs</i>	1	MO; *	VIDEXPEDIATRIC SOLR	3	MO; +	
SELZENTRY SOLN 20 MG/ML	2	+	VIRACEPT TABS	5	NDS;MO; +	
SELZENTRY TABS 150 MG, 300 MG	2	MO; +	VIRAMUNE SUSP 50 MG/5ML <i>(Nevirapine)</i>	2	MO; +	
SELZENTRY TABS 25 MG, 75 MG	2	+	VIRAMUNE TABS 200 MG <i>(Nevirapine)</i>	NF	MO	
<i>stavudine caps</i>	1	MO; *	VIRAMUNE XR TB24 <i>(Nevirapine)</i>	NF	MO	
STRIBILD TABS	5	NDS;MO; +	VIREAD POWD 40 MG/GM	5	NDS;MO; +	
SUSTIVA CAPS <i>(Efavirenz)</i>	NF	MO	VIREAD TABS 150 MG, 200 MG, 250 MG	5	NDS;MO; +	
SUSTIVA TABS <i>(Efavirenz)</i>	NF	MO	VIREAD TABS 300 MG <i>(Tenofovir Disoproxil Fumarate)</i>	NF	NDS;MO	
SYMFU LO TABS	5	NDS;MO; +	ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG <i>(Stavudine)</i>	NF	MO	
SYMFU TABS	5	NDS;MO; +	ZERIT SOLR 1 MG/ML	3	MO; +	
SYMTUZA TABS	5	NDS;MO; +	ZIAGEN SOLN <i>(Abacavir Sulfate)</i>	NF	MO	
<i>tenofovir disoproxil fumarate tabs</i>	5	NDS;MO; +	ZIAGEN TABS <i>(Abacavir Sulfate)</i>	NF	MO	
TIVICAY TABS 10 MG	3	MO; +	<i>zidovudine caps</i>	1	MO; *	
TIVICAY TABS 25 MG, 50 MG	5	NDS;MO; +	<i>zidovudine syrup</i>	1	MO; *	
TRIUMEQ TABS	5	NDS;MO; +	<i>zidovudine tabs</i>	1	MO; *	
TRIZIVIR TABS <i>(Abacavir Sulfate-Lamivudine-Zidovudine)</i>	NF	NDS;MO	CMV Agents			
TROGARZO SOLN	5	NDS; +	<i>cidofovir soln</i>	5	NDS; +	
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	5	NDS;MO; +	CYTOVENE SOLR <i>(Ganciclovir Sodium)</i>	NF	PA; MO	
TRUVADA TABS 300MG-200MG	2	MO; +	<i>ganciclovir sodium solr</i>	1	PA; MO; *	
TYBOST TABS	3	MO; +	PREVYMIS TABS OR 240 MG, 480 MG	5	PA; NDS;MO; +	

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VALCYTE SOLR (<i>Valganciclovir HCl</i>)	NF	NDS;MO	PEGINTRON KIT	5	NDS; +			
VALCYTE TABS (<i>Valganciclovir HCl</i>)	NF	NDS;MO	REBETOL CAPS 200 MG (<i>Ribavirin (Hepatitis C)</i>)	NF				
<i>valganciclovir hcl solr</i>	5	NDS;MO; +	REBETOL SOLN 40 MG/ML	2	+			
<i>valganciclovir hcl tabs</i>	5	NDS;MO; +	RIBASPHERE RIBAPAK TABS	3	+			
Hepatitis Agents								
<i>adefovir dipivoxil tabs</i>	5	NDS;MO; +	RIBASPHERE RIBAPAK TBPK	3	+			
BARACLUDE SOLN 0.05 MG/ML	2	MO; +	RIBASPHERE TABS	3	+			
BARACLUDE TABS 0.5 MG, 1 MG (<i>Entecavir</i>)	NF	MO	<i>ribavirin (hepatitis c) caps</i>	1	*			
COPEGUS TABS (<i>Ribavirin (Hepatitis C)</i>)	NF		<i>ribavirin (hepatitis c) tabs</i>	1	*			
DAKLINZA TABS	5	PA; NDS; +	SOVALDI TABS	5	PA; NDS; +			
<i>entecavir tabs</i>	1	MO; *	VEMLIDY TABS	5	ST; NDS;MO; +			
EPCLUSIA TABS	5	PA; NDS; +	VOSEVI TABS	5	PA; NDS; +			
EPIVIR HBV SOLN 5 MG/ML	2	MO; +	ZEPATIER TABS	5	PA; NDS; +			
EPIVIR HBV TABS 100 MG (<i>Lamivudine (HBV)</i>)	NF	MO	Herpes Agents					
HARVONI TABS	5	PA; NDS; +	<i>acyclovir caps or 200 mg</i>	1	MO; *			
HEPSERA TABS (<i>Adefovir Dipivoxil</i>)	NF	NDS;MO	<i>acyclovir sodium soln 50 mg/ml</i>	4	PA; +			
<i>lamivudine (hbv) tabs</i>	1	MO; *	<i>acyclovir susp or 200 mg/5ml</i>	1	MO; *			
MAVYRET TABS	5	PA; NDS; +	<i>acyclovir tabs or 400 mg, 800 mg</i>	1	MO; *			
MODERIBA 1200 DOSE PACK TABS	3	+	<i>famciclovir tabs</i>	1	MO; *			
MODERIBA 800 DOSE PACK TABS	3	+	FAMVIR TABS (<i>Famciclovir</i>)	NF	MO			
MODERIBA TBPK	3	+	<i>valacyclovir hcl tabs or 1 gm, 500 mg, 1000 mg</i>	1	MO; *			
PEG-INTRON REDIPEN KIT	5	NDS; +	VALTREX TABS (<i>Valacyclovir HCl</i>)	NF	MO			
PEGASYS PROCLICK SOLN	5	NDS; +	ZOVIRAX CAPS OR 200 MG (<i>Acyclovir</i>)	NF	MO			
PEGASYS SOLN	5	NDS; +	ZOVIRAX SUSP OR 200 MG/ML (<i>Acyclovir</i>)	NF	MO			
			ZOVIRAX TABS OR 400 MG, 800 MG (<i>Acyclovir</i>)	NF	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Influenza Agents								
FLUMADINE TABS <i>(Rimantadine Hydrochloride)</i>	NF	MO	COREG TABS 3.125 MG <i>(Carvedilol)</i>	NF	SL(32 ea daily); MO			
oseltamivir phosphate caps or 30 mg	1	QL(4 ea daily); MO; *	COREG TABS 6.25 MG <i>(Carvedilol)</i>	NF	SL(16 ea daily); MO			
oseltamivir phosphate caps or 45 mg, 75 mg	1	MO; *	<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *			
oseltamivir phosphate susr or 6 mg/ml	1	MO; *	Beta Blockers Cardio-Selective					
RELENZA DISKHALER AEPB	3	MO; +	acebutolol hcl caps or 200 mg, 400 mg	1	MO; *			
rimantadine hydrochloride tabs	1	MO; *	atenolol tabs or 25 mg, 50 mg, 100 mg	1	MO; *			
TAMIFLU CAPS 30 MG <i>(Oseltamivir Phosphate)</i>	NF	QL(4 ea daily); MO	betaxolol hcl tabs	1	MO; *			
TAMIFLU CAPS 45 MG, 75 MG <i>(Oseltamivir Phosphate)</i>	NF	MO	bisoprolol fumarate tabs	1	MO; *			
TAMIFLU SUSR 6 MG/ML <i>(Oseltamivir Phosphate)</i>	NF	MO	BYSTOLIC TABS	3	MO; +			
Respiratory Syncytial Virus (RSV) Agents								
ribavirin solr in	1	*	LOPRESSOR TABS <i>(Metoprolol Tartrate)</i>	NF	MO			
VIRAZOLE SOLR <i>(Ribavirin)</i>	NF		metoprolol succinate tb24	1	MO; *			
BETA BLOCKERS - Drugs to Treat High Blood Pressure								
Alpha-Beta Blockers								
carvedilol phosphate cp24	1	MO; *	metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg	1	MO; *			
carvedilol tabs 12.5 mg	1	SL(8 ea daily); MO; *	METOPROLOL TARTRATE TABS OR 75 MG, 37.5 MG	3	MO; +			
carvedilol tabs 25 mg	1	SL(4 ea daily); MO; *	SECTRAL CAPS <i>(Acebutolol HCl)</i>	NF	MO			
carvedilol tabs 3.125 mg	1	SL(32 ea daily); MO; *	TENORMIN TABS <i>(Atenolol)</i>	NF	MO			
carvedilol tabs 6.25 mg	1	SL(16 ea daily); MO; *	TOPROL XL TB24 <i>(Metoprolol Succinate)</i>	NF	MO			
COREG CR CP24 <i>(Carvedilol Phosphate)</i>	NF	MO	ZEBETA TABS 10 MG <i>(Bisoprolol Fumarate)</i>	NF	MO			
COREG TABS 12.5 MG <i>(Carvedilol)</i>	NF	SL(8 ea daily); MO	Beta Blockers Non-Selective					
COREG TABS 25 MG <i>(Carvedilol)</i>	NF	SL(4 ea daily); MO	BETAPACE AF TABS <i>(Sotalol HCl (AFIB/AFL))</i>	NF	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
nadolol tabs or 20 mg, 40 mg, 80 mg	1	MO; *	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Diltiazem HCl Coated Beads</i>)	NF	MO
pindolol tabs	1	MO; *	CARDIZEM TABS (<i>Diltiazem HCl</i>)	NF	MO
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	1	MO; *	diltiazem hcl coated beads cp24	1	MO; *
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	MO; *	diltiazem hcl coated beads tb24	1	MO; *
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO; *	diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	MO; *
sotalol hcl (afib/afl) tabs	1	MO; *	diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO; *
Sotalol Hcl IV Soln	NF		diltiazem hcl extended release beads cp24	1	MO; *
sotalol hcl tabs	1	tabs; MO; *	diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	MO; *
SOTYLIZE SOLN	3	MO; +	felodipine tb24	1	MO; *
timolol maleate tabs or 10 mg	1	SL(6 ea daily); MO; *	nicardipine hcl caps or 20 mg, 30 mg	1	MO; *
timolol maleate tabs or 20 mg	1	SL(3 ea daily); MO; *	nifedipine caps or 20 mg	1	AL(Up to 64 yrs old); MO; *
timolol maleate tabs or 5 mg	1	SL(12 ea daily); MO; *	nifedipine tb24 or 30 mg, 60 mg, 90 mg	1	MO; *
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					
Calcium Channel Blockers					
ADALAT CC TB24 (<i>Nifedipine</i>)	NF	MO	nisoldipine tb24	1	MO; *
amlodipine besylate tabs or 10 mg	1	SL(1 ea daily); MO; *	NORVASC TABS 10 MG (<i>Amlodipine Besylate</i>)	NF	SL(1 ea daily); MO
amlodipine besylate tabs or 2.5 mg	1	SL(4 ea daily); MO; *	NORVASC TABS 2.5 MG (<i>Amlodipine Besylate</i>)	NF	SL(4 ea daily); MO
amlodipine besylate tabs or 5 mg	1	SL(2 ea daily); MO; *	NORVASC TABS 5 MG (<i>Amlodipine Besylate</i>)	NF	SL(2 ea daily); MO
CALAN SR TBCR (<i>Verapamil HCl</i>)	NF	MO	NYMALIZE SOLN	5	NDS; +
CALAN TABS (<i>Verapamil HCl</i>)	NF	MO	PROCARDIA XL TB24 (<i>Nifedipine</i>)	NF	MO
CARDIZEM CD CP24 (<i>Diltiazem HCl Coated Beads</i>)	NF	MO	SULAR TB24 (<i>Nisoldipine</i>)	NF	MO
CARDIZEM LA TB24 120 MG	2	MO; +	TIAZAC CP24 (<i>Diltiazem HCl Extended Release Beads</i>)	NF	MO

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verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO; *
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	MO; *
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	MO; *
VERELAN CP24 120 MG, 180 MG, 240 MG (Verapamil HCl)	NF	MO
VERELAN PM CP24 (Verapamil HCl)	NF	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO; +
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	1	MO; *
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 125 MCG, 250 MCG (Digoxin)	NF	MO
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs	1	MO; *
BIDIL TABS	3	MO; +
CADUET TABS (Amlodipine Besylate-Atorvastatin Calcium)	NF	MO
ENTRESTO TABS	3	PA; MO; +
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT SOLR 20 MCG, 40 MCG	2	Check plan for coverage; Limit 4 vials per month ;QL(0.14 49 ea daily); MO; NT; +
CIALIS TABS 10 MG, 20 MG	2	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
CIALIS TABS 5 MG, 2.5 MG	3	PA; Check plan for coverage;MO; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
LEVITRA TABS	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
sildenafil citrate tabs or 25 mg, 50 mg, 100 mg	1	Check plan for coverage;QL(0.1449 ea daily); MO; NT; *
STAXYN TBDP	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
VIAGRA TABS 25 MG (Sildenafil Citrate)	NF	Check plan for coverage;QL(0.1449 ea daily); MO; NT
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 0.25 MG, 1 MG, 5 MG, 2.5 MG	5	PA; NDS; +

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN SOLN	5	B/D; NDS;LA; +
TYVASO REFILL SOLN	5	B/D; NDS;LA; +
TYVASO SOLN	5	B/D; NDS;LA; +
TYVASO STARTER SOLN	5	B/D; NDS;LA; +
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; +
VENTAVIS SOLN 20 MCG/ML	5	B/D; NDS;LA; +
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	NDS;LA; +
OPSUMIT TABS	5	PA; NDS; +
TRACLEER TABS 125 MG, 62.5 MG	5	NDS;LA; +
TRACLEER TBSO 32 MG	5	NDS; +
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Tadalafil (Pulmonary Hypertension)</i>)	5	PA; NDS; +
REVATIO SOLN IV 10 MG/12.5ML (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; NDS
REVATIO TABS OR 20 MG (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; NDS; +
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *
<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; NDS; +
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; NDS;LA; +
UPTRAVI TBPK	5	PA; NDS;LA; +
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily); +

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily); +
ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; NDS;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</i>	1	MO; *
<i>cefadroxil susr</i>	1	MO; *
<i>cefadroxil tabs</i>	1	MO; *
<i>cefazolin sodium solr jj 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; *
<i>KEFLEX CAPS (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 jj 10 gm</i>	4	+
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	4	+
<i>cefprozil susr</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
cefprozil tabs	1	MO; *	ceftriaxone sodium solr iv 10 gm	4	MO; +
CEFTIN TABS 500 MG (Cefuroxime Axetil)	NF	MO	ceftriaxone sodium solr iv 2 gm	4	SL(2 ea daily); MO; +
cefuroxime axetil tabs	1	MO; *	FORTAZ SOLR IJ 1 GM, 2 GM (Ceftazidime)	NF	MO
cefuroxime sodium solr ij 7.5 gm	4	+	FORTAZ SOLR IJ 6 GM (Ceftazidime)	NF	
cefuroxime sodium solr ij 750 mg	4	MO; +	SUPRAX CAPS 400 MG	3	MO; +
cefuroxime sodium solr iv 1.5 gm	4	+	SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Cefixime)	NF	MO
ZINACEF SOLR IJ 7.5 GM (Cefuroxime Sodium)	NF		Cephalosporins - 4th Generation		
ZINACEF SOLR IJ 750 MG (Cefuroxime Sodium)	NF	MO	cefepime hcl solr	4	MO; +
ZINACEF SOLR IV 1.5 GM (Cefuroxime Sodium)	NF		CEFEPIME SOLN	4	+
Cephalosporins - 3rd Generation			MAXIPIME SOLR IJ 1 GM, 2 GM (Cefepime HCl)	NF	MO
cefdinir caps	1	MO; *	Cephalosporins - 5th Generation		
cefdinir susr	1	MO; *	TEFLARO SOLR	4	+
cefixime susr	1	MO; *	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
cefpodoxime proxetil susr	1	MO; *	Combination Contraceptives - Oral		
cefpodoxime proxetil tabs	1	MO; *	BEYAZ TABS (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	MO
ceftazidime solr ij 1 gm, 2 gm	4	MO; +	BREVICON-28 TABS (Norethindrone & Eth Estradiol)	NF	MO
ceftazidime solr ij 6 gm	4	+	DESOGEN TABS (Desogestrel & Ethinyl Estradiol)	NF	MO
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE SOLN 20MG/ML	4	SL(200 ml daily); +	desogestrel & ethinyl estradiol tabs	1	MO; *
ceftriaxone sodium solr ij 1 gm	4	SL(4 ea daily); MO; +	desogestrel-ethinyl estradiol (biphasic) tabs	1	MO; *
ceftriaxone sodium solr ij 2 gm	4	SL(2 ea daily); MO; +	drospirenone-ethinyl estradiol tabs	1	MO; *
ceftriaxone sodium solr ij 250 mg	4	SL(16 ea daily); MO; +	drospirenone-ethinyl estradiol-levomefolate calcium tabs	1	MO; *
ceftriaxone sodium solr ij 500 mg	4	SL(8 ea daily); MO; +			
ceftriaxone sodium solr iv 1 gm	4	SL(4 ea daily); +			

