

Health Net Medi-Cal **Preferred Drug List**

The Health Net Medi-Cal Preferred Drug List (PDL) includes drugs covered by Health Net. The drug list is updated each month and may change. To get the most up-to-date information or a printed copy, call Member Services at 1-800-675-6110 (TTY: 711).

The latest drug list can be found on our website at https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. It is also available on our web site in a machine readable format.

Go to “Medi-Cal Drug List”

Use the “Health Net Medi-Cal Drug List” link to view the list of drugs covered by Health Net.

PLEASE THROW AWAY ALL PREVIOUS VERSIONS OF THE DRUG LIST



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Welcome to Health Net

What is the Health Net Medi-Cal PDL?

The drug list includes drugs used to treat common diseases or health problems. A team of doctors and pharmacists meet regularly to decide which drugs should be on the drug list. The team reviews current and new drugs and choose drugs that work best and are safe. This drug list is updated each month. These changes may include the form a drug comes in (i.e. tablet or capsule) or if a drug has a limit on the amount that can be filled at one time. Changes may also include if a drug requires prior authorization, step therapy, or if a drug is no longer covered on the drug list.

How do I use the Health Net Medi-Cal PDL?

Look for your drug in the index at the end of this booklet. The index lists all of the drugs on the drug list. Brand name and generic drugs are listed in the index. Next to your drug, you will see the page number where you can find your drug.

The table below has descriptions of the limits that may appear on the drug list:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
CO	Carve Out	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for-Service program and can be billed to the State by the pharmacy.
F	Formulary	These drugs are covered on the Drug List.
NF	Non-Formulary	These drugs are not covered on the Drug List. If your doctor feels you need a drug that is not covered, he or she can ask us to make an exception.
PA	Prior Authorization	Your doctor must ask for approval from Health Net before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
ST	Step Therapy	In some cases, you must first try certain drugs before Health Net covers another drug for your health condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first.
SP	Specialty Pharmacy Program	These drugs are specialty drugs. You can only get these drugs from a specialty pharmacy. All prescriptions must be filled by the listed specialty pharmacy.

How do I find a drug in the Drug List?

You can search for a drug by using the search tool. Drugs can be found in alphabetical order or by medical condition. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

Alphabetical Index: The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Therapeutic Category: The drugs are grouped into categories. The categories may also be grouped by the class to which the drug is in. If you know what category your drug is in, look on the list to find the category. You can then look for your drug in that category.

A drug will not be on the list if a generic equivalent for a brand name drug is not offered. A drug may not be found if it is not covered. Even though a drug is on the drug list, it does not mean that your doctor will prescribe the drug for your medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its category and class.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

The generic drug name for a brand drug is included after the brand name in parentheses in **bold lowercase** and *italicized* letters.

Brand Drug Example: EPOGEN (*epoetin alfa*)

If a generic equivalent for a brand name drug is on the list and covered, the generic drug will be on the list apart from the brand name drug. It will be in **bold lowercase** and *italicized* letters.

Generic Drug Example: *esomeprazole magnesium cap delayed release*

If a generic drug is marketed under a trademark protected brand name, the brand name will be on the list in all CAPITAL letters. It will appear after the generic name in parentheses. It will be in regular typeface with first letter of each word capitalized.

Generic Drug Marketed Under A Brand Name Example: (Levothyroxine Sodium) LEVOXYL

What if my drug is not on the Health Net Medi-Cal PDL?

If your drug is not on the drug list, call Member Services at 1-800-675-6110 and ask if your drug is covered. If your drug is not on the list, you can ask your doctor if there is a drug on the list that will work the same way. If your doctor wants you to have a drug that is not on the list, your doctor can ask us to make an exception. See the section, “How can I get an exception to the rules for the drug coverage?” for more information.

Can I go to any pharmacy?

Members must use a pharmacy in the retail network. These pharmacies have a contract with Health Net. To find a pharmacy, call Member Services at 1-800-675-6110. You can also visit our website at www.healthnet.com.

Some drugs are only covered when they come from a specialty pharmacy. Specialty drugs are used to treat ongoing or complex conditions. They also may need special handling or training to ensure safe use. The specialty pharmacy will mail drugs to your home, to your work, or to another address you choose. Specialty drugs may also be sent to your doctor's office. Specialty drugs are listed in the Requirements/Limits column on the drug list. Drugs that do not have a specialty pharmacy listed in the Requirements/Limits column on the drug list can be filled at any pharmacy in the network.