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ethynodiol diacet & eth estrad tabs	1	MO; *	norethin acet & estrad-fe tabs	1	MO; *
FEMCON FE CHEW (Norethindrone & Ethinyl Estradiol-Fe)	NF	MO	norethindrone & eth estradiol tabs	1	MO; *
GENERESS FE CHEW (Norethindrone & Ethinyl Estradiol-Fe)	NF	MO	norethindrone & ethinyl estradiol-fe chew	1	MO; *
levonorgestrel & eth estradiol tabs	1	MO; *	norethindrone acet & eth estra tabs	1	MO; *
levonorgestrel-eth estradiol (triphasic) tabs	1	MO; *	norethindrone-eth estradiol (triphasic) tabs	1	MO; *
levonorgestrel-ethinyl estradiol (91-day) tabs	1	(QUARTETTE); MO; *	norgestimate-ethinyl estradiol (triphasic) tabs	1	MO; *
levonorgestrel-ethinyl estradiol (91-day) tabs	1	biphasic;MO; *	norgestimate-ethinyl estradiol tabs	1	MO; *
levonorgestrel-ethinyl estradiol (continuous) tabs	1	MO; *	norgestrel & ethinyl estradiol tabs	1	MO; *
LO LOESTRIN FE TABS	3	MO; +	NORINYL 1+35 TABS (Norethindrone & Eth Estradiol)	NF	MO
LOESTRIN 1.5/30-21 TABS (Norethindrone Acet & Eth Estra)	NF	MO	ORTHO TRI-CYCLEN LO TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	NF	MO
LOESTRIN 1/20-21 TABS (Norethindrone Acet & Eth Estra)	NF	MO	ORTHO TRI-CYCLEN TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	NF	MO
LOESTRIN FE 1.5/30 TABS (Norethin Acet & Estrad-Fe)	NF	MO	ORTHO-CYCLEN TABS (Norgestimate-Ethinyl Estradiol)	NF	MO
LOESTRIN FE 1/20 TABS (Norethin Acet & Estrad-Fe)	NF	MO	ORTHO-NOVUM 1/35 TABS (Norethindrone & Eth Estradiol)	NF	MO
LOSEASONIQUE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	biphasic;MO	ORTHO-NOVUM 7/7/7 TABS (Norethindrone-Eth Estradiol (Triphasic))	NF	MO
MINASTRIN 24 FE CHEW (Norethin Acet & Estrad-Fe)	NF	MO	OVCON-35 TABS (Norethindrone & Eth Estradiol)	NF	MO
MIRCETTE TABS (Desogestrel-Ethinyl Estradiol (Biphasic))	NF	MO	QUARTETTE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	(QUARTETTE); MO
MODICON TABS (Norethindrone & Eth Estradiol)	NF	MO	SAFYRAL TABS (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	MO
norethin acet & estrad-fe chew	1	MO; *			

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SEASONIQUE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	biphasic;MO	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
TAYTULLA CAPS	3	MO; +	Glucocorticosteroids		
YASMIN 28 TABS (Drospirenone-Ethinyl Estradiol)	NF	MO	<i>betamethasone sod phosphate & acetate susp</i>	4	MO; +
YAZ TABS (Drospirenone-Ethinyl Estradiol)	NF	MO	<i>budesonide cpep or 3 mg</i>	5	NDS;MO; +
Combination Contraceptives - Transdermal			<i>budesonide tb24 or 9 mg</i>	5	NDS;MO; +
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *	CELESTONE-SOLUSPAN SUSP (Betamethasone Sod Phosphate & Acetate)	NF	MO
Combination Contraceptives - Vaginal			CORTEF TABS (Hydrocortisone)	NF	MO
NUVARING RING	2	MO; +	<i>cortisone acetate tabs or</i>	1	MO; *
Emergency Contraceptives			DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
ELLA TABS	2	+	DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Methylprednisolone Acetate)	NF	MO
Progestin Contraceptives - Injectable			<i>dexamethasone elix or 0.5 mg/5ml</i>	1	MO; *
DEPO-PROVERA CONTRACEPTIVE SUSP (Medroxyprogesterone Acetate (Contraceptive))	NF	MO	<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	Preservative Free;MO; +
DEPO-PROVERA CONTRACEPTIVE SUSY (Medroxyprogesterone Acetate (Contraceptive))	NF	MO	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML (Dexamethasone Sodium Phosphate)	4	Preservative Free;MO; +
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; +	<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i>	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; +	<i>dexamethasone soln or 0.5 mg/5ml</i>	1	MO; *
Progestin Contraceptives - Oral			<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 6 mg, 1.5 mg</i>	1	MO; *
NOR-QD TABS (Norethindrone (Contraceptive))	NF	MO	<i>dexamethasone tbpk or 1.5 mg</i>	1	MO; *
<i>norethindrone (contraceptive) tabs</i>	1	MO; *	EMFLAZA SUSP	5	PA; NDS;LA; MO; +
ORTHO MICRONOR TABS (Norethindrone (Contraceptive))	NF	MO			

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Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TABS	5	PA; NDS;LA; MO; +
ENTOCORT EC CPEP (Budesonide)	NF	NDS;MO
hydrocortisone tabs or 5 mg, 10 mg, 20 mg	1	MO; *
KENALOG-10 SUSP	4	MO; +
KENALOG-40 SUSP (Triamcinolone Acetonide)	NF	MO
MEDROL DOSEPAK TBPK (Methylprednisolone)	NF	MO
MEDROL TABS 2 MG	2	MO; +
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Methylprednisolone)	NF	MO
methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml	1	MO; *
methylprednisolone sod succ solr	1	MO; *
methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg	1	MO; *
methylprednisolone tbpk or 4 mg	1	MO; *
ORAPRED ODT TBDP (Prednisolone Sodium Phosphate)	NF	MO
prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 25 mg/5ml	1	MO; *
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	1	MO; *
prednisolone soln or 15 mg/5ml	1	MO; *
prednisolone syrup or 15 mg/5ml	1	MO; *
prednisolone tabs or 5 mg	1	MO; *
prednisone conc or 5 mg/ml	1	MO; *
prednisone soln or 5 mg/5ml	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg	1	MO; *
prednisone tbpk or 5 mg, 10 mg	1	MO; *
SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG	4	MO; +
SOLU-CORTEF SOLR 1000 MG	4	+
SOLU-MEDROL SOLR 2 GM	4	+
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Methylprednisolone Sod Succ)	NF	MO
triamicinolone acetonide susp ij 40 mg/ml	4	MO; +
UCERIS TB24 OR 9 MG (Budesonide)	NF	NDS;MO
Mineralocorticoids		
fludrocortisone acetate tabs or	1	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg, 150 mg, 200 mg	1	MO; NT; *
TESSALON PERLES CAPS (Benzonatate)	NF	MO; NT
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; +
hydrocodone polistirex-chlorpheniramine polistirex suer	1	AL(Up to 64 yrs old); MO; NT; *
promethazine & phenylephrine soln	1	AL(Up to 64 yrs old); MO; *
promethazine & phenylephrine syrup	1	AL(Up to 64 yrs old); MO; *
promethazine-phenylephrine-codeine syrup	1	AL(Up to 64 yrs old); MO; NT; *
pseudoephed-cpm w/ hydrocod soln	1	AL(Up to 64 yrs old); MO; NT; *
SEMPREX-D CAPS	3	MO; +

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TUSSIONEX PENNKinetic EXTENDED RELEASE SUER (<i>Hydrocodone Polistirex-Chlorpheniramine Polistirex</i>)	NF	AL(Up to 64 yrs old); MO; NT	BENZAMYCIN GEL (<i>Benzoyl Peroxide-Erythromycin</i>)	NF	MO
ZUTRIPRO SOLN (<i>Pseudoephed-CPM w/ Hydrocod</i>)	NF	AL(Up to 64 yrs old); MO; NT	<i>benzoyl peroxide-erythromycin gel</i>	1	MO; *
Mucolytics			CLEOCIN-T GEL (<i>Clindamycin Phosphate (Topical)</i>)	NF	MO
<i>acetylcysteine soln in 10 %, 20 %</i>	1	B/D; MO; *	CLEOCIN-T LOTN (<i>Clindamycin Phosphate (Topical)</i>)	NF	MO
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
ABSORICA CAPS 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	+	CLEOCIN-T SOLN (<i>Clindamycin Phosphate (Topical)</i>)	NF	MO
ABSORICA CAPS 30 MG (<i>Isotretinoin</i>)	3	+	CLEOCIN-T SWAB (<i>Clindamycin Phosphate (Topical)</i>)	NF	MO
ACANYA GEL	3	MO; +	CLINDAGEL GEL	3	MO; +
<i>adapalene crea 0.1 %</i>	1	MO; *	<i>clindamycin phosphate (topical) foam</i>	1	MO; *
<i>adapalene gel 0.1 %</i>	1	RX/OTC; MO; *	<i>clindamycin phosphate (topical) gel</i>	1	MO; *
<i>adapalene gel 0.3 %</i>	1	MO; *	<i>clindamycin phosphate (topical) lotion</i>	1	MO; *
<i>adapalene-benzoyl peroxide gel</i>	1	MO; *	<i>clindamycin phosphate (topical) solution</i>	1	MO; *
ATRALIN GEL (<i>Tretinoin</i>)	NF	MO	<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; *
AVAR-E LS CREA (<i>Sulfacetamide Sodium w/ Sulfur</i>)	NF	MO; NT	<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; *
AZELEX CREA	3	MO; +	<i>clindamycin phosphate-tretinoin gel</i>	1	MO; *
BENZACLIN GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	MO	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL	3	MO; +
BENZACLIN WITH PUMP GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	MO	DIFFERIN CREA 0.1 % (<i>Adapalene</i>)	NF	MO
			DIFFERIN GEL 0.1 % (<i>Adapalene</i>)	NF	RX/OTC; MO
			DIFFERIN GEL 0.3 % (<i>Adapalene</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits
DUAC GEL (<i>Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	NF	MO
EPIDUO GEL (<i>Adapalene-Benzoyl Peroxide</i>)	NF	MO
ERYGEL GEL (<i>Erythromycin (Acne Aid)</i>)	NF	MO
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	1	MO; *
EVOCLIN FOAM (<i>Clindamycin Phosphate (Topical)</i>)	NF	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>)	NF	MO
PLEXION CLEANSER LIQD (<i>Sulfacetamide Sodium w/ Sulfur</i>)	NF	MO; NT
RETIN-A CREA (<i>Tretinoi</i> n)	NF	MO
RETIN-A GEL (<i>Tretinoi</i> n)	NF	MO
RETIN-A MICRO GEL 0.04 %, 0.1 % (<i>Tretinoi</i> n Microsphere)	NF	MO
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (<i>Tretinoi</i> n Microsphere)	NF	MO
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; *
<i>tretinoi</i> n crea ex 0.025 %, 0.05 %, 0.1 %	1	MO; *
<i>tretinoi</i> n gel ex 0.025 %, 0.01 %, 0.05 %	1	MO; *
<i>tretinoi</i> n microsphere gel	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
ZIANA GEL (<i>Clindamycin Phosphate-Tretinoi</i> n)	NF	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	5	NDS;MO; +
VOLTAREN GEL (<i>Diclofenac Sodium (Topical)</i>)	NF	MO
Antibiotics - Topical		
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>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; *
<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; +