You can ask for an exception to have a specialty drug filled at a retail network pharmacy if:

- How you take your drug has changed and you need to fill the drug right now.
- Your drug is going to arrive late or always arrives late.
- You have an urgent need for a drug and did not understand how to get the drug from the specialty pharmacy.
- You have an emergency and cannot wait for the drug to come from the specialty pharmacy.

If you cannot use a specialty pharmacy, you can ask for an exception to get all your drugs filled at a retail network pharmacy if:

- You do not have a mailing address or a way to get your drugs by mail.
- Your doctor's office gives the drugs to you.
- Using a specialty pharmacy is a hardship for you.

If you need an exception, you must ask us. Your doctor or your pharmacy may also ask for an exception. To ask us for an exception, please call Health Net Member Services at 1-800-675-6110 (TTY: 711). We are here 24 hours a day, seven days a week.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. These limits are noted in the Requirements/Limits column on the drug list.

Are there limits on opioid pain drugs?

Prior Authorization is not required for short term use of most opioid pain drugs. You can get a 7 day supply of these drugs when your doctor orders them for you the first time. There are quantity limits on all opioid pain drugs based on Morphine Milligram Equivalents (MME). You may need prior authorization if you need more than a 7 day supply. This limit does not apply if you are being treated for cancer or sickle cell.

What is Morphine Milligram Equivalent (MME) Dosing?

MME dosing is a tool used to make sure you take a safe dose of opioid pain drugs. This tool helps measure the amount of opioid pain drugs you take each day. The recommended limit for most opioid pain drugs is 90 MME per day. The quantity limits on the drug list are less than or the same as 90 MME per day. Your doctor may ask for prior authorization if the dose you need is more than 90 MME per day. This limit does not apply if you are being treated for cancer or sickle cell.

How can I get an exception to the rules for the drug coverage?

Your doctor can ask for an exception to our rules for drug coverage.

- Your doctor can ask us to cover a drug if it is not on the drug list.
- Your doctor can ask us to make an exception to limits on a drug. For example, if a drug has a limit of 1 tablet per day, your doctor can ask us to cover more.

To ask for an exception, your doctor can fax a prior authorization request to us at 1-800-977-8226. After we receive the request, we will make a decision and notify your doctor within 24 hours. If we deny the request, we will send you and your doctor a letter and tell you how to file an appeal. If we do not respond to a request within 24 hours, the request will be approved. If we approve a drug for you, you can continue to get the drug from Health Net Medi-Cal as long as the drug works for you and your doctor wants you to stay on the drug.

What if I'm a new member?

If you are a new member in our plan, you may be taking drugs that are not on our drug list. You may also be taking a drug that is on our drug list, but the drug now has limits. You should talk to your doctor to see if you can change to a drug on the list. Your doctor may ask us for an exception to cover a drug you have been taking. See the section, "How can I get an exception to the rules for the drug coverage?" for more information.

What are over-the-counter drugs?

Over-the-counter (OTC) drugs are drugs you can buy without a prescription. The Health Net Medi-Cal PDL covers OTC drugs just like those found on the State Medi-Cal List of Contract Drugs. If you want Health Net to cover an OTC drug on the drug list, your doctor must write a prescription for that drug.

Are brand name drugs covered?

Your pharmacy benefit does not cover brand name drugs when a generic drug is available. A brand name drug may be covered if a generic drug is not available. Your doctor may also ask us to cover a brand name drug if he/she thinks it will work the best for you.

What is a generic drug?

A generic drug has the same active ingredient and works the same way as the brand name drug. Generic drugs are safe and effective.

Will the pharmacist give me a generic drug if one is available?

Yes. A pharmacy may give you a generic drug unless your doctor says that you must have the brand name drug.

Are there any excluded or carve-out drugs?

Excluded drugs

The Health Net Medi-Cal PDL is similar to the State Medi-Cal List of Contract Drugs. The following types of drugs are not a covered benefit and not on the PDL:

- Multivitamins
- Erectile or sexual dysfunction drugs
- Drugs used for cosmetic reasons or hair growth
- Drugs that are considered experimental
- Drugs used to treat infertility

- OTC cough and cold drugs
- OTC adult acetaminophen

Drug Efficacy Study and Implementation Drugs (DESI)

DESI products and other related drugs are not covered by Health Net Medi-Cal. The Food and Drug Administration has defined them as less than effective. There is a lack of proof these drugs are safe and effective.

Carve-out drugs

Some drugs are carved out by the Department of Health Care Services. This means that these drugs are covered by the Medi-Cal Fee-for-Service program. The following types of drugs are carved out:

- Select psychiatric drugs
- Select HIV AIDS treatment drugs
- Select alcohol, heroin detoxification, and dependency treatment drugs
- Select drugs to treat hemophilia

What is California Children's Services?