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EXELDERM SOLN	3	MO; +	OXISTAT LOTN	3	MO; +	
EXTINA FOAM (Ketoconazole (Topical))	NF	MO	Antineoplastic or Premalignant Lesion Agents -			
JUBLIA SOLN	3	PA; MO; +	CARAC CREA	5	NDS;MO; +	
KERYDIN SOLN	3	PA; MO; +	diclofenac sodium (actinic keratoses) gel	5	NDS;MO; +	
ketoconazole (topical) crea	1	MO; *	EFUDEX CREA (Fluorouracil (Topical))	NF	MO	
ketoconazole (topical) foam	1	MO; *	fluorouracil (topical) crea	1	MO; *	
ketoconazole (topical) sham	1	MO; *	fluorouracil (topical) soln	1	MO; *	
LOPROX CREA 0.77 % (Ciclopirox Olamine)	NF	MO	FLUOROURACIL CREA EX 0.5 %	5	NDS;MO; +	
LOPROX SHAMPOO SHAM (Ciclopirox)	NF	MO	PANRETIN GEL	2	MO; +	
LOPROX SUSP 0.77 % (Ciclopirox Olamine)	NF	MO	PICATO GEL	5	NDS;MO; +	
LULICONAZOLE CREA	3	MO; +	SOLARAZE GEL (Diclofenac Sodium (Actinic Keratoses))	NF	NDS;MO	
LUZU CREA	3	MO; +	TARGRETIN GEL EX 1 %	5	NDS; +	
MENTAX CREA	2	RX/OTC; MO; +	VALCHLOR GEL	5	PA; NDS;MO; +	
naftifine hcl crea	1	MO; *	Antipruritics - Topical			
NAFTIN CREA 2 % (Naftifine HCl)	NF	MO	DOXE PIN HYDROCHLORIDE CREA EX	3	MO; +	
NAFTIN GEL 1 %, 2 %	3	MO; +	PRUDOXIN CREA	3	MO; +	
NIZORAL SHAM (Ketoconazole (Topical))	NF	MO	ZONALON CREA	3	MO; +	
nystatin (topical) crea	1	MO; *	Antipsoriatics			
nystatin (topical) oint	1	MO; *	acitretin caps	5	NDS;MO; +	
nystatin (topical) powd	1	MO; *	calcipotriene crea	1	MO; *	
nystatin-triamcinolone crea	1	MO; *	calcipotriene oint	1	MO; *	
nystatin-triamcinolone oint	1	MO; *	calcipotriene soln	1	MO; *	
oxiconazole nitrate crea	1	MO; *	CALCITRIOL OINT EX 3 MCG/GM	3	MO; +	
OXISTAT CREA (Oxiconazole Nitrate)	NF	MO	COSENTYX SENSOREADY PEN SOAJ	5	PA; NDS;LA; +	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
COSENTYX SOSY	5	PA; NDS;LA; +	ZOVIRAX CREA EX 5 %	5	NDS;MO; +	
DOVONEX CREA (Calcipotriene)	NF	MO	ZOVIRAX OINT EX 5 % (Acyclovir Topical)	NF	MO	
<i>methoxsalen rapid caps</i>	5	NDS;MO; +	Burn Products			
OXSORALEN ULTRA CAPS (Methoxsalen Rapid)	NF	NDS;MO	SILVADENE CREA (Silver Sulfadiazine)	NF	MO	
SILIQ SOSY	5	PA; NDS; +	<i>silver sulfadiazine crea ex</i>	1	MO; *	
SORIATANE CAPS (Acitretin)	NF	NDS;MO	SULFAMYLON CREA 85 MG/GM	3	MO; +	
SORILUX FOAM	3	MO; +	Corticosteroids - Topical			
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	5	PA; NDS; +	ACLOVATE CREA (Alclometasone Dipropionate)	NF	MO	
TALTZ SOAJ	5	PA; NDS; +	<i>alclometasone dipropionate crea</i>	1	MO; *	
TALTZ SOSY	5	PA; NDS; +	<i>alclometasone dipropionate oint</i>	1	MO; *	
<i>tazarotene crea</i>	1	MO; *	<i>amcinonide crea</i>	1	MO; *	
TAZORAC CREA 0.05 %	2	MO; +	<i>betamethasone dipropionate (topical) crea</i>	1	MO; *	
TAZORAC CREA 0.1 % (Tazarotene)	NF	MO	<i>betamethasone dipropionate (topical) lotn</i>	1	MO; *	
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +	<i>betamethasone dipropionate (topical) oint</i>	1	MO; *	
TREMFYA SOSY	5	PA; NDS; +	<i>betamethasone dipropionate augmented crea</i>	1	MO; *	
VECTICAL OINT	3	MO; +	<i>betamethasone dipropionate augmented gel</i>	1	MO; *	
Antiseborheic Products			<i>betamethasone dipropionate augmented lotn</i>	1	MO; *	
OVACE PLUS WASH LIQD (Sulfacetamide Sodium)	NF	MO; NT	<i>betamethasone dipropionate augmented oint</i>	1	MO; *	
OVACE WASH LIQD (Sulfacetamide Sodium)	NF	MO; NT	<i>betamethasone valerate crea ex 0.1 %</i>	1	MO; *	
<i>selenium sulfide lotn ex 2.5 %</i>	1	MO; *	<i>betamethasone valerate foam ex 0.12 %</i>	1	MO; *	
Antivirals - Topical			<i>betamethasone valerate lotn ex 0.1 %</i>	1	MO; *	
<i>acyclovir topical oint</i>	1	MO; *				
DENAVIR CREA	5	NDS;MO; +				
XERESE CREA	3	MO; +				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate oint ex 0.1 %</i>	1	MO; *	DERMA-SMOOTH/FS SCALP OIL (<i>Fluocinolone Acetonide</i>)	NF	MO
<i>calcipotriene- betamethasone dipropionate oint</i>	1	MO; *	DERMATOP CREA (<i>Prednicarbate</i>)	NF	MO
CAPEX SHAM	3	MO; +	DESONATE GEL	3	MO; +
<i>clobetasol propionate crea ex</i>	1	MO; *	<i>desonide crea ex</i>	1	MO; *
<i>clobetasol propionate emollient base crea</i>	1	MO; *	<i>desonide lotn ex</i>	1	MO; *
<i>clobetasol propionate foam ex</i>	1	Non-emulsion; MO; *	<i>desonide oint ex</i>	1	MO; *
<i>clobetasol propionate gel ex</i>	1	MO; *	DESOWEN CREA (<i>Desonide</i>)	NF	MO
<i>clobetasol propionate liqd ex</i>	1	MO; *	DESOWEN LOTN (<i>Desonide</i>)	NF	MO
<i>clobetasol propionate lotn ex</i>	1	MO; *	<i>desoximetasone crea ex 0.05 %, 0.25 %</i>	1	MO; *
<i>clobetasol propionate oint ex</i>	1	MO; *	<i>desoximetasone gel ex 0.05 %</i>	1	MO; *
<i>clobetasol propionate sham ex</i>	1	MO; *	<i>desoximetasone liqd ex 0.25 %</i>	1	MO; *
<i>clobetasol propionate soln ex</i>	1	MO; *	<i>desoximetasone oint ex 0.05 %, 0.25 %</i>	1	MO; *
CLOBEX LIQD (<i>Clobetasol Propionate</i>)	NF	MO	<i>diflorasone diacetate crea</i>	1	MO; *
CLOBEX LOTN (<i>Clobetasol Propionate</i>)	NF	MO	<i>diflorasone diacetate oint</i>	1	MO; *
CLOBEX SHAM (<i>Clobetasol Propionate</i>)	NF	MO	DIPROLENE AF CREA (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
CLOCORTOLONE PIVALATE CREA	3	MO; +	DIPROLENE LOTN (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
CLOCORTOLONE PIVALATE PUMP CREA	3	MO; +	DIPROLENE OINT (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
CLODERM CREA	3	MO; +	ELOCON CREA (<i>Mometasone Furoate</i>)	NF	MO
CLODERM PUMP CREA	3	MO; +	ELOCON OINT (<i>Mometasone Furoate</i>)	NF	MO
CORDRAN TAPE 4 MCG/SQCM	3	MO; +	ENSTILAR FOAM	5	NDS; MO; +
CUTIVATE LOTN (<i>Fluticasone Propionate</i>)	NF	MO	<i>fluocinolone acetonide crea ex 0.025 %, 0.01 %</i>	1	MO; *
DERMA-SMOOTH/FS BODY OIL (<i>Fluocinolone Acetonide</i>)	NF	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide oil ex 0.01 %	1	MO; *	hydrocortisone butyrate lotn	1	MO; *
fluocinolone acetonide oint ex 0.025 %	1	MO; *	hydrocortisone butyrate oint	1	MO; *
fluocinolone acetonide soln ex 0.01 %	1	MO; *	hydrocortisone butyrate soln	1	MO; *
fluocinonide crea ex 0.05 %, 0.1 %	1	MO; *	hydrocortisone valerate crea	1	MO; *
fluocinonide emulsified base crea	1	MO; *	hydrocortisone valerate oint	1	MO; *
fluocinonide gel ex 0.05 %	1	MO; *	KENALOG AERS (Triamcinolone Acetonide (Topical))	NF	MO
fluocinonide oint ex 0.05 %	1	MO; *	LOCOID CREA (Hydrocortisone Butyrate)	NF	MO
fluocinonide soln ex 0.05 %	1	MO; *	LOCOID LIPOCREAM CREA (Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	MO
flurandrenolide crea	1	MO; *	LOCOID LOTN (Hydrocortisone Butyrate)	NF	MO
flurandrenolide lotn	1	MO; *	LOCOID OINT (Hydrocortisone Butyrate)	NF	MO
fluticasone propionate crea ex 0.05 %	1	MO; *	LOCOID SOLN (Hydrocortisone Butyrate)	NF	MO
fluticasone propionate lotn ex 0.05 %	1	MO; *	LUXIQ FOAM (Betamethasone Valerate)	NF	MO
fluticasone propionate oint ex 0.005 %	1	MO; *	mometasone furoate crea ex	1	MO; *
halobetasol propionate crea	1	MO; *	mometasone furoate oint ex	1	MO; *
halobetasol propionate oint	1	MO; *	mometasone furoate soln ex	1	MO; *
HALOG CREA	3	MO; +	OLUX FOAM (Clobetasol Propionate)	NF	Non-emulsion; MO
hydrocortisone (topical) crea 1 %	1	RX/OTC; MO; *	prednicarbate crea	1	MO; *
hydrocortisone (topical) crea 2.5 %	1	MO; *	SYNALAR CREA (Fluocinolone Acetonide)	NF	MO
hydrocortisone (topical) lotn 2.5 %	1	MO; *	SYNALAR OINT (Fluocinolone Acetonide)	NF	MO
hydrocortisone (topical) oint 1 %	1	RX/OTC; MO; *	SYNALAR SOLN (Fluocinolone Acetonide)	NF	MO
hydrocortisone (topical) oint 2.5 %	1	MO; *	TACLONEX OINT (Calcipotriene-Betamethasone Dipropionate)	NF	MO
hydrocortisone butyrate crea	1	MO; *			
hydrocortisone butyrate hydrophilic lipo base crea	1	MO; *			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
TACLONEX SUSP	5	NDS;MO; +	LAC-HYDRIN LOTN (<i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC; MO	
TEMOVATE CREA (<i>Clobetasol Propionate</i>)	NF	MO	<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC; MO; *	
TEMOVATE E CREA (<i>Clobetasol Propionate Emollient Base</i>)	NF	MO	<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC; MO; *	
TEMOVATE OINT (<i>Clobetasol Propionate</i>)	NF	MO	Enzymes - Topical			
TOPICORT CREA 0.25 % (<i>Desoximetasone</i>)	NF	MO	SANTYL OINT	3	MO; +	
TOPICORT GEL 0.05 % (<i>Desoximetasone</i>)	NF	MO	Immunomodulating Agents - Topical			
TOPICORT LIQD 0.25 % (<i>Desoximetasone</i>)	3	MO; +	ALDARA CREA (<i>Imiquimod</i>)	NF	MO	
TOPICORT OINT 0.05 %, 0.25 % (<i>Desoximetasone</i>)	NF	MO	<i>imiquimod crea ex</i>	1	MO; *	
<i>triamcinolone acetonide (topical) aers</i>	1	MO; *	IMIQUIMOD PUMP CREA	5	NDS;MO; +	
<i>triamcinolone acetonide (topical) crea</i>	1	MO; *	ZYCLARA CREA	5	NDS;MO; +	
<i>triamcinolone acetonide (topical) lotn</i>	1	MO; *	ZYCLARA PUMP CREA 2.5 %, 3.75 %	5	NDS;MO; +	
Immunosuppressive Agents - Topical						
TRIDESILON CREA (<i>Desonide</i>)	NF	MO	ELIDEL CREA	3	PA; MO; +	
ULTRAVATE CREA (<i>Halobetasol Propionate</i>)	NF	MO	PROTOPIC OINT (<i>Tacrolimus (Topical)</i>)	NF	PA; MO	
ULTRAVATE LOTN	5	PA; NDS;MO; +	<i>tacrolimus (topical) oint</i>	1	PA; MO; *	
ULTRAVATE OINT (<i>Halobetasol Propionate</i>)	NF	MO	Keratolytic/Antimitotic Agents			
VANOS CREA (<i>Fluocinonide</i>)	NF	MO	CONDYLOX GEL	3	MO; +	
WESTCORT OINT (<i>Hydrocortisone Valerate</i>)	NF	MO	CONDYLOX SOLN (<i>Podoftilox</i>)	NF	MO	
Emollient/Keratolytic Agents			<i>podoftilox soln ex</i>	1	MO; *	
KERALAC CREA (<i>Urea</i>)	NF	MO; NT	VIRASAL LIQD (<i>Salicylic Acid</i>)	NF	MO	
Emollients			Local Anesthetics - Topical			
LAC-HYDRIN CREA (<i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC; 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; *	

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<i>lidocaine-prilocaine crea</i>	1	MO; *
LIDODERM PTCH (<i>Lidocaine</i>)	NF	PA; MO
Misc. Topical		
CVS ISOPROPYL ALCOHOL WIPES MISC	2	RX/OTC; +
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED MISC	2	RX/OTC; +
GNP ISOPROPYL ALCOHOL WIPES MISC	2	RX/OTC; +
ISOPROPYL ALCOHOL WIPES MISC	2	RX/OTC; +
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	2	RX/OTC; +
RA ISOPROPYL ALCOHOL WIPES MISC	2	RX/OTC; +
SURE COMFORT ALCOHOL PREP PADS PADS	2	RX/OTC; +
Rosacea Agents		
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +
FINACEA GEL	3	MO; +
METROCREAM CREA (<i>Metronidazole (Topical)</i>)	NF	MO
METROGEL GEL (<i>Metronidazole (Topical)</i>)	NF	MO
METROLOTION LOTN (<i>Metronidazole (Topical)</i>)	NF	MO
<i>metronidazole (topical) crea</i>	1	MO; *
<i>metronidazole (topical) gel</i>	1	MO; *
<i>metronidazole (topical) lotn</i>	1	MO; *
MIRVASO GEL	3	PA; MO; +
NORITATE CREA	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
ORACEA CPDR	3	MO; +
SOOLANTRA CREA	3	MO; +
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	MO; *
ELIMITE CREA (<i>Permethrin</i>)	NF	MO
EURAX CREA	3	MO; +
EURAX LOTN (<i>Crotamiton</i>)	3	MO; +
<i>malathion lotn</i>	1	MO; *
OVIDE LOTN (<i>Malathion</i>)	NF	MO
<i>permethrin crea ex 5 %</i>	1	MO; *
Wound Care Products		
REGRANEX GEL	5	NDS;MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 76000UNIT-24000UNIT-120000UNIT	3	MO; +
CREON CPEP 9500UNIT-3000UNIT-15000UNIT, 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 114000UNIT-36000UNIT-180000UNIT	2	MO; +
PANCREAZE CPEP	2	MO; +
PERTZYE CPEP	3	MO; +
SUCRAID SOLN	3	LA; +
VIOKACE TABS	3	MO; +

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ZENPEP CPEP 10000UNIT-3000UNIT-14000UNIT, 17000UNIT-5000UNIT-24000UNIT, 32000UNIT-10000UNIT-42000UNIT, 47000UNIT-15000UNIT-63000UNIT, 63000UNIT-20000UNIT-84000UNIT, 79000UNIT-25000UNIT-105000UNIT	3	MO; +	<i>spironolactone & hydrochlorothiazide tabs</i>	1	MO; *			
ZENPEP CPEP 126000UNIT-40000UNIT-168000UNIT	5	NDS;MO; +	<i>triamterene & hydrochlorothiazide caps 37.5mg-25mg</i>	1	MO; *			
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure								
Carbonic Anhydrase Inhibitors								
<i>acetazolamide cp 12 or 500 mg</i>	1	MO; *	<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *			
<i>acetazolamide tabs or 125 mg, 250 mg</i>	1	MO; *	BUMEX TABS (Bumetanide)	NF	MO			
DIAMOX CP12 (Acetazolamide)	NF	MO	DEMADEX TABS (Torsemide)	NF	MO			
KEVEYIS TABS	5	PA; NDS;SL(4 ea daily); MO; +	EDECIN TABS (Ethacrynic Acid)	NF	NDS;MO			
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *	<i>ethacrynic acid tabs</i>	5	NDS;MO; +			
NEPTAZANE TABS (Methazolamide)	NF	MO	<i>furosemide soln ij 10 mg/ml</i>	4	MO; +			
Diuretic Combinations								
ALDACTAZIDE TABS 25MG-25MG (Spironolactone & Hydrochlorothiazide)	NF	MO	<i>furosemide soln or 10 mg/ml</i>	1	MO; *			
ALDACTAZIDE TABS 50MG-50MG	2	MO; +	<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *			
<i>amiloride & hydrochlorothiazide tabs</i>	1	MO; *	LASIX TABS (Furosemide)	NF	MO			
DYAZIDE CAPS (Triamterene & Hydrochlorothiazide)	NF	MO	<i>torsemide tabs 5 mg, 10 mg, 20 mg, 100 mg</i>	1	MO; *			
MAXZIDE TABS (Triamterene & Hydrochlorothiazide)	NF	MO	Potassium Sparing Diuretics					
MAXZIDE-25 TABS (Triamterene & Hydrochlorothiazide)	NF	MO	ALDACTONE TABS (Spironolactone)	NF	MO			
			<i>amiloride hcl tabs or</i>	1	MO; *			
			DYRENIUM CAPS	3	MO; +			
			<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *			
Thiazides and Thiazide-Like Diuretics								
			<i>chlorothiazide tabs</i>	1	MO; *			
			<i>chlorthalidone tabs</i>	1	MO; *			

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Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide caps or 12.5 mg	1	MO; *
hydrochlorothiazide tabs or 25 mg, 50 mg, 12.5 mg	1	MO; *
indapamide tabs	1	MO; *
metolazone tabs	1	MO; *
MICROZIDE CAPS (Hydrochlorothiazide)	NF	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 35 MG (Risedronate Sodium)	NF	QL(0.15 ea daily); MO
ACTONEL TABS 5 MG, 30 MG (Risedronate Sodium)	NF	QL(1 ea daily); MO
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.15 ea daily); MO; *
alendronate sodium tabs 5 mg, 10 mg	1	MO; *
ATELVIA TBEC (Risedronate Sodium)	NF	QL(0.15 ea daily); MO
BONIVA SOLN IV 3 MG/3ML (Ibandronate Sodium)	NF	QL(0.036 ml daily); MO
BONIVA TABS OR 150 MG (Ibandronate Sodium)	NF	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO
calcitonin (salmon) soln	1	MO; *
FORTEO SOLN	5	PA; NDS; Limit 2.4mls per 28 days; QL(0.09 ml daily); +
FORTICAL SOLN	3	MO; +
FOSAMAX PLUS D TABS	3	QL(0.15 ea daily); MO; +
FOSAMAX TABS (Alendronate Sodium)	NF	QL(0.15 ea daily); MO
ibandronate sodium soln iv 3 mg/3ml	4	QL(0.036 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
ibandronate sodium tabs or 150 mg	1	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; *
MIACALCIN SOLN IJ 200 UNIT/ML	4	MO; +
NATPARA CART	5	PA; NDS; LA; +
PROLIA SOLN	2	PA; QL(0.006 ml daily); +
RECLAST SOLN (Zoledronic Acid)	NF	QL(0.28 ml daily)
risedronate sodium tabs 150 mg	1	QL(0.04 ea daily); MO; *
risedronate sodium tabs 35 mg	1	QL(0.15 ea daily); MO; *
risedronate sodium tabs 5 mg, 30 mg	1	QL(1 ea daily); MO; *
risedronate sodium tbec 35 mg	1	QL(0.15 ea daily); MO; *
TYMLOS SOPN	5	PA; NDS; +
XGEVA SOLN	5	NDS; Limit 6.8mls per 28 days; QL(0.243 ml daily); +
zoledronic acid conc 4 mg/5ml	4	+
zoledronic acid soln 5 mg/100ml	1	QL(0.28 ml daily); *
ZOMETA CONC 4 MG/5ML (Zoledronic Acid)	NF	
Corticotropin		
H.P. ACTHAR GEL	5	PA; NDS; LA; +
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
Growth Hormone Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR	5	PA; NDS;LA; +
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	5	NDS; +
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; NDS; +
HUMATROPE SOLR 12 MG, 24 MG	5	PA; NDS; +
HUMATROPE SOLR 6 MG	4	PA; +
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; NDS; +
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +
SEROSTIM SOLR 4 MG, 6 MG	5	PA; NDS; +
ZOMACTON SOLR 5 MG	4	PA; +
Hormone Receptor Modulators		
EVISTA TABS (<i>Raloxifene HC</i>)	NF	QL(1 ea daily); MO
OSPHENA TABS	3	MO; +
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA; +
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	5	NDS; +
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG, 11.25 MG	4	+
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS; +
SYNAREL SOLN	5	NDS;MO; +
TRIPTODUR SRER	5	NDS;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; MO; +
CARNITOR TABS OR 330 MG (<i>Levcarnitine (Metabolic Modifiers)</i>)	NF	RX/OTC; MO
CYSTADANE POWD	3	LA; MO; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *
FABRAZYME SOLR	5	NDS;LA; +
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Doxercalciferol</i>)	NF	MO
KANUMA SOLN	5	NDS;LA; +
KUVAN PACK	5	PA; NDS;LA; +
KUVAN TBSO	5	PA; NDS;LA; +
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC; MO; *
LUMIZYME SOLR	5	NDS;LA; +
MYALEPT SOLR	5	NDS;LA; MO; +
NAGLAZYME SOLN	5	NDS;LA; +
ORFADIN CAPS 2 MG, 5 MG, 10 MG, 20 MG	2	LA; MO; +
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *
RAVICTI LIQD	3	LA; +
RAYALDEE CPCR	3	PA; MO; +

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ROCALTROL CAPS (<i>Calcitriol</i>)	NF	MO
ROCALTROL SOLN (<i>Calcitriol</i>)	NF	MO
SENSIPAR TABS	2	+
STRENSIQ SOLN	5	PA; NDS;LA; MO; +
VIMIZIM SOLN	5	NDS;LA; +
XURIDEN PACK	5	NDS;SL(4 ea daily); MO; +
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>)	NF	MO
DDAVP SOLN NA 0.01 % (<i>Desmopressin Acetate Spray</i>)	NF	MO
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Desmopressin Acetate</i>)	NF	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		
<i>cabergoline tabs</i>	1	MO; *
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	+
SANDOSTATIN LAR DEPOT KIT	5	NDS; +
SANDOSTATIN SOLN (<i>Octreotide Acetate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 20 MG	5	NDS; Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO; +
SIGNIFOR LAR SRER 40 MG	5	NDS; Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO; +
SIGNIFOR LAR SRER 60 MG	5	NDS; Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO; +
SIGNIFOR SOLN	5	NDS;LA; MO; +
SOMATULINE DEPOT SOLN	5	NDS; +
Vasopressin Receptor Antagonists		
SAMSCA TABS	5	NDS; +
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Estradiol & Norethindrone Acetate</i>)	NF	AL(Up to 64 yrs old); MO
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; +
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; +
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *
FEMHRT LOW DOSE TABS (<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	AL(Up to 64 yrs old); MO
<i>norethindrone acetate- ethinyl estradiol tabs 2.5mcg-0.5mg</i>	1	AL(Up to 64 yrs old); MO; *
PREMPHASE TABS	3	AL(Up to 64 yrs old); MO; +
PREMPRO TABS	3	AL(Up to 64 yrs old); MO; +

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Estrogens					
CLIMARA PTWK <i>(Estradiol)</i>	NF	AL(Up to 64 yrs old); MO	CIPRO I.V.-IN D5W SOLN <i>(Ciprofloxacin in D5W)</i>	NF	MO
DELESTROGEN OIL 10 MG/ML	4	MO; +	CIPRO SUSR 500 MG/5ML <i>(Ciprofloxacin)</i>	NF	MO
DELESTROGEN OIL 20 MG/ML, 40 MG/ML <i>(Estradiol Valerate)</i>	NF	MO	CIPRO TABS 250 MG, 500 MG <i>(Ciprofloxacin HCl)</i>	NF	MO
DIVIGEL GEL	3	AL(Up to 64 yrs old); MO; +	CIPRO XR TB24 <i>(Ciprofloxacin-Ciprofloxacin HCl)</i>	NF	MO
ELESTRIN GEL	3	AL(Up to 64 yrs old); MO; +	ciprofloxacin hcl tabs or 100 mg, 250 mg, 500 mg, 750 mg	1	MO; *
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG <i>(Estradiol)</i>	NF	AL(Up to 64 yrs old); MO	ciprofloxacin in d5w soln 200mg/100ml-5%	4	+
estradiol pttw	1	AL(Up to 64 yrs old); MO; *	ciprofloxacin in d5w soln 400mg/200ml-5%	4	MO; +
estradiol ptwk	1	AL(Up to 64 yrs old); MO; *	ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml	1	MO; *
estradiol tabs	1	AL(Up to 64 yrs old); MO; *	ciprofloxacin-ciprofloxacin hcl tb24	1	MO; *
estradiol valerate oil im 20 mg/ml, 40 mg/ml	4	MO; +	LEVAQUIN TABS 250 MG, 750 MG <i>(Levofloxacin)</i>	NF	QL(1 ea daily); MO
estropipate tabs 0.75 mg, 1.5 mg	1	AL(Up to 64 yrs old); MO; *	LEVAQUIN TABS 500 MG <i>(Levofloxacin)</i>	NF	MO
EVAMIST SOLN	3	AL(Up to 64 yrs old); MO; +	levofloxacin in d5w soln	4	+
MENOSTAR PTWK	3	AL(Up to 64 yrs old); MO; +	levofloxacin soln iv 25 mg/ml	4	+
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	3	AL(Up to 64 yrs old); MO; +	levofloxacin soln or 25 mg/ml	1	MO; *
VIVELLE-DOT PTTW <i>(Estradiol)</i>	NF	AL(Up to 64 yrs old); MO	levofloxacin tabs or 250 mg, 750 mg	1	QL(1 ea daily); MO; *
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections					
Fluoroquinolones					
AVELOX ABC PACK TABS <i>(Moxifloxacin HCl)</i>	NF	MO	Farnesoid X Receptor (FXR) Agonists		
AVELOX TABS OR 400 MG <i>(Moxifloxacin HCl)</i>	NF	MO	OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily); +
BAXDELA SOLR IV 300 MG	5	PA; NDS; +	OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily); +
BAXDELA TABS OR 450 MG	5	ST; NDS; +	Gallstone Solubilizing Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTIGALL CAPS <i>(Ursodiol)</i>	NF	MO	COLAZAL CAPS <i>(Balsalazide Disodium)</i>	NF	MO
CHENODAL TABS	5	NDS;LA; +	DIPENTUM CAPS	5	NDS;MO; +
URSO 250 TABS <i>(Ursodiol)</i>	NF	MO	ENTYVIO SOLR	5	PA; NDS; +
URSO FORTE TABS <i>(Ursodiol)</i>	NF	MO	INFLECTRA SOLR	5	PA; NDS; +
<i>ursodiol caps or 300 mg</i>	1	MO; *	LIALDA TBEC <i>(Mesalamine)</i>	NF	MO
<i>ursodiol tabs or 250 mg, 500 mg</i>	1	MO; *	<i>mesalamine enem re 4 gm</i>	1	MO; *
Gastrointestinal Antiallergy Agents			<i>mesalamine tbec or 1.2 gm</i>	1	MO; *
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; *	<i>mesalamine tbec or 800 mg</i>	2	MO; +
GASTROCROM CONC <i>(Cromolyn Sodium (Mastocytosis))</i>	NF	MO	<i>mesalamine w/ cleanser kit</i>	1	MO; *
Gastrointestinal Chloride Channel Activators			REMICADE SOLR	5	PA; NDS; +
AMITIZA CAPS	2	MO; +	ROWASA KIT (<i>Mesalamine w/ Cleanser</i>)	NF	MO
Gastrointestinal Stimulants			STELARA SOLN IV 130 MG/26ML	5	PA; NDS; +
<i>metoclopramide hcl soln jj 5 mg/ml</i>	4	MO; +	<i>sulfasalazine tabs or</i>	1	MO; *
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	MO; *	<i>sulfasalazine tbec or</i>	1	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *	Intestinal Acidifiers		
REGLAN TABS <i>(Metoclopramide HCl)</i>	NF	MO	<i>lactulose (encephalopathy) soln</i>	1	MO; *
Inflammatory Bowel Agents			Irritable Bowel Syndrome (IBS) Agents		
ASACOL HD TBEC <i>(Mesalamine)</i>	NF	MO	<i>alosetron hcl tabs</i>	5	PA; NDS;MO; +
AZULFIDINE EN-TABS TBEC (<i>Sulfasalazine</i>)	NF	MO	LINZESS CAPS	2	MO; +
AZULFIDINE TABS (<i>Sulfasalazine</i>)	NF	MO	LOTRONEX TABS <i>(Alosetron HCl)</i>	NF	PA; NDS;MO
<i>balsalazide disodium caps</i>	1	MO; *	VIBERZI TABS	5	PA; NDS;MO; +
CANASA SUPP	5	NDS;MO; +	Peripheral Opioid Receptor Antagonists		
CIMZIA KIT	5	PA; NDS; +	MOVANTIK TABS	3	MO; +
CIMZIA STARTER KIT KIT	5	PA; NDS; +	RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	NDS;MO; +
			RELISTOR TABS OR 150 MG	5	PA; NDS;MO; +

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Drug Name	Drug Tier	Requirements/Limits
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	1	MO; *
calcium acetate (phosphate binder) tabs	1	RX/OTC; MO; *
ELIPHOS TABS (Calcium Acetate (Phosphate Binder))	NF	RX/OTC; MO
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Lanthanum Carbonate)	NF	MO
lanthanum carbonate chew	1	MO; *
RENELA PACK 0.8 GM, 2.4 GM (Sevelamer Carbonate)	NF	NDS;MO
RENELA TABS 800 MG (Sevelamer Carbonate)	NF	MO
sevelamer carbonate pack 0.8 gm, 2.4 gm	5	NDS;MO; +
sevelamer carbonate tabs 800 mg	1	MO; *
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; NDS;LA; +
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; NDS;LA; MO; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalizers		
potassium citrate (alkalinizer) tbc	1	MO; *
UROCIT-K 10 TBCR (Potassium Citrate (Alkalizer))	NF	MO
UROCIT-K 15 TBCR (Potassium Citrate (Alkalizer))	NF	MO
UROCIT-K 5 TBCR (Potassium Citrate (Alkalizer))	NF	MO
Cystinosis Agents		

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS	3	+
PROSYSBI CPDR	3	LA; MO; +
Genitourinary Irrigants		
acetic acid soln	1	MO; *
neomycin/polymyxin b gu soln	1	MO; *
NEOSPORIN GU IRRIGANT SOLN (Neomycin/Polymyxin B GU)	NF	MO
sodium chloride (gu irrigant) soln	1	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; +
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	1	MO; *
AVODART CAPS (Dutasteride)	NF	MO
CARDURA XL TB24	3	MO; +
dutasteride caps	1	MO; *
dutasteride-tamsulosin hcl caps	1	MO; *
finasteride tabs or	1	MO; *
FLOMAX CAPS (Tamsulosin HCl)	NF	MO
JALYN CAPS (Dutasteride-Tamsulosin HCl)	NF	MO
PROSCAR TABS (Finasteride)	NF	MO
RAPAFLO CAPS	3	MO; +
tamsulosin hcl caps	1	MO; *
UROXATRAL TB24 (Alfuzosin HCl)	NF	MO
Urinary Analgesics		
PYRIDIUM TABS (Phenazopyridine HCl)	NF	MO; NT

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Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	MO; *
DUZALLO TABS 200MG-300MG	3	SL(1 ea daily); MO; +
Gout Agents		
allopurinol tabs or 100 mg	1	SL(8 ea daily); MO; *
allopurinol tabs or 300 mg	1	SL(2.66 ea daily); MO; *
colchicine tabs or	2	MO; +
COLCHICINE TABS OR	2	MO; +
ULORIC TABS	2	MO; +
ZURAMPIC TABS	3	PA; SL(1 ea daily); MO; +
ZYLOPRIM TABS 100 MG (Allopurinol)	NF	SL(8 ea daily); MO
ZYLOPRIM TABS 300 MG (Allopurinol)	NF	SL(2.66 ea daily); MO
Uricosurics		
probenecid tabs	1	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	5	PA; NDS; +
Complement Inhibitors		
BERINERT KIT	5	NDS;LA; +
CINRYZE SOLR	5	PA; NDS;LA; +
HAEGARDA SOLR	5	PA; NDS; +
RUCONEST SOLR	5	NDS; +
Hematorheologic Agents		
pentoxifylline tbcr or	1	MO; *
Plasma Kallikrein Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
KALBITOR SOLN	5	NDS; +
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (Aspirin-Dipyridamole)	NF	MO
AGRYLIN CAPS (Anagrelide HCl)	NF	MO
<i>anagrelide hcl caps</i>	1	MO; *
<i>aspirin-dipyridamole cp12</i>	1	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(Up to 64 yrs old); MO; *
EFFIENT TABS (Prasugrel HCl)	NF	MO
PLAVIX TABS 300 MG (Clopidogrel Bisulfate)	NF	
PLAVIX TABS 75 MG (Clopidogrel Bisulfate)	NF	MO
<i>prasugrel hcl tabs</i>	1	MO; *
ZONTIVITY TABS	2	MO; +
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; NDS; +
CEREZYME SOLR	5	PA; NDS;LA; +
ELELYSO SOLR	5	NDS; +
<i>miglustat caps</i>	5	NDS;LA; MO; +
VPRIV SOLR	5	NDS; +
ZAVESCA CAPS (Miglustat)	NF	NDS;LA; MO
Agents for Sickle Cell Anemia		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
DROXIA CAPS	3	MO; +	NEULASTA ONPRO KIT PSKT	5	PA; NDS; +			
ENDARI PACK	5	PA; NDS; MO; +	NEULASTA SOSY	5	PA; NDS; +			
Cobalamins								
cyanocobalamin soln ij 1000 mcg/ml	4	MO; NT; +	NEUPOGEN SOLN	5	PA; NDS; +			
NASCOBAL SOLN	3	MO; NT; +	NEUPOGEN SOSY	5	PA; NDS; +			
Folic Acid/Folates								
folic acid tabs or 1 mg	1	RX/OTC; MO; NT; *	PROCIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML	2	PA; +			
Hematopoietic Growth Factors								
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; NDS; +	PROCIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NDS; +			
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; +	PROMACTA TABS 12.5 MG	5	PA; NDS; SL(12 ea daily); LA; +			
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 25 MCG/0.42ML	4	PA; +	PROMACTA TABS 25 MG	5	PA; NDS; SL(6 ea daily); LA; +			
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	5	PA; NDS; +	PROMACTA TABS 50 MG	5	PA; NDS; SL(3 ea daily); LA; +			
EPOGEN SOLN 10000 UNIT/ML	3	PA; +	PROMACTA TABS 75 MG	5	PA; NDS; SL(2 ea daily); LA; +			
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; +	ZARXIO SOSY	5	PA; NDS; +			
EPOGEN SOLN 20000 UNIT/ML	5	PA; NDS; +	Stem Cell Mobilizers					
GRANIX SOSY	5	PA; NDS; +	MOZOBIL SOLN	5	PA; NDS; +	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
LEUKINE SOLR	5	PA; NDS; +	Hemostatics - Systemic					
MIRCERA SOSY 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML	3	PA; MO; +	AMICAR SOLN 0.25 GM/ML	5	NDS; MO; +	AMICAR		
CYKLOKAPRON SOLN (<i>Tranexamic Acid</i>)						AMICAR TABS 1000 MG	5	NDS; +
LYSTEDA TABS (<i>Tranexamic Acid</i>)						AMICAR TABS 500 MG	3	MO; +
tranexamic acid soln iv 1000 mg/10ml						CYKLOKAPRON SOLN (<i>Tranexamic Acid</i>)	NF	
tranexamic acid tabs or 650 mg						LYSTEDA TABS (<i>Tranexamic Acid</i>)	NF	MO
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS						tranexamic acid soln iv 1000 mg/10ml	1	*
tranexamic acid tabs or 650 mg						tranexamic acid tabs or 650 mg	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Barbiturate Hypnotics					
BUTISOL SODIUM TABS	2	AL(Up to 64 yrs old); MO; +	RESTORIL CAPS (<i>Temazepam</i>)	NF	MO
<i>phenobarbital elix or 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *	SONATA CAPS (<i>Zaleplon</i>)	NF	AL(Up to 64 yrs old); MO
<i>phenobarbital soln or 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *	<i>temazepam caps</i>	1	MO; *
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	AL(Up to 64 yrs old); MO; *	<i>zaleplon caps</i>	1	AL(Up to 64 yrs old); MO; *
Hypnotics - Tricyclic Agents					
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +	<i>zolpidem tartrate subl sl 1.75 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +	<i>zolpidem tartrate subl sl 3.5 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
Non-Barbiturate Hypnotics					
AMBIEN CR TBCR 12.5 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(1 ea daily); MO	<i>zolpidem tartrate tabs or 5 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
AMBIEN CR TBCR 6.25 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(2 ea daily); MO	<i>zolpidem tartrate tbc or 12.5 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
AMBIEN TABS 10 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(1 ea daily); MO	<i>zolpidem tartrate tbc or 6.25 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
AMBIEN TABS 5 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(2 ea daily); MO	Orexin Receptor Antagonists		
EDLUAR SUBL 10 MG	3	AL(Up to 64 yrs old); SL(1 ea daily); MO; +	BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
EDLUAR SUBL 5 MG	3	AL(Up to 64 yrs old); SL(2 ea daily); MO; +	BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
<i>eszopiclone tabs</i>	1	AL(Up to 64 yrs old); MO; *	BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
INTERMEZZO SUBL 1.75 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(2 ea daily); MO	BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
INTERMEZZO SUBL 3.5 MG (<i>Zolpidem Tartrate</i>)	NF	AL(Up to 64 yrs old); SL(1 ea daily); MO	Selective Melatonin Receptor Agonists		
LUNESTA TABS (<i>Eszopiclone</i>)	NF	AL(Up to 64 yrs old); MO	HETLIOZ CAPS	5	PA; NDS; MO; +
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	*			