California Children's Services (CCS) is a state program for children (up to 21 years old) with certain health problems. Some drugs for CCS covered health problems are not covered by Health Net.

Only doctors approved by CCS can order drugs used to treat CCS covered health problems. These drugs are not covered by Health Net. The Pharmacy must bill CCS for these drugs. If you are at the pharmacy and you are not in the CCS system, call Member Services at 1-800-675-6110. Member Services can help you enroll with CCS. They may also help you get an emergency supply of your drug.

What about drugs I get from my doctor or in my doctor's office?

Some drugs that are given to you by your doctor may be covered under your medical benefit. You may be able to get these drugs from a retail pharmacy. Your doctor may also give them to you in the office. We will work with your doctor to find the best way for you to get these drugs. If you have questions about these drugs, please call Member Services at 1-800-675-6110.

Definitions

Brand Name Drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Exception Request: Is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition

Formulary: Is also referred to as the Preferred Drug List, is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan, and includes all drugs covered under the outpatient prescription drug benefit of the health plan.

Generic Drug: Is a drug that is the same as its brand name drug equivalent in dosage, safety, strength, how it is taken, quality, effect and intended use. A generic drug is listed in the drug list in *bold* and *italicized* lowercase letters.

Medically Necessary: Is health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Member: Is a person enrolled in a health plan who is entitled to receive services from the plan.

Non-Formulary Drug: Is a prescription drug that is not listed on the Preferred Drug List.

Preferred Drug List: Is also referred to as the Formulary, is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan, and includes all drugs covered under the outpatient prescription drug benefit of the health plan.

Prescribing Provider: Is a health care provider authorized to write a prescription to treat a medical condition for a health plan member.

Prescription: Is an oral, written, or electronic order by a prescribing provider for a specific member that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the drug is being prescribed.

Prescription Drug: Is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization: Is a health plan's requirement that the member or the member's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the member to obtain the drug.

Quantity Limit: Is a restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.

Specialty Drugs: Specialty Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy.

Step Therapy: Is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the member to try one or more drugs to treat the member's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the member's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

Need more information?

For more information about your pharmacy benefits, please review your Member Handbook or call Member Services at 1-800-675-6110.

برنامج Medi-Cal المقدم من Health Net قائمة الأدوية الموصى بها

تتضمن قائمة الأدوية الموصى بها (PDL) الخاصة ببرنامج Medi-Cal المقدم من Health Net الأدوية المشمولة بالتغطية من قبل Health Net. يتم تحديث قائمة الأدوية كل شهر وقد يطرأ عليها تغييرات. للحصول على أحدث المعلومات أو على نسخة مطبوعة، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110 (TTY: 711).

يمكنك إيجاد قائمة الأدوية المحدثة على موقعنا

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action

كما أنها متاحة أيضاً على موقعنا بتنسيق قابل للقراءة الآلية.

اذهب إلى "قائمة أدوية برنامج Medi-Cal"

استخدم رابط "قائمة أدوية برنامج Medi-Cal المقدم من Health Net" للاطلاع على قائمة الأدوية المشمولة بالتغطية من قبل Health Net.

يُرجى التخلص من جميع الإصدارات السابقة لقائمة الأدوية



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مرحبًا بكم في Health Net

ماهي قائمة الأدوية الموصى بها الخاصة ببرنامج Medi-Cal المقدم من Health Net؟
تتضمن قائمة الأدوية هذه الأدوية المستخدمة لعلاج الأمراض أو المشكلات الصحية الشائعة، حيث يجتمع فريق من الأطباء والصيادلة بانتظام لتحديد الأدوية التي يجب إدراجها في قائمة الأدوية، ويراجع الفريق الأدوية الحالية والجديدة ويختار الأدوية المناسبة والأمنة، كما يتم تحديث هذه القائمة الخاصة بالأدوية ويقرأ عليها تغييرات كل شهر، وقد تشمل هذه التغييرات الشكل الذي يأتي به الدواء (أي في صورة قرص أو كبسولة) أو إذا كان للدواء حد أقصى للكمية التي تُصرف في المرة الواحدة، وقد تشمل التغييرات أيضًا ما إذا كان الحصول على الدواء يتطلب تصريحًا مسبقًا أو علاجًا تدريجيًا، أو استبعاد أحد الأدوية من قائمة الأدوية.