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CLENPIQ SOLN	3	MO; +	XYLOCAINE SOLN IJ 0.5 %, 1 %, 2 % (<i>Lidocaine HCl (Local Anesth.)</i>)	NF	
COLYTE-FLAVOR PACKS SOLR (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO	XYLOCAINE-MPF SOLN (<i>Lidocaine HCl (Local Anesth.)</i>)	NF	
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	MO; +	MACROLIDES - Drugs to Treat Bacterial Infections		
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO	Azithromycin		
MOVIPREP SOLR	3	MO; +	AZITHROMYCIN PACK OR 1 GM	2	MO; +
NULYTELY/FLAVOR PACKS SOLR (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	NF	MO	<i>azithromycin solr iv 500 mg</i>	4	MO; +
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	1	MO; *	<i>azithromycin susr or 100 mg/5ml</i>	1	QL(3 ml daily); MO; *
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	1	MO; *	<i>azithromycin susr or 200 mg/5ml</i>	1	QL(4.5 ml daily); MO; *
PREPOPIK PACK	3	MO; +	<i>azithromycin tabs or 250 mg</i>	1	QL(1.2 ea daily); MO; *
SUPREP BOWEL PREP KIT SOLN	3	MO; +	<i>azithromycin tabs or 500 mg</i>	1	QL(1 ea daily); MO; *
Laxatives - Miscellaneous			<i>azithromycin tabs or 600 mg</i>	1	QL(0.29 ea daily); MO; *
<i>lactulose soln</i>	1	MO; *	ZITHROMAX PACK OR 1 GM	2	MO; +
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC; MO; *	ZITHROMAX SOLR IV 500 MG (<i>Azithromycin</i>)	NF	MO
<i>polyethylene glycol 3350 powd or</i>	1	RX/OTC; MO; *	ZITHROMAX SUSR OR 100 MG/5ML (<i>Azithromycin</i>)	NF	QL(3 ml daily); MO
Saline Laxatives			ZITHROMAX SUSR OR 200 MG/5ML (<i>Azithromycin</i>)	NF	QL(4.5 ml daily); MO
OSMOPREP TABS	3	MO; +	ZITHROMAX TABS OR 250 MG (<i>Azithromycin</i>)	NF	QL(1.2 ea daily); MO
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			ZITHROMAX TABS OR 500 MG (<i>Azithromycin</i>)	NF	QL(1 ea daily); MO
Local Anesthetics - Amides			ZITHROMAX TABS OR 600 MG (<i>Azithromycin</i>)	NF	QL(0.29 ea daily); MO
<i>lidocaine hcl (local anesth.) soln</i>	4	+	ZITHROMAX TRI-PAK TABS (<i>Azithromycin</i>)	NF	QL(1 ea daily); MO
LIDOCAINE HCL SOLN IJ 4 %	4	+	ZITHROMAX Z-PAK TABS (<i>Azithromycin</i>)	NF	QL(1.2 ea daily); MO
Clarithromycin					

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Drug Name	Drug Tier	Requirements/Limits
BIAXIN TABS 250 MG, 500 MG (<i>Clarithromycin</i>)	NF	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>)	NF	SL(100 ml daily); MO
ERYPED 200 SUSR (<i>Erythromycin Ethylsuccinate</i>)	NF	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; *
<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; +
PCE TBEC 500 MG	3	SL(8 ea daily); MO; +
Fidaxomicin		
DIFICID TABS	5	NDS;MO; +
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
Misc. Devices		

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Ergotamine w/ Caffeine</i>)	NF	MO
<i>ergotamine w/ caffeine supp</i>	1	MO; *
<i>ergotamine w/ caffeine tabs</i>	1	MO; *
<i>sumatriptan-naproxen sodium tabs</i>	1	MO; *
TREXIMET TABS 10MG-60MG	3	MO; +
TREXIMET TABS 85MG-500MG (<i>Sumatriptan-Naproxen Sodium</i>)	NF	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 jj 1 mg/ml</i>	1	MO; *
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	5	NDS;MO; +
<i>ergotamine tartrate subl sl</i>	1	*
MIGRAL SOLN	5	NDS;MO; +
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *
AMERGE TABS (<i>Naratriptan HCl</i>)	NF	QL(0.3 ea daily); MO
AXERT TABS (<i>Almotriptan Malate</i>)	NF	QL(0.4 ea daily); MO

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
eletriptan hydrobromide tabs	1	QL(0.2 ea daily); MO; *	rizatriptan benzoate tbdp	1	QL(0.4 ea daily); MO; *
FROVA TABS (<i>Frovatriptan Succinate</i>)	NF	QL(0.6 ea daily); MO	sumatriptan soln 20 mg/act	1	Limit 12 inhalers per month;QL(0.4 ea daily); MO; *
frovatriptan succinate tabs	1	QL(0.6 ea daily); MO; *	sumatriptan soln 5 mg/act	1	Limit 18 inhalers per month;QL(0.6 ea daily); MO; *
IMITREX SOLN NA 20 MG/ACT (<i>Sumatriptan</i>)	NF	Limit 12 inhalers per month;QL(0.4 ea daily); MO	sumatriptan succinate soaj sc 4 mg/0.5ml	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO; +
IMITREX SOLN NA 5 MG/ACT (<i>Sumatriptan</i>)	NF	Limit 18 inhalers per month;QL(0.6 ea daily); MO	sumatriptan succinate soaj sc 6 mg/0.5ml	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
IMITREX SOLN SC 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Limit 4mls per month;QL(0.14 ml daily); MO	sumatriptan succinate soct sc 4 mg/0.5ml	4	Solution cartridge; Limit 4mls per month;QL(0.14 ml daily); MO; +
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Solution cartridge; Limit 4mls per month;QL(0.14 ml daily); MO	sumatriptan succinate soct sc 6 mg/0.5ml	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO	sumatriptan succinate soln sc 6 mg/0.5ml	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Limit 4mls per month;QL(0.14 ml daily); MO	SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	4	Limit 4mls per month;QL(0.14 ml daily); +
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Sumatriptan Succinate</i>)	NF	QL(0.3 ea daily); MO	sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	1	QL(0.3 ea daily); MO; *
MAXALT TABS (<i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); MO	SUMAVEL DOSEPRO SOTJ 6 MG/0.5ML	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
MAXALT-MLT TBDP (<i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); MO	ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *	zolmitriptan tabs 2.5 mg	1	SL(4 ea daily); MO; *
RELPAX TABS (<i>Eletriptan Hydrobromide</i>)	NF	QL(0.2 ea daily); MO	zolmitriptan tabs 5 mg	1	SL(2 ea daily); MO; *
<i>rizatriptan benzoate tabs</i>	1	QL(0.4 ea daily); MO; *	zolmitriptan tbdp 2.5 mg	1	SL(4 ea daily); MO; *
			zolmitriptan tbdp 5 mg	1	SL(2 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG SOLN NA 5 MG	3	SL(2 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		
Electrolyte Mixtures		
DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>dextrose in lactated ringers soln</i>	4	+
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.33%-5%, 0.45%-5%, 0.2%-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>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	4	+
TPN ELECTROLYTES SOLN	4	B/D; +
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	4	+
Potassium		
K-TAB TBCR 10 MEQ <i>(Potassium Chloride)</i>	NF	MO
K-TAB TBCR 8 MEQ, 20 MEQ	3	MO; +
MICRO-K CPCR <i>(Potassium Chloride)</i>	NF	MO
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE ER TBCR	3	MO; +
<i>potassium chloride microencapsulated crystals er tbcr</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 tbcr or 8 meq, 10 meq</i>	1	MO; *
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	4	+
SODIUM CHLORIDE SOLN IV 0.9 %	4	MO; +
<i>sodium chloride soln iv 0.9 %, 3 %, 5 %</i>	4	MO; +
Zinc		
GALZIN CAPS 25 MG	3	MO; NT; +
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO; +
SYPRINE CAPS (<i>Trentine HCl</i>)	NF	NDS;MO
<i>trientine hcl caps</i>	5	NDS;MO; +
Enzymes		
XIAFLEX SOLR	5	NDS;MO; +
Immunomodulators		
REVLIMID CAPS	5	PA; NDS;LA; +
THALOMID CAPS	2	+
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	B/D; MO; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
azathioprine tabs or 50 mg, 75 mg, 100 mg	1	B/D; MO; *	RAPAMUNE SOLN 1 MG/ML	2	B/D; MO; +	
CELLCEPT CAPS 250 MG (<i>Mycophenolate Mofetil</i>)	NF	B/D; MO	RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Sirolimus</i>)	NF	B/D; MO	
CELLCEPT INTRAVENOUS SOLR (<i>Mycophenolate Mofetil HCl</i>)	NF	B/D	SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Cyclosporine</i>)	NF	B/D; MO	
CELLCEPT SUSR 200 MG/ML (<i>Mycophenolate Mofetil</i>)	NF	B/D; NDS;MO	SANDIMMUNE SOLN IV 50 MG/ML (<i>Cyclosporine</i>)	NF	B/D	
CELLCEPT TABS 500 MG (<i>Mycophenolate Mofetil</i>)	NF	B/D; MO	SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; +	
cyclosporine caps or 25 mg, 100 mg	1	B/D; MO; *	SIMULECT SOLR	5	B/D; NDS; +	
cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg	1	B/D; MO; *	sirolimus tabs	1	B/D; MO; *	
cyclosporine soln iv 50 mg/ml	4	B/D; +	tacrolimus caps or 0.5 mg, 1 mg, 5 mg	1	B/D; MO; *	
ENVARSUS XR TB24	3	B/D; MO; +	THYMOGLOBULIN SOLR	2	B/D; +	
IMURAN TABS (<i>Azathioprine</i>)	NF	B/D; MO	ZORTRESS TABS 0.25 MG	2	B/D; MO; +	
mycophenolate mofetil caps 250 mg	1	B/D; MO; *	ZORTRESS TABS 0.75 MG, 0.5 MG	5	B/D; NDS;MO; +	
mycophenolate mofetil hcl soln	4	B/D; +	Irrigation Solutions			
mycophenolate mofetil susr 200 mg/ml	5	B/D; NDS;MO; +	irrigation solutions, physiological soln	1	*	
mycophenolate mofetil tabs 500 mg	1	B/D; MO; *	water for irrigation, sterile soln	1	MO; *	
mycophenolate sodium tbec	1	B/D; MO; *	Potassium Removing Agents			
MYFORTIC TBEC (<i>Mycophenolate Sodium</i>)	NF	B/D; MO	KAYEXALATE POWD (<i>Sodium Polystyrene Sulfonate</i>)	NF	MO	
NEORAL CAPS 25 MG, 100 MG (<i>Cyclosporine Modified (For Microemulsion)</i>)	NF	B/D; MO	sodium polystyrene sulfonate powd or	1	MO; *	
NULOJIX SOLR	5	B/D; NDS; +	sodium polystyrene sulfonate susp or 15 gm/60ml	1	MO; *	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Tacrolimus</i>)	NF	B/D; MO	VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; MO; +	
PROGRAF SOLN IV 5 MG/ML	4	B/D; +	VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; MO; +	

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

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4 GM	5	ST; NDS; SL(3 ea daily); LA; MO; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5	PA; NDS; +
BENLYSTA SOLR	5	PA; NDS; +
BENLYSTA SOSY	5	PA; NDS; +
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; *
PERIDEX SOLN <i>(Chlorhexidine Gluconate (Mouth-Throat))</i>	NF	MO; NT
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; *
EVOXAC CAPS <i>(Cevimeline HCl)</i>	NF	MO
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
SALAGEN TABS <i>(Pilocarpine HCl (Oral))</i>	NF	MO
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	3	AL(Up to 64 yrs old); MO; +

Drug Name	Drug Tier	Requirements/Limits
<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; *
BACLOFEN TABS OR 5 MG	3	SL(16 ea daily); +
<i>carisoprodol tabs or 250 mg, 350 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>chlorzoxazone tabs 500 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg, 7.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
FEXMID TABS <i>(Cyclobenzaprine HCl)</i>	NF	AL(Up to 64 yrs old); MO
<i>metaxalone tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>orphenadrine citrate tb12 or 100 mg</i>	1	AL(Up to 64 yrs old); MO; *
ROBAXIN TABS OR 500 MG <i>(Methocarbamol)</i>	NF	AL(Up to 64 yrs old); MO
ROBAXIN-750 TABS <i>(Methocarbamol)</i>	NF	AL(Up to 64 yrs old); MO
SKELAXIN TABS <i>(Metaxalone)</i>	NF	AL(Up to 64 yrs old); MO
SOMA TABS <i>(Carisoprodol)</i>	NF	AL(Up to 64 yrs old); 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; *
<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 <i>(Tizanidine HCl)</i>	NF	SL(18 ea daily); MO
ZANAFLEX CAPS 4 MG <i>(Tizanidine HCl)</i>	NF	SL(9 ea daily); MO
ZANAFLEX CAPS 6 MG <i>(Tizanidine HCl)</i>	NF	SL(6 ea daily); MO
ZANAFLEX TABS 4 MG <i>(Tizanidine HCl)</i>	NF	SL(9 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Direct Muscle Relaxants					
DANTRIUM CAPS <i>(Dantrolene Sodium)</i>	NF	MO	OMNARIS SUSP	3	MO; +
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	MO; *	QNASL AERS	3	MO; +
Muscle Relaxant Combinations					
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL(Up to 64 yrs old); MO; *	<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC; MO; *
<i>carisoprodol w/ aspirin tabs</i>	1	AL(Up to 64 yrs old); MO; *	VERAMYST SUSP	3	RX/OTC; MO; +
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
DYMISTA SUSP	3	MO; +	ZETONNA AERS	3	MO; +
Nasal Anti-infectives					
BACTROBAN NASAL OINT	3	MO; +	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Nasal Antiallergy			ALS Agents		
ASTEPRO SOLN <i>(Azelastine HCl)</i>	NF	MO	RADICAVA SOLN	5	PA; NDS; MO; +
<i>azelastine hcl soln</i>	1	MO; *	RILUTEK TABS (<i>Riluzole</i>)	NF	MO
<i>olopatadine hcl (nasal) soln</i>	1	MO; *	<i>riluzole tabs</i>	1	MO; *
PATANASE SOLN <i>(Olopatadine HCl (Nasal))</i>	NF	MO	Muscular Dystrophy Agents		
Nasal Anticholinergics			EXONDYS 51 SOLN	5	PA; NDS; LA; MO; +
<i>ipratropium bromide (nasal) soln</i>	1	MO; *	Neuromuscular Blocking Agent - Neurotoxins		
Nasal Steroids			BOTOX SOLR 100 UNIT	4	PA; MO; +
BECONASE AQ SUSP	3	MO; +	BOTOX SOLR 200 UNIT	3	PA; MO; +
<i>budesonide (nasal) susp</i>	1	RX/OTC; MO; *	XEOMIN SOLR	4	PA; MO; +
<i>flunisolide (nasal) soln</i>	1	MO; *	NUTRIENTS		
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC; MO; *	Carbohydrates		
<i>mometasone furoate (nasal) susp</i>	1	MO; *	DEXTROSE 50% SOLN	4	B/D; +
NASONEX SUSP <i>(Mometasone Furoate (Nasal))</i>	NF	MO	<i>dextrose soln iv 10 %, 50 %, 70 %</i>	4	B/D; +
Lipids			<i>dextrose soln iv 5 %</i>	4	B/D; MO; +
<i>fat emulsion emul</i>			DEXTROSE SOLN IV 50 %	4	B/D; +
Proteins					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>amino acid infusion 15%</i>	4	B/D; +	TIMOPTIC SOLN (<i>Timolol Maleate (Ophth)</i>)	NF	MO	
AMINOSYN II 15% (<i>amino acid infusion</i>)	NF	B/D	TIMOPTIC-XE SOLG 0.25 % (<i>Timolol Maleate (Ophth)</i>)	NF	MO	
CLINIMIX 2.75%/DEXTROSE 5% SOLN	4	B/D; +	Cycloplegic Mydriatics			
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; +	CYCLOGYL SOLN (<i>Cyclopentolate HCl</i>)	NF	MO	
NUTRESTORE PACK	3	MO; +	<i>cyclopentolate hcl soln op 0.5 %, 1 %, 2 %</i>	1	MO; *	
PROSOL SOLN	4	B/D; +	Miotics			
OPHTHALMIC AGENTS - Drugs to Treat the Eye						
Beta-blockers - Ophthalmic						
BETAGAN SOLN (<i>Levobunolol HCl</i>)	NF	MO	ISOPTO CARPINE SOLN (<i>Pilocarpine HCl</i>)	NF	MO	
<i>betaxolol hcl (ophth) soln</i>	1	MO; *	PHOSPHOLINE IODIDE SOLR	3	+	
BETIMOL SOLN	3	MO; +	<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	MO; *	
BETOPTIC-S SUSP	2	MO; +	Ophthalmic - Angiogenesis Inhibitors			
<i>carteolol hcl (ophth) soln</i>	1	MO; *	EYLEA SOLN	5	NDS;LA; +	
COMBIGAN SOLN	3	MO; +	Ophthalmic Adrenergic Agents			
COSOPT PF SOLN (<i>Dorzolamide HCl-Timolol Maleate</i>)	3	MO; +	ALPHAGAN P SOLN 0.1 %	2	MO; +	
COSOPT SOLN (<i>Dorzolamide HCl-Timolol Maleate</i>)	NF	MO	ALPHAGAN P SOLN 0.15 % (<i>Brimonidine Tartrate</i>)	NF	MO	
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *	<i>apraclonidine hcl soln</i>	1	MO; *	
ISTALOL SOLN (<i>Timolol Maleate (Ophth)</i>)	NF	MO	<i>brimonidine tartrate soln</i>	1	MO; *	
<i>levobunolol hcl soln</i>	1	MO; *	IOPIDINE SOLN 0.5 % (<i>Apraclonidine HCl</i>)	NF	MO	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	MO; *	SIMBRINZA SUSP	3	MO; +	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *	Ophthalmic Anti-infectives			
TIMOPTIC OCUDOSE SOLN	3	MO; +	AZASITE SOLN	3	MO; +	
			<i>bacitracin (ophthalmic) oint</i>	1	MO; *	
			<i>bacitracin-polymyxin b (ophth) oint</i>	1	MO; *	
			BESIVANCE SUSP	3	MO; +	
			BLEPH-10 SOLN (<i>Sulfacetamide Sodium (Ophth)</i>)	NF	MO	

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CILOXAN OINT	3	MO; +	TOBREX SOLN (Tobramycin (Ophth))	NF	MO	
CILOXAN SOLN (Ciprofloxacin HCl (Ophth))	NF	MO	<i>trifluridine soln op</i>	1	MO; *	
ciprofloxacin hcl (ophth) soln	1	MO; *	VIGAMOX SOLN (Moxifloxacin HCl (Ophth))	NF	MO	
erythromycin (ophth) oint	1	MO; *	VIROOPTIC SOLN (Trifluridine)	NF	MO	
gatifloxacin (ophth) soln	1	MO; *	ZIRGAN GEL	3	MO; +	
gentamicin sulfate (ophth) oint	1	MO; *	ZYMAXID SOLN (Gatifloxacin (Ophth))	NF	MO	
gentamicin sulfate (ophth) soln	1	MO; *	Ophthalmic Immunomodulators			
levofloxacin (ophth) soln	1	MO; *	RESTASIS EMUL	2	PA; MO; +	
MOXEZA SOLN	2	MO; +	RESTASIS MULTIDOSE EMUL	2	PA; MO; +	
moxifloxacin hcl (ophth) soln	1	MO; *	Ophthalmic Local Anesthetics			
NATACYN SUSP	2	MO; +	ALCAINE SOLN (Proparacaine HCl)	NF	MO	
neomycin-bacitracin zn-polymyxin oint	1	MO; *	<i>proparacaine hcl soln op</i>	1	MO; *	
neomycin-polymyxin-gramicidin soln	1	MO; *	Ophthalmic Steroids			
NEOSPORIN SOLN (Neomycin-Polymyxin-Gramicidin)	NF	MO	ALREX SUSP	3	MO; +	
OCUFLOX SOLN (Ofloxacin (Ophth))	NF	MO	<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; *	
ofloxacin (ophth) soln	1	MO; *	BLEPHAMIDE SUSP	3	MO; +	
polymyxin b-trimethoprim soln	1	MO; *	<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *	
POLYTRIM SOLN (Polymyxin B-Trimethoprim)	NF	MO	DUREZOL EMUL	2	MO; +	
sulfacetamide sodium (ophth) oint	1	MO; *	FLAREX SUSP	2	MO; +	
sulfacetamide sodium (ophth) soln	1	MO; *	<i>fluorometholone (ophth) susp</i>	1	MO; *	
tobramycin (ophth) soln	1	MO; *	FML FORTE SUSP	2	MO; +	
TOBREX OINT	3	MO; +	FML LIQUIFILM SUSP (Fluorometholone (Ophth))	NF	MO	
			FML OINT	2	MO; +	
			LOTEMAX GEL	3	MO; +	
			LOTEMAX OINT	3	MO; +	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SUSP	3	MO; +	ALOCRIL SOLN	3	MO; +
MAXIDEX SUSP	3	MO; +	ALOMIDE SOLN	3	MO; +
MAXITROL OINT (Neomycin-Polymyxin-Dexameth)	NF	MO	<i>azelastine hcl (ophth) soln</i>	1	MO; *
MAXITROL SUSP (Neomycin-Polymyxin-Dexameth)	NF	MO	AZOPT SUSP	2	MO; +
<i>neomycin-polymyxin-dexameth oint</i>	1	MO; *	BEPREVE SOLN	3	MO; +
<i>neomycin-polymyxin-dexameth susp</i>	1	MO; *	<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
OMNIPRED SUSP (Prednisolone Acetate (Ophth))	NF	MO	<i>cromolyn sodium (ophth) soln</i>	1	MO; *
PRED FORTE SUSP (Prednisolone Acetate (Ophth))	NF	MO	CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; +
PRED MILD SUSP	2	MO; +	<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>prednisolone acetate (ophth) susp</i>	1	MO; *	<i>dorzolamide hcl soln</i>	1	MO; *
<i>sulfacetamide sod-prednisolone soln</i>	1	MO; *	ELESTAT SOLN (Epinastine HCl (Ophth))	NF	MO
TOBRADEX OINT	3	MO; +	<i>epinastine hcl (ophth) soln</i>	1	MO; *
TOBRADEX ST SUSP	3	MO; +	<i>flurbiprofen sodium soln</i>	1	MO; *
TOBRADEX SUSP (Tobramycin-Dexamethasone)	NF	MO	ILEVRO SUSP	2	MO; +
<i>tobramycin-dexamethasone susp</i>	1	MO; *	<i>ketorolac tromethamine (ophth) soln</i>	1	MO; *
VEXOL SUSP	3	+	LASTACRAFT SOLN	3	MO; +
ZYLET SUSP	2	MO; +	NEVANAC SUSP	2	MO; +
Ophthalmics - Misc.			<i>olopatadine hcl soln</i>	1	MO; *
ACULAR LS SOLN (Ketorolac Tromethamine (Ophth))	NF	MO	PATADAY SOLN (Olopatadine HCl)	NF	MO
ACULAR SOLN (Ketorolac Tromethamine (Ophth))	NF	MO	PATANOL SOLN (Olopatadine HCl)	NF	MO
ACUVAIL SOLN	3	MO; +	PROLENSA SOLN	3	MO; +
Prostaglandins - Ophthalmic					

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Drug Name	Drug Tier	Requirements/Limits
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 (<i>Latanoprost</i>)	NF	MO
ZIOPTAN SOLN	3	MO; +
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	MO; *
Otic Anti-infectives		
CETRAXAL SOLN	3	MO; +
CIPROFLOXACIN SOLN OT 0.2 %	3	MO; +
FLOXIN OTIC SOLN (<i>Ofloxacin (Otic)</i>)	NF	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; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; *
Otic Steroids		
DERMOTIC OIL (<i>Fluocinolone Acetonide (Otic)</i>)	NF	MO
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; NDS; +
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; NDS; +
FLEBOGAMMA DIF SOLN 10 %	5	B/D; NDS; +
GAMASTAN INJ	4	B/D; +
GAMASTAN S/D INJ	4	B/D; +
GAMMAGARD LIQUID SOLN	5	B/D; NDS; +
GAMMAKED SOLN	5	B/D; NDS; +
GAMMAPLEX SOLN 5 GM/50ML, 10GM/100ML, 20 GM/200ML	5	B/D; NDS; +
GAMUNEX-C SOLN	5	B/D; NDS; +
HIZENTRA SOLN 1 GM/5ML	3	B/D; +
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
HYPERRAB S/D SOLN	4	+
IMOGRAM RABIES-HT SOLN 300 UNIT/2ML	4	+
KEDRAB SOLN	4	+

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	5	B/D; NDS; +
PRIVIGEN SOLN	5	B/D; NDS; +
VARIZIG SOLN	5	NDS; +
Monoclonal Antibodies		
SYNAGIS SOLN	5	NDS; +
ZINPLAVA SOLN	5	PA; NDS; +
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; NDS; +
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps	1	MO; *
amoxicillin chew	1	MO; *
amoxicillin susr	1	MO; *
amoxicillin tabs	1	MO; *
ampicillin caps 250 mg	1	*
ampicillin caps 500 mg	1	MO; *
ampicillin sodium solr jj 1 gm, 2 gm, 500 mg	4	MO; +
ampicillin sodium solr jj 10 gm, 250 mg	4	+
ampicillin sodium solr iv 2 gm, 10 gm	4	+
Natural Penicillins		
BICILLIN L-A SUSP	4	MO; +
penicillin g potassium solr	4	MO; +
penicillin v potassium solr 250 mg/5ml	1	MO; *
penicillin v potassium tabs 250 mg, 500 mg	1	MO; *
PFIZERPEN SOLR (Penicillin G Potassium)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
Penicillin Combinations		
amoxicillin & pot clavulanate chew	1	MO; *
amoxicillin & pot clavulanate susr	1	MO; *
amoxicillin & pot clavulanate tabs	1	MO; *
amoxicillin & pot clavulanate tb12	1	MO; *
ampicillin & sulbactam sodium solr jj 0.5gm-1gm, 5gm-10gm	4	+
ampicillin & sulbactam sodium solr jj 1gm-2gm	4	MO; +
ampicillin & sulbactam sodium solr iv 5gm-10gm	4	+
AUGMENTIN ES-600 SUSR (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN XR TB12 (Amoxicillin & Pot Clavulanate)	NF	MO
piperacillin sodium-tazobactam sodium solr	4	+
PIPERACILLIN/TAZOBAC TAM SOLR	4	+
UNASYN BULK PACK SOLR (Ampicillin & Sulbactam Sodium)	NF	
UNASYN SOLR 0.5GM-1GM (Ampicillin & Sulbactam Sodium)	NF	
UNASYN SOLR 1GM-2GM (Ampicillin & Sulbactam Sodium)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%, 0.5GM/100ML-4GM/100ML-5%, 0.25GM/50ML-2GM/50ML-5%	4	+
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (<i>Piperacillin Sodium-Tazobactam Sodium</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	5	NDS; +
<i>nafcillin sodium solr ij 2 gm</i>	5	NDS; MO; +
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS; +
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Norethindrone Acetate</i>)	NF	MO
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
MEGACE ES SUSP (<i>Megestrol Acetate (Appetite)</i>)	NF	AL(Up to 64 yrs old); MO
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs or</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
PROMETRIUM CAPS (<i>Progesterone Micronized</i>)	NF	MO
PROVERA TABS (<i>Medroxyprogesterone Acetate</i>)	NF	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		

Drug Name	Drug Tier	Requirements/Limits
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
ANTABUSE TABS (<i>Disulfiram</i>)	NF	MO
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
Anti-Cataplectic Agents		
XYREM SOLN	5	NDS;LA; MO; +
Antidementia Agents		
ARICEPT TABS (<i>Donepezil Hydrochloride</i>)	NF	MO
<i>donepezil hydrochloride tabs</i>	1	MO; *
<i>donepezil hydrochloride tbdp</i>	1	MO; *
EXELON CAPS (<i>Rivastigmine Tartrate</i>)	NF	MO
EXELON PT24 (<i>Rivastigmine</i>)	NF	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 cp24 14 mg</i>	1	AL(At least 60 yrs old); SL(2 ea daily); MO; *
<i>memantine hcl cp24 21 mg</i>	1	AL(At least 60 yrs old); SL(1.33 ea daily); MO; *
<i>memantine hcl cp24 28 mg</i>	1	AL(At least 60 yrs old); SL(1 ea daily); MO; *
<i>memantine hcl cp24 7 mg</i>	1	AL(At least 60 yrs old); SL(4 ea daily); MO; *
<i>memantine hcl soln 2 mg/ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	MO; *
NAMENDA TABS 5 MG, 10 MG (<i>Memantine HCl</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS (<i>Memantine HCl</i>)	NF	MO
NAMENDA XR CP24 14 MG (<i>Memantine HCl</i>)	NF	AL(At least 60 yrs old); SL(2 ea daily); MO
NAMENDA XR CP24 21 MG (<i>Memantine HCl</i>)	NF	AL(At least 60 yrs old); SL(1.33 ea daily); MO
NAMENDA XR CP24 28 MG (<i>Memantine HCl</i>)	NF	AL(At least 60 yrs old); SL(1 ea daily); MO
NAMENDA XR CP24 7 MG (<i>Memantine HCl</i>)	NF	AL(At least 60 yrs old); SL(4 ea daily); MO
NAMENDA XR TITRATION PACK CP24	3	AL(At least 60 yrs old); MO; +
RAZADYNE ER CP24 (<i>Galantamine Hydrobromide</i>)	NF	MO
RAZADYNE TABS (<i>Galantamine Hydrobromide</i>)	NF	MO
rivastigmine pt24	1	MO; *
rivastigmine tartrate caps	1	MO; *
Combination Psychotherapeutics		
chlor diazepoxide- amitriptyline tabs	1	AL(Up to 64 yrs old); MO; *
olanzapine-fluoxetine hcl caps	1	MO; *
perphenazine-amitriptyline tabs	1	AL(Up to 64 yrs old); MO; *
SYMBYAX CAPS (<i>Olanzapine-Fluoxetine HCl</i>)	NF	MO
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Hypoactive Sexual Desire Disorder (HSDD)		

Drug Name	Drug Tier	Requirements/Limits
ADDYI TABS	5	PA; NDS; Check plan for coverage; NT; +
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	PA; NDS; SL(4 ea daily); LA; +
AUSTEDO TABS 6 MG	5	PA; NDS; SL(8 ea daily); LA; +
AUSTEDO TABS 9 MG	5	PA; NDS; SL(5.33 ea daily); LA; +
INGREZZA CAPS	5	PA; NDS; LA; MO; +
<i>tetrabenazine tabs</i>	5	PA; NDS; +
XENAZINE TABS (<i>Tetrabenazine</i>)	NF	PA; NDS
Multiple Sclerosis Agents		
AMPYRA TB12	5	PA; NDS; +
AUBAGIO TABS	5	PA; NDS; +
AVONEX KIT	5	PA; NDS; +
AVONEX PEN AJKT	5	PA; NDS; +
AVONEX PSKT	5	PA; NDS; +
BETASERON KIT	5	PA; NDS; +
COPAXONE SOSY (<i>Glatiramer Acetate</i>)	NF	PA; NDS
EXTAVIA KIT	5	PA; NDS; +
GILENYA CAPS 0.5 MG	5	PA; NDS; +
<i>glatiramer acetate sosy</i>	5	PA; NDS; +
LEMTRADA SOLN	5	PA; NDS; LA; +
OCREVUS SOLN	5	PA; NDS; +
PLEGRIDY SOPN	5	PA; NDS; +
PLEGRIDY SOSY	5	PA; NDS; +
PLEGRIDY STARTER PACK SOPN	5	PA; NDS; +

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PLEGRIDY STARTER PACK SOSY	5	PA; NDS; +	NICOTROL INHALER INHA	3	SL(16 ea daily); MO; +	
REBIF REBIDOSE SOAJ	5	PA; NDS; +	NICOTROL NS SOLN	2	MO; +	
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; NDS; +	ZYBAN TB12 (<i>Bupropion HCl (Smoking Deterrent)</i>)	NF	SL(2 ea daily); MO	
REBIF SOSY	5	PA; NDS; +	Vasomotor Symptom Agents			
REBIF TITRATION PACK SOSY	5	PA; NDS; +	BRISDELLE CAPS (<i>Paroxetine Mesylate (Vasomotor)</i>)	NF	MO	
TECFIDERA CPDR	5	PA; NDS; +	<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; *	
TECFIDERA STARTER PACK MISC	5	PA; NDS; +	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			
TYSABRI CONC	5	PA; NDS; +	Alpha-Proteinase Inhibitor (Human)			
Postherpetic Neuralgia (PHN)/Neuropathic Pain						
GRALISE STARTER MISC	3	MO; +	ARALAST NP SOLR 1000 MG	5	NDS;LA; MO; +	
GRALISE TABS	3	MO; +	ARALAST NP SOLR 500 MG	5	NDS;LA; +	
Premenstrual Dysphoric Disorder (PMDD) Agents						
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF		GLASSIA SOLN	4	LA; +	
Pseudobulbar Affect (PBA) Agents						
NUEDEXTA CAPS	3	PA; MO; +	PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO; +	
Psychotherapeutic and Neurological Agents -						
<i>ergoloid mesylates tabs or</i>	1	AL(Up to 64 yrs old); MO; *	ZEMAIRA SOLR	5	NDS;LA; MO; +	
ORAP TABS (<i>Pimozide</i>)	NF	MO	Cystic Fibrosis Agents			
<i>pimozide tabs</i>	1	MO; *	KALYDECO PACK	5	PA; NDS;MO; +	
Restless Leg Syndrome (RLS) Agents						
HORIZANT TBCR	3	MO; +	KALYDECO TABS	5	PA; NDS;MO; +	
Smoking Deterrents						
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *	ORKAMBI TABS 100MG-125MG, 200MG-125MG	5	PA; NDS;LA; MO; +	
CHANTIX CONTINUING MONTHPAK TABS	3	MO; +	PULMOZYME SOLN	2	B/D; +	
CHANTIX STARTING MONTH PAK TABS	3	MO; +	SYMDEKO TBPK	5	PA; NDS;LA; +	
CHANTIX TABS	3	MO; +	Pulmonary Fibrosis Agents			
SULFONAMIDES - Drugs to Treat Bacterial Infections						
ESBRIET CAPS	5	PA; NDS;LA; +	ESBRIET TABS	5	PA; NDS;LA; +	
OFEV CAPS	5	PA; NDS;LA; +				