كيف يمكن أن استخدم قائمة الأدوية الموصى بها الخاصة ببرنامج Medi-Cal المقدم من Health Net؟
ابحث عن دوائك في الفهرس الموجود في نهاية هذا الكتيب، حيث يتضمن الفهرس جميع الأدوية الموجودة في قائمة الأدوية، كما يتم إيضاح الأدوية ذات العلامات التجارية والأدوية المكافئة في الفهرس، وبجوار الدواء الخاص بك، ستجد رقم الصفحة التي يمكنك أن تجد بها دوائك.

يوضح الجدول أدناه القبول المصاحبة لقائمة الأدوية:

الاختصار	المصطلح	التعريف
فترة محددة (AL)	فترة محددة	بعض الأدوية يتم تغطيتها فقط لفترات محددة.
الاقطاع (CO)	الاقطاع	يتم اقتطاع هذه الأدوية من قبل إدارة خدمات الرعاية الصحية (Department of Health Care Services)، مما يعني أن هذه الأدوية مشمولة بالتغطية من جانب برنامج Medi-Cal Fee-for-service ويمكن للصيدلية مطالبة الولاية بتكلفتها.
مدرجة بكتيب الوصفات (F)	مدرجة بكتيب الوصفات	هذه الأدوية مشمولة في قائمة الأدوية.
غير مدرجة في كتيب الوصفات (NF)	غير مدرجة في كتيب الوصفات	هذه الأدوية غير مشمولة في قائمة الأدوية، ولكن إذا شعر طبيبك أنك تحتاج إلى دواء غير مشمول في القائمة، فيمكنه أن يطلب منا إجراء استثناء.
موافقة مسبقة (PA)	موافقة مسبقة	يلتزم طبيبك بطلب موافقة من Health Net قبل أن يتم شمول بعض الأدوية بالتغطية.
كمية محدودة (QL)	كمية محدودة	بعض الأدوية يتم تغطيتها فقط بكميات محدودة.
بوصفة طبية وبدون وصفة طبية (RX/OTC)	بوصفة طبية وبدون وصفة طبية	يتم تقديم هذه الأدوية بوصفة طبية وبدون وصفة طبية.
علاج تدريجي (ST)	علاج تدريجي	في بعض الحالات، عليك أولاً أن تجرب أدوية معينة قبل أن تشمل Health Net دواءً آخرًا بالتغطية من أجل حالتك الصحية. فعلى سبيل المثال، إذا كان كل من الدواء أ والدواء ب يعالجان حالتك الطبية، فيجوز ألا تشمل Health Net الدواء ب بالتغطية ما لم تجرب الدواء أ أولاً.
برنامج الصيدلية التخصصية (SP)	برنامج الصيدلية التخصصية	تعتبر هذه الأدوية أدوية تخصصية، حيث يمكنك فقط الحصول على هذه الأدوية من صيدلية تخصصية، ويلزم صرف جميع الوصفات الطبية عن طريق الصيدليات التخصصية المذكورة.

كيف يمكنني العثور على أحد الأدوية في قائمة الأدوية؟
يمكنك البحث عن أي دواء من خلال استخدام أداة البحث، حيث يمكنك العثور على الأدوية حسب الترتيب الأبجدي أو حسب الحالة الطبية، كما أنه توجد ثلاث طرق لمعرفة ما إذا كان دوائك مشمول بالتغطية أم لا.

أداة البحث: افتح ملف قائمة الأدوية (PDF)، ثم اضغط مع الاستمرار على مفتاحي التحكم (Ctrl) و"F"، وعند ظهور مربع البحث، اكتب اسم الدواء الخاص بك، ثم اضغط على مفتاح الدخول "Enter".

الفهرس الأبجدي: يسرد الفهرس الموجود في نهاية ملف PDF أسماء الأدوية ذات العلامات التجارية والأدوية المكافئة من الألف إلى الياء، فبمجرد العثور على اسم دواء، انتقل إلى رقم الصفحة المحدد لمعرفة ما إذا كان الدواء مشمول بالتغطية أم لا.

الفئة العلاجية: تُصنف الأدوية إلى فئات، كما يمكن أيضًا تصنيف الفئات حسب المجموعة التي يوجد بها الدواء، فإذا كنت تعرف الفئة التي ينتمي إليها الدواء، فابحث في القائمة للعثور على الفئة، وبعد ذلك يمكنك البحث عن دوائك في هذه الفئة.