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Sulfonamides		
sulfadiazine tabs or	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS 75 MG (Doxycycline Hyclate)	NF	MO; NT
ADOXA PAK 1/100 TABS (Doxycycline (Monohydrate))	NF	MO
ADOXA PAK 1/150 TABS (Doxycycline (Monohydrate))	NF	MO
ADOXA PAK 2/100 TABS (Doxycycline (Monohydrate))	NF	MO
ADOXA TABS (Doxycycline (Monohydrate))	NF	MO
demeclocycline hcl tabs	1	MO; *
DORYX TBEC 200 MG (Doxycycline Hyclate)	NF	MO
doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg, 150 mg	1	MO; *
doxycycline (monohydrate) susr 25 mg/5ml	1	MO; *
doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg, 150 mg	1	MO; *
doxycycline hyclate caps or 50 mg, 100 mg	1	MO; *
doxycycline hyclate solr iv 100 mg	4	MO; +
doxycycline hyclate tabs or 20 mg, 100 mg	1	MO; *
doxycycline hyclate tbec or 100 mg, 150 mg, 200 mg	1	MO; *
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Minocycline HCl)	NF	MO
minocycline hcl caps or 50 mg, 75 mg, 100 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl tabs or 50 mg, 75 mg, 100 mg	1	MO; *
MONODOX CAPS 100 MG (Doxycycline (Monohydrate))	NF	MO
tetracycline hcl caps or 250 mg, 500 mg	1	MO; *
TETRACYCLINE HCL CAPS OR 250 MG, 500 MG (Tetracycline HCl)	NF	MO
VIBRAMYCIN CAPS 100 MG (Doxycycline Hyclate)	NF	MO
VIBRAMYCIN SUSR 25 MG/5ML (Doxycycline (Monohydrate))	NF	MO
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs or 5 mg, 10 mg	1	MO; *
propylthiouracil tabs or	1	MO; *
TAPAZOLE TABS (Methimazole)	NF	MO
Thyroid Hormones		
CYTOMEL TABS (Liothyronine Sodium)	NF	MO
levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	MO; *
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	1	MO; *
SYNTHROID TABS (Levothyroxine Sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	1	*
BOOSTRIX SUSP	1	*

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL SUSP	4	+
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	B/D; +
INFANRIX SUSP	4	+
KINRIX SUSP	4	+
PEDIARIX SUSP	4	+
PENTACEL SUSR	4	+
QUADRACEL SUSP	4	+
TENIVAC INJ	4	B/D; +
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>)	NF	MO
BENTYL TABS OR 20 MG (<i>Dicyclomine HCl</i>)	NF	MO
<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, 1 mg/5ml, 4 mg/20ml</i>	4	MO; +
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	+
<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; *
LIBRAX CAPS (<i>Chlordiazepoxide HCl-Clidinium Bromide</i>)	NF	MO
<i>methscopolamine bromide tabs or 5 mg, 2.5 mg</i>	1	MO; *
ROBINUL FORTE TABS (<i>Glycopyrrolate</i>)	NF	SL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ROBINUL SOLN IJ 0.2 MG/ML, 1 MG/5ML, 4 MG/20ML (<i>Glycopyrrolate</i>)	NF	MO
ROBINUL SOLN IJ 0.4 MG/2ML (<i>Glycopyrrolate</i>)	NF	
ROBINUL TABS OR 1 MG (<i>Glycopyrrolate</i>)	NF	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, 40 mg/4ml, 200 mg/20ml</i>	4	+
<i>famotidine susr or 40 mg/5ml</i>	1	MO; *
<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 40 MG/5ML (<i>Famotidine</i>)	NF	MO
PEPCID TABS 20 MG (<i>Famotidine</i>)	NF	RX/OTC; MO
PEPCID TABS 40 MG (<i>Famotidine</i>)	NF	MO
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	MO; *
<i>ranitidine hcl syrup or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</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 (<i>Ranitidine HCl</i>)	NF	RX/OTC; MO
ZANTAC TABS OR 300 MG (<i>Ranitidine HCl</i>)	NF	MO
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +

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CARAFATE TABS 1 GM <i>(Sucralfate)</i>	NF	MO	PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +
<i>sucralfate tabs or</i>	1	MO; *	PROTONIX SOLR IV 40 MG (<i>Pantoprazole Sodium</i>)	NF	
Proton Pump Inhibitors					
DEXILANT CPDR	2	ST; MO; +	PROTONIX TBEC OR 20 MG, 40 MG (<i>Pantoprazole Sodium</i>)	NF	MO
<i>esomeprazole magnesium cpdr 20 mg</i>	1	RX/OTC; MO; *	Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium cpdr 40 mg</i>	1	MO; *	CYTOTEC TABS (<i>Misoprostol</i>)	NF	MO
<i>esomeprazole sodium solr 40 mg</i>	4	+	<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	MO; *
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC; MO; *	Ulcer Therapy Combinations		
<i>lansoprazole cpdr or 30 mg</i>	1	MO; *	<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	3	MO; +
<i>lansoprazole tbdp or 15 mg, 30 mg</i>	1	MO; *	<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	RX/OTC; MO; *
NEXIUM CPDR 20 MG (<i>Esomeprazole Magnesium</i>)	NF	RX/OTC; MO	<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	MO; *
NEXIUM CPDR 40 MG (<i>Esomeprazole Magnesium</i>)	NF	MO	<i>omeprazole-sodium bicarbonate pack 20mg-1680mg</i>	1	ST; 20MG-1680 MG;MO; *
NEXIUM I.V. SOLR (<i>Esomeprazole Sodium</i>)	NF		<i>omeprazole-sodium bicarbonate pack 40mg-1680mg</i>	1	MO; *
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	ST; MO; +	PREVPAC MISC (<i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>)	NF	MO
<i>omeprazole cpdr or 10 mg, 40 mg</i>	1	MO; *	PYLERA CAPS	3	MO; +
<i>omeprazole cpdr or 20 mg</i>	1	RX/OTC; MO; *	ZEGERID CAPS 20MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	NF	RX/OTC; MO
<i>pantoprazole sodium solr iv 40 mg</i>	1	*	ZEGERID CAPS 40MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	NF	MO
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *	ZEGERID PACK 20MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	NF	ST; 20MG-1680 MG;MO
PREVACID CPDR 15 MG (<i>Lansoprazole</i>)	NF	RX/OTC; MO	ZEGERID PACK 40MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	NF	MO
PREVACID CPDR 30 MG (<i>Lansoprazole</i>)	NF	MO	URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
PREVACID SOLUTAB TBDP (<i>Lansoprazole</i>)	NF	MO			
PRILOSEC CPDR 10 MG, 40 MG (<i>Omeprazole</i>)	NF	MO			

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Drug Name	Drug Tier	Requirements/Limits
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Nitrofurantoin</i>)	NF	AL(Up to 64 yrs old); MO
HIPREX TABS (<i>Methenamine Hippurate</i>)	NF	MO
MACROBID CAPS (<i>Nitrofurantoin Monohyd Macro</i>)	NF	MO
MACRODANTIN CAPS (<i>Nitrofurantoin Macrocrystal</i>)	NF	AL(Up to 64 yrs old); MO
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps or 25 mg, 50 mg, 100 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
<i>nitrofurantoin susp or</i>	1	AL(Up to 64 yrs old); 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>)	NF	MO
ENABLEX TB24 (<i>Darifenacin Hydrobromide</i>)	NF	MO
GELNIQUE GEL	3	MO; +
GELNIQUE PUMP GEL	3	MO; +
<i>oxybutynin chloride syrup</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	MO; *
URECHOLINE TABS (<i>Bethanechol Chloride</i>)	NF	MO
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	+
BCG VACCINE INJ	4	+
BEXSERO SUSY	4	+
HIBERIX SOLR	4	+
MENACTRA INJ	4	+
MENOMUNE-A/C/Y/W-135 INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TRUMENBA SUSY	4	+
TYPHIM VI SOLN	4	+
Viral Vaccines		

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP IJ 20 MCG/ML, 10 MCG/0.5ML	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; +
IPOP 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; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
SHINGRIX SUSR	2	+
TWINRIX SUSP	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	2	+
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (<i>Clindamycin Phosphate Vaginal</i>)	NF	MO
CLEOCIN SUPP VA 100 MG	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
METROGEL-VAGINAL GEL (<i>Metronidazole Vaginal</i>)	NF	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>)	NF	MO
TERAZOL 7 CREA (<i>Terconazole Vaginal</i>)	NF	MO
<i>terconazole vaginal crea</i>	1	MO; *
<i>terconazole vaginal supp</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs 10 mcg</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
VAGIFEM TABS (<i>Estradiol Vaginal</i>)	NF	MO
Vaginal Progestins		
CRINONE GEL	3	PA; MO; +
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	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; NDS;SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily); +

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Drug Name	Drug Tier	Requirements/ Limits
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily); +
Vasopressors		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>Ergocalciferol</i>)	NF	MO; NT
<i>ergocalciferol caps or 50000 unit</i>	1	MO; NT; *
MEPHYTON TABS (<i>Phytonadione</i>)	3	MO; NT; +
<i>phytonadione tabs or 5 mg</i>	1	MO; NT; *

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COLY-MYCIN M.....	10	CUVITRU.....	87	DELESTROGEN.....	71
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COLYTE-FLAVOR PACKS.....	77	cyanocobalamin.....	75	demeclocycline hcl.....	92
COMBIGAN.....	84	cyclobenzaprine hcl.....	82	DEMSEER.....	34
COMBIPATCH.....	70	CYCLOGYL.....	84	DENAVIR.....	62
COMBIVENT RESPIMAT.....	16	cyclopentolate hcl.....	84	DEPACON.....	20
COMBIVIR.....	47	cyclophosphamide.....	37	DEPAKENE.....	20
COMETRIQ.....	40	CYCLOPHOSPHAMIDE.....	37	DEPAKOTE.....	20
COMPLERA.....	47	CYCLOSET.....	25	DEPAKOTE ER.....	20
COMTAN.....	43	cyclosporine.....	81	DEPAKOTE SPRINKLES.....	20
CONCERTA.....	1	cyclosporine modified (for microemulsion).....	81	DEPEN TITRATABS.....	80
CONDYLOX.....	65	CYKLOKAPRON.....	75	DEPO-MEDROL.....	57
COPAXONE.....	90	CYMBALTA.....	22	DEPO-PROVERA.....	39
COPEGUS.....	50	cyproheptadine hcl.....	31	DEPO-PROVERA CONTRACEPTIVE.....	57
CORDRAN.....	63	CYRAMZA.....	38	DEPO-SUBQ PROVERA 104.....	57
COREG.....	51	CYSTADANE.....	69	DEPO-TESTOSTERONE.....	9
COREG CR.....	51	CYSTAGON.....	73	DERMA-SMOOTHIE/FS BODY.....	63
CORGARD.....	51	CYSTARAN.....	86	DERMA-SMOOTHIE/FS SCALP.....	63
CORLANOR.....	54	cytarabine.....	38	DERMATOP.....	63
CORTEF.....	57	CYTOMEL.....	92	DERMOTIC.....	87
CORTENEMA.....	10	CYTOTEC.....	94	DESCOVERY.....	47
CORTIFOAM.....	10	CYTOVENE.....	49	desipramine hcl.....	23
cortisone acetate.....	57	D.H.E. 45.....	78	desloratadine.....	30
CORTISPORIN.....	60	DACARBAZINE.....	42	desmopressin acetate.....	70
CORZIDE.....	35	dacarbazine.....	42	desmopressin acetate spray.....	70
COSENTYX.....	62	DACOGEN.....	38		
COSENTYX SENSOREADY PEN.....	61				

desmopressin acetate spray refrigerated.....	70	dicloxacillin sodium.....	89	dorzolamide hcl.....	86
DESOGEN.....	55	dicyclomine hcl.....	93	dorzolamide hcl-timolol maleate.....	84
desogestrel & ethinyl estradiol.....	55	didanosine.....	47	DOVONEX.....	62
desogestrel-ethinyl estradiol (biphasic).....	55	DIFFERIN.....	59	doxazosin mesylate.....	34
DESONATE.....	63	DIFICID.....	78	doxepin hcl.....	23
desonide.....	63	diflorasone diacetate.....	63	DOXE PIN HYDROCHLORIDE.....	61
DESOWEN.....	63	DIFLUCAN.....	30	doxercalciferol.....	69
desoximetasone.....	63	diflunisal.....	4	DOXIL.....	40
DESVENLAFA XINE ER.....	22	DIGOXIN.....	53	doxorubicin hcl.....	40
desvenlafaxine succinate.....	22	digoxin.....	53	doxorubicin hcl liposomal.....	40
DETROL.....	95	dihydroergotamine mesylate.....	78	DOXYCYCLINE.....	66
DETROL LA.....	95	DIHYDROERGOTAMINE MESYLATE.....	78	doxycycline (monohydrate).....	92
dexamethasone.....	57	DILANTIN-125.....	20	doxycycline hyclate.....	92
dexamethasone sodium phosphate.....	57	DILATRATE SR.....	12	DRISDOL.....	97
DEXAMETHASONE SODIUM PHOSPHATE.....	57	DILAUDID.....	5	dronabinol.....	29
dexamethasone sodium phosphate.....	57	diltiazem hcl.....	52	drospirenone-ethinyl estradiol.....	55
dexamethasone sodium phosphate (ophth).....	85	diltiazem hcl coated beads	52	drospirenone-ethinyl estradiol-levomefolic acid.....	55
DEXEDRINE.....	1	diltiazem hcl extended release beads.....	52	DROXIA.....	75
DEXILANT.....	94	DIOVAN.....	34	DUAC.....	60
dexmethylphenidate hcl.....	1	DIOVAN HCT.....	35	DUAVEE.....	70
dexrazoxane.....	42	DIPENTUM.....	72	DUETACT.....	24
dextroamphetamine sulfate.....	1	diphenhydramine hcl.....	30	DUEXIS.....	3
dextrose.....	83	diphenoxylate w/ atropine.....	28	DULERA.....	16
DEXTROSE.....	83	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	93	duloxetine hcl.....	22
DEXTROSE 2.5%/NACL 0.45%.....	80	DIPROLENE.....	63	DUOPA.....	44
DEXTROSE 50%.....	83	DIPROLENE AF.....	63	DURAGESIC.....	5
dextrose in lactated ringers.....	80	dipyridamole.....	74	DUREZOL.....	85
dextrose w/ sodium chloride.....	80	disopyramide phosphate.....	13	dutasteride.....	73
DIAMOX.....	67	disulfiram.....	89	dutasteride-tamsulosin hcl.....	73
DIASTAT ACUDIAL.....	18	DITROPAN XL.....	95	DUZALLO.....	74
DIASTAT PEDIATRIC.....	18	divalproex sodium.....	21	DYAZIDE.....	67
diazepam.....	13	DIVIGEL.....	71	DYMISTA.....	83
DIAZEPAM.....	18	dobutamine hcl.....	97	DYRENIUM.....	67
DIAZEPAM RECTAL GEL.....	18	DOCETAXEL.....	42	E.E.S. GRANULES.....	78
DIBENZYLINE.....	34	docetaxel.....	42	EC-NAPROSYN.....	3
diclofenac potassium.....	3	DOCETAXEL.....	42	econazole nitrate.....	60
diclofenac sodium.....	3	docetaxel.....	42	EDARBI.....	34
diclofenac sodium (actinic keratoses).....	61	dofetilide.....	14	EDARBYCLOR.....	35
diclofenac sodium (ophth).....	86	DOLOPHINE.....	5	EDEC RIN.....	67
diclofenac sodium (topical).....	60	donepezil hydrochloride.....	89	EDEX.....	53
diclofenac w/ misoprostol.....	3	DORIBAX.....	11	EDLUAR.....	76
		DORIPENEM.....	11	EDURANT.....	47
		DORYX.....	92	efavirenz.....	48
				EFFEXOR XR.....	22

EFFIENT	74	epinastine hcl (ophth)	86	estropipate	71
EFUDEX	61	epinephrine (anaphylaxis)	96	eszopiclone	76
EGRIFTA	69	EPIPEN 2-PAK	96	ethacrynic acid	67
ELAVIL	23	EPIPEN-JR 2-PAK	96	ethambutol hcl	36
ELDEPRYL	44	epirubicin hcl	40	ethosuximide	20
ELELYSO	74	EPIVIR	48	ethynodiol diacet & eth estradiol	56
ELESTAT	86	EPIVIR HBV	50	etodolac	3
ELESTRIN	71	eplerenone	36	ETOPOPHOS	43
eletriptan hydrobromide	79	EPOGEN	75	etoposide	43
ELIDEL	65	eprosartan mesylate	34	EURAX	66
ELIGARD	39	EPZICOM	48	EVAMIST	71
ELIMITE	66	EQUETRO	44	EVISTA	69
ELIPHOS	73	ERAXIS	29	EVOCLIN	60
ELIQUIS	17	ERBITUX	38	EVOMELA	37
ELIQUIS STARTER PACK	17	ergocalciferol	97	EVOTAZ	48
ELITEK	42	ergoloid mesylates	91	EVOXAC	82
ELLA	57	ergotamine tartrate	78	EVZIO	28
ELLENCE	40	ergotamine w/ caffeine	78	EXALGO	5
ELMIRON	73	ERIVEDGE	39	EXELDERM	61
ELOCON	63	ERLEADA	39	EXELON	89
EMCYT	39	ERTACZO	60	exemestane	39
EMEND	29	ertapenem sodium	11	EXFORGE	35
EMEND TRIPACK	29	ERWINAZE	42	EXFORGE HCT	35
EMFLAZA	57	ERYGEL	60	EXJADE	28
EMPLICITI	38	ERYPED 200	78	EXONDYS 51	83
EMSAM	21	ERYPED 400	78	EXTAVIA	90
EMTRIVA	48	ERYTHROCIN		EXTINA	61
ENABLEX	95	LACTOBIONATE	78	EYLEA	84
enalapril maleate	33	erythromycin (acne aid)	60	ezetimibe	32
enalapril maleate & hydrochlorothiazide	35	erythromycin (ophth)	85	ezetimibe-simvastatin	31
ENBREL	4	erythromycin base	78	FABIOR	60
ENBREL MINI	4	erythromycin	78	FABRAZYME	69
ENBREL SURECLICK	4	ethylsuccinate	78	famciclovir	50
ENDARI	75	ESBRIET	91	famotidine	93
ENGERIX-B	96	escitalopram oxalate	21	FAMVIR	50
enoxaparin sodium	17	esomeprazole magnesium	94	FANAPT	45
ENSTILAR	63	esomeprazole sodium	94	FANAPT TITRATION PACK	45
entacapone	43	ESSENTRA WIPES 9X9"		FARESTON	39
entecavir	50	CLEANROOM		FARXIGA	27
ENTOCORT EC	58	SUPPLIES/PRESATURATED	66	FARYDAK	40
ENTRESTO	53	ESTRACE	71	FASENRA	14
ENTYVIO	72	estradiol	71	FASLODEX	39
ENVARSUS XR	81	estradiol & norethindrone		fat emulsion	83
EPCLUSA	50	acetate	70	FAZACLO	46
EPIDUO	60	estradiol vaginal	96	felbamate	20
		estradiol valerate	71		
		ESTRING	96		

FELBATOL	20	FLUMADINE	51	fosphenytoin sodium	20
FELDENE	3	flunisolide (nasal)	83	FOSRENOL	73
felodipine	52	fluocinolone acetonide	63,64	FRAGMIN	17
FEMARA	39	fluocinolone acetonide (otic)	87	FROVA	79
FEMCON FE	56	fluocinonide	64	frovatriptan succinate	79
FEMHRT LOW DOSE	70	fluocinonide emulsified base	64	FURADANTIN	95
FEMRING	96	fluorometholone (ophth)	85	furosemide	67
FENOFIBRATE	32	fluorouracil	38	FUSILEV	42
fenofibrate	32	FLUOROURACIL	61	FUZEON	48
fenofibrate micronized	32	fluorouracil (topical)	61	FYCOMPA	17
FENOFIBRIC ACID	32	fluoxetine hcl	21,22	gabapentin	18
FENOGLIDE	32	fluoxetine hcl (PMDD) cap 10 mg, 20 mg	91	GABITRIL	20
fentanyl	5	FLUOXETINE HYDROCHLORIDE	22	galantamine hydrobromide	89
fentanyl citrate	5	fluoxymesterone	9	GALZIN	80
FENTORA	5	fluphenazine decanoate	46	GAMASTAN	87
FERRIPROX	28	fluphenazine hcl	46	GAMASTAN S/D	87
FETZIMA	22	FLUPHENAZINE HCL	46	GAMMAGARD LIQUID	87
FETZIMA TITRATION PACK	22	fluphenazine hcl	46	GAMMAKED	87
FEXMID	82	flurandrenolide	64	GAMMAPLEX	87
FIASP	26	flurbiprofen	3	GAMUNEX-C	87
FIASP FLEXTOUCH	26	flurbiprofen sodium	86	ganciclovir sodium	49
FIBRICOR	32	flutamide	39	GARDASIL	96
FINACEA	66	fluticasone propionate	64	GARDASIL 9	96
finasteride	73	fluticasone propionate (nasal)	83	GASTROCROM	72
FIORICET/CODEINE	8	fluvastatin sodium	32	gatifloxacin (ophth)	85
FIORINAL/CODEINE #3	8	fluvoxamine maleate	22	GATTEX	73
FIRAZYR	74	FML	85	gauze pads 2" X 2"	78
FIRMAGON	39	FML FORTE	85	GAZYVA	38
FLAGYL	10	FML LIQUIFILM	85	GELNIQUE	95
FLAREX	85	FOCALIN	1	GELNIQUE PUMP	95
flavoxate hcl	95	FOCALIN XR	1	gemcitabine hcl	38
FLEBOGAMMA DIF	87	folic acid	75	GEMCITABINE HYDROCHLORIDE	38
flecainide acetate	14	FOLOTYN	38	gemfibrozil	32
FLECTOR	60	fondaparinux sodium	17	GEMZAR	38
FLOMAX	73	FORFIVO XL	21	GENERESS FE	56
FLOVENT DISKUS	15	FORTAZ	55	GENOTROPIN	69
FLOVENT HFA	15	FORTEO	68	GENOTROPIN MINIQUICK	69
FLOXIN OTIC	87	FORTICAL	68	gentamicin in saline	2
fluconazole	30	FOSAMAX	68	gentamicin sulfate	2
fluconazole in dextrose	30	FOSAMAX PLUS D	68	gentamicin sulfate (ophth)	85
FLUCONAZOLE IN DEXTROSE	30	fosamprenavir calcium	48	gentamicin sulfate (topical)	60
fluconazole in nacl	30	fosinopril sodium	33	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	2
flucytosine	29	fosinopril sodium & hydrochlorothiazide	35	GENVOYA	48
fludarabine phosphate	38			GEODON	44
fludrocortisone acetate	58			GILENYA	90

GILOTrif	40	haloperidol lactate	46
GLASSIA	91	HARVONI	50
glatiramer acetate	90	HAVRIX	96
GLEEVEC	40	HECTOROL	69
GLEOSTINE	37	HEMANGEOL	51
glimepiride	27	heparin sodium (porcine)	17
glipizide	27,28	HEPSERA	50
glipizide-metformin hcl	24	HERCEPTIN	38
GLUCAGEN HYPOKIT	25	HETLIOZ	76
GLUCAGON EMERGENCY KIT	25	HEXALEN	37
GLUCOPHAGE	24	HIBERIX	95
GLUCOPHAGE XR	24,25	HIPREX	95
GLUCOTROL	28	HIZENTRA	87
GLUCOTROL XL	28	HORIZANT	91
GLUCOVANCE	24	HUMALOG	26
glyburide	28	HUMALOG JUNIOR	
glyburide micronized	28	KWIKPEN	26
glyburide-metformin	24	HUMALOG KWIKPEN	26
glycopyrrolate	93	HUMALOG MIX 50/50	26
GLYNASE	28	HUMALOG MIX 75/25	26
GLYSET	23	KWIKPEN	26
GNP ISOPROPYL ALCOHOL WIPES	66	HUMATROPE	69
GOCOVRI	44	HUMATROPE COMBO PACK	69
GOLYTELY	77	HUMIRA	2
GRALISE	91	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2
GRALISE STARTER	91	HUMIRA PEN	2
granisetron hcl	29	HUMIRA PEN-CD/UC/HS STARTER	2
GRANIX	75	HUMIRA PEN-PS/UV STARTER	2
GRASTEK	2	HUMULIN 70/30	26
GRIS-PEG	29	HUMULIN 70/30	
griseofulvin microsize	29	KWIKPEN	26
griseofulvin ultramicrosize	29	HUMULIN N	26
guanfacine hcl	34	HUMULIN N KWIKPEN	26
guanfacine hcl (adhd)	1	HUMULIN R	26
GUANIDINE HCL	36	HUMULIN R U-500 (CONCENTRATED)	26
H.P. ACTHAR	68	HUMULIN R U-500	
HAEGARDA	74	KWIKPEN	26
HALAVEN	43	HYCAMTIN	43
HALDOL	46	hydralazine hcl	36
HALDOL DECANOATE 100	45	HYDREA	42
HALDOL DECANOATE 50	46	hydrochlorothiazide	68
halobetasol propionate	64	hydrocodone polistirex-chlorpheniramine polistirex	58
HALOG	64	hydrocodone-acetaminophen	8
haloperidol	46	hydrocodone-ibuprofen	8
haloperidol decanoate	46	hydrocortisone	58
		hydrocortisone (intrarectal)	10
		hydrocortisone (rectal)	10
		hydrocortisone (topical)	64
		hydrocortisone butyrate	64
		hydrocortisone butyrate	
		hydrophilic lipo base	64
		hydrocortisone valerate	64
		hydrocortisone w/acetic acid	87
		hydromorphone hcl	5,6
		HYDROMORPHONE	
		HYDROCHLORIDE	6
		hydroxychloroquine sulfate	36
		HYDROXYPROGESTERONE CAPROATE	39
		hydroxyurea	42
		hydroxyzine hcl	13
		hydroxyzine pamoate	13
		HYPERRAB S/D	87
		HYQVIA	88
		HYSINGLA ER	6
		HYZAAR	35
		ibandronate sodium	68
		IBRANCE	40
		IBUDONE	8
		ibuprofen	3
		ICLUSIG	40
		IDAMYCIN PFS	40
		idarubicin hcl	40
		IDHIFA	41
		IFEX	37
		ifosfamide	37
		IFOSFAMIDE	37
		ILARIS	3
		ILEVRO	86
		imatinib mesylate	41
		IMBRUVICA	41
		IMFINZI	38
		imipenem-cilastatin	11
		imipramine hcl	23
		imipramine pamoate	23
		imiquimod	65
		IMIQUIMOD PUMP	65
		IMITREX	79
		IMITREX STATDOSE REFILL	79

IMITREX STATDOSE SYSTEM	79
IMOGLAM RABIES-HT	87
IMOVAX RABIES (H.D.C.V.)	96
IMPAVIDO	10
IMURAN	81
INCRELEX	69
INCRUSE ELLIPTA	14
indapamide	68
INDERAL LA	51
INDOCIN	4
indomethacin	4
INFANRIX	93
INFLECTRA	72
INGREZZA	90
INLYTA	41
INSPRA	36
INSULIN SYRINGES AND PEN NEEDLES	78
INTELENCE	48
INTERMEZZO	76
INTRON A	42
INTUNIV	1
INVANZ	11
INVEGA	45
INVEGA SUSTENNA	45
INVEGA TRINZA	45
INVIRASE	48
INVOKAMET	24
INVOKAMET XR	24
INVOKANA	27
IOPIDINE	84
IPOL INACTIVATED IPV	96
ipratropium bromide	14
ipratropium bromide (nasal)	83
ipratropium-albuterol	16
IPRIVASK	17
irbesartan	34
irbesartan-hydrochlorothiazide	35
IRESSA	41
irinotecan hcl	43
irrigation solutions, physiological	81
ISENTRESS	48
ISENTRESS HD	48
isoniazid	36
isoniazid & rifampin	36
ISOPROPYL ALCOHOL WIPES	66
ISOPTO CARPINE	84
ISORDIL TITRADOSE	12
isosorbide dinitrate	12
isosorbide mononitrate	12
isotretinoin	60
ISTALOL	84
ISTODAX	41
ISTODAX (OVERFILL)	41
itraconazole	30
ivermectin	10
IXEMPR A KIT	43
IXIARO	96
JADENU	28
JADENU SPRINKLE	28
JAKAFI	41
JALYN	73
JANUMET	24
JANUMET XR	24
JANUVIA	25
JARDIANC E	27
JENTADUETO	24
JENTADUETO XR	24
JEVTANA	43
JUBLIA	61
JULUCA	48
JUXTAPID	32,33
K-TAB	80
KACSYLA	38
KADIAN	6
KALBITOR	74
KALETRA	48
KALYDECO	91
KANUMA	69
KAYEXALATE	81
KAZANO	24
KEDRAB	87
KEFLEX	54
KENALOG	64
KENALOG-10	58
KENALOG-40	58
KEPIVANCE	42
KEPPRA	18
KEPPRA XR	18
KERALAC	65
KERYDIN	61
ketoconazole	30
ketoconazole (topical)	61
ketoprofen	4
ketorolac tromethamine	4
ketorolac tromethamine (ophth)	86
KEVEYIS	67
KEVZARA	3
KEYTRUDA	38
KHEDEZLA	22
KINERET	3
KINRIX	93
KISQALI	41
KISQALI FEMARA 200 DOSE	40
KISQALI FEMARA 400 DOSE	40
KISQALI FEMARA 600 DOSE	40
KITABIS PAK	2
KLARON	60
KLONOPIN	18
KOMBIGLYZE XR	24
KORLYM	25
KUVAN	69
KYNAMRO	31
KYPROLIS	41
labetalol hcl	51
LAC-HYDRIN	65
lactated ringer's	80
lactic acid (ammonium lactate)	65
lactulose	77
lactulose (encephalopathy)	72
LAMICTAL	19
LAMICTAL CHEWABLE DISPERSIBLE	18
LAMICTAL ODT	18
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	18
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	19
LAMICTAL STARTER/TAKING VALPROATE	19
LAMICTAL XR	19
LAMISIL	30
lamivudine	48
lamivudine (hbv)	50

lamivudine-zidovudine	48	levobunolol hcl	84	LO LOESTRIN FE	56
lamotrigine	19	levocarnitine (metabolic modifiers)	69	LOCOID	64
LANOXIN	53	levocetirizine dihydrochloride	30	LOCOID LIPOCREAM	64
LANOXIN PEDIATRIC	53	levofloxacin	71	LODINE	4
lansoprazole	94	levofloxacin (ophth)	85	LODOSYN	43
lanthanum carbonate	73	levofloxacin in d5w	71	LOESTRIN 1.5/30-21	56
LANTUS	26	LEVOLEUCOVORIN	42	LOESTRIN 1/20-21	56
LANTUS SOLOSTAR	26	levoleucovorin calcium	42	LOESTRIN FE 1.5/30	56
LARTRUVO	38	levonorgestrel & eth estradiol	56	LOESTRIN FE 1/20	56
LASIX	67	levonorgestrel-ethinyl estradiol (triphasic)	56	LOFIBRA	32
LASTACRAFT	86	levonorgestrel-ethinyl estradiol (91-day)	56	LOMOTIL	28
latanoprost	87	levonorgestrel-ethinyl estradiol (continuous)	56	LONSURF	40
LATUDA	44,45	levothyroxine sodium	92	loperamide hcl	28
LAZANDA	6	LEXAPRO	22	LOPID	32
leflunomide	4	LEXIVA	48	lopinavir-ritonavir	48
LEMTRADA	90	LIALDA	72	LOPRESSOR	51
LENVIMA 10 MG DAILY		LIBRAX	93	LOPRESSOR HCT	35
DOSE	41	lidocaine	65	LOPROX	61
LENVIMA 12MG DAILY		lidocaine hcl	65	LOPROX SHAMPOO	61
DOSE	41	LIDOCAINE HCL	77	lorazepam	13
LENVIMA 14 MG DAILY		lidocaine hcl (local anesth.)	77	losartan potassium	34
DOSE	41	lidocaine hcl (mouth- throat)	82	losartan potassium & hydrochlorothiazide	35
LENVIMA 18 MG DAILY		lidocaine-prilocaine	66	LOSEASONIQUE	56
DOSE	41	LIDODERM	66	LOTEMAX	85
LENVIMA 20 MG DAILY		LINCOCIN	12	LOTENSIN	33
DOSE	41	lincomycin hcl	12	LOTENSIN HCT	35
LENVIMA 24 MG DAILY		linezolid	12	LOTREL	35
DOSE	41	LINEZOLID	12	LOTRONEX	72
LENVIMA 4 MG DAILY		linezolid	12	lovastatin	32
DOSE	41	LINZESS	72	LOVAZA	31
LENVIMA 8 MG DAILY		liothyronine sodium	92	LOVENOX	17
DOSE	41	LIPITOR	32	loxapine succinate	46
LESCOL XL	32	LIPOFEN	32	LULICONAZOLE	61
LETAIRIS	54	lisinopril	33	LUMIGAN	87
letrozole	39	lisinopril & hydrochlorothiazide	35	LUMIZYME	69
leucovorin calcium	42	LITHIUM	44	LUNESTA	76
LEUKERAN	37	lithium carbonate	44	LUPANETA PACK	69
LEUKINE	75	LITHIUM CARBONATE	44	LUPRON DEPOT (1- MONTH)	39
leuprolide acetate	39	lithium carbonate	44	LUPRON DEPOT (3- MONTH)	39
levalbuterol hcl	16	LITHOBID	44	LUPRON DEPOT (4- MONTH)	39
levalbuterol tartrate	16	LIVALO	32	LUPRON DEPOT (6- MONTH)	39
LEVAQUIN	71			LUPRON DEPOT-PED (1- MONTH)	69
LEVEMIR	26				
LEVEMIR FLEXTOUCH	26				
levetiracetam	19				
LEVETIRACETAM	19				
levetiracetam	19				
levetiracetam in sodium chloride	19				
LEVITRA	53				

LUPRON DEPOT-PED (3-MONTH)	69	MENACTRA	95	metoprolol & hydrochlorothiazide	35
LUXIQ	64	MENOMUNE-A/C/Y/W-135	95	metoprolol succinate	51
LUZU	61	MENOSTAR	71	metoprolol tartrate	51
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MACROBID	95	mercaptopurine	38	metronidazole	10
MACRODANTIN	95	meropenem	11	metronidazole (topical)	66
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melphalan	37	methyltestosterone	9	MODERIBA 1200 DOSE PACK	50
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