لن يكون الدواء موجودًا في القائمة إذا لم يتم تقديم دواء مكافئ للدواء ذو العلامة التجارية، وقد لا يتم العثور على الدواء إذا لم يكن مشمولًا بالتغطية، وعلى الرغم من وجود الدواء في قائمة الأدوية، فهذا لا يعني أن طبيبك سيصف هذا الدواء من أجل حالتك الطبية.

كيف يتم تسجيل الأدوية في القائمة الفنية؟

يتم تسجيل الدواء أبجديًا باسمه الذي يحملها كدواء مكافئ وكدواء ذو علامة تجارية في فنته ومجموعته.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	F	QL(1 ea daily)
carvedilol tabs	F	

يتم تضمين اسم الدواء المكافئ لدواء ذو علامة تجارية بعد اسم العلامة التجارية بين قوسين بأحرف صغيرة بخط عريض ومائل.

مثال على دواء ذو علامة تجارية: (epoetin alfa) EPOGEN

إذا كان يوجد دواء مكافئ للدواء ذو العلامة التجارية في القائمة ومشمول بالتغطية، سيُذكر الدواء المكافئ في القائمة بصرف النظر عن الدواء ذو العلامة التجارية، وسيكون بأحرف صغيرة بخط عريض ومائل.

مثال على الدواء المكافئ: كبسولات إيزوميبرازول الماغسيوم بطينة المفعول

إذا كان يتم تسويق دواء مكافئ تحت اسم تجاري محمي بعلامة تجارية، سيُذكر اسم العلامة التجارية في القائمة بأحرف كبيرة، حيث ستظهر بعد اسم الدواء المكافئ بين قوسين، وسيُكتب بخط عادي على أن يكون الحرف الأول من كل كلمة كبير.

مثال على دواء مكافئ يتم تسويقه تحت علامة تجارية: LEVOXYL (Levothyroxine Sodium)

ماذا لو كان دوائي غير موجود في قائمة الأدوية الموصى بها الخاصة ببرنامج Medi-Cal المقدم من Health Net؟ إذا كان دوائك غير موجودًا في قائمة الأدوية، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110 والاستفسار عما إذا كان دوائك مشمول بالتغطية أم لا، وإذا لم يكن دوائك مسجلًا في القائمة، يمكن أن تسأل طبيبك عما إذا كان هناك دواء في القائمة مناسب وله التأثير ذاته، وإذا رغب طبيبك في أن تحصل على أحد الأدوية غير الموجودة في القائمة، فيمكن لطبيبك أن يطلب منا إجراء استثناء. للمزيد من المعلومات، يُرجى الاطلاع على القسم التالي "كيف يمكنني الحصول على استثناء فيما يخص اللوائح المتعلقة بتغطية الأدوية؟".

هل يمكنني الذهاب إلى أي صيدلية؟

يلتزم الأعضاء بالتعامل مع إحدى الصيدليات الموجودة في شبكة البيع بالتجزئة، حيث أن تلك الصيدليات لديها تعاقد مع Health Net، وللعثور على إحدى الصيدليات، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110، كما يمكنك أيضًا زيارة موقعنا على الرابط www.healthnet.com.

علاوة على ذلك، فإن لا يتم شمول بعض الأدوية بالتغطية إلا عند الحصول عليها من إحدى الصيدليات التخصصية، حيث تُستخدم الأدوية التخصصية لعلاج الحالات المزمنة أو المعقدة، وقد تحتاج هذه الأدوية أيضًا إلى تعامل أو تدريب خاص لضمان الاستخدام الآمن، وستقوم الصيدلية التخصصية بإرسال الأدوية عن طريق البريد إلى منزلك أو إلى عمك أو إلى أي عنوان آخر تختاره، كما يمكن أيضًا إرسال الأدوية التخصصية إلى عيادة طبيبك. يُرجى العلم إنه يتم إدراج الأدوية التخصصية في عمود الاشتراطات / القيود في قائمة الأدوية، ويمكن صرف الأدوية التي ليس لها صيدلية تخصصية مسجلة في عمود الاشتراطات / القيود بقائمة الأدوية من أي صيدلية في الشبكة.

يمكنك طلب الحصول على استثناء لسرف أحد الأدوية التخصصية من إحدى صيدليات شبكة البيع بالتجزئة في الحالات التالية:

- في حال تغيرت طريقة تعاطيك للدواء وتحتاج إلى صرف الدواء في الحال.
- في حال سيصل دوائك متأخرًا أو أنه يصل متأخرًا بشكل دوري.
- في حال كان لديك حاجة ماسة للدواء ولست على دراية بكيفية الحصول على الدواء من الصيدلية التخصصية.
- في حال كان لديك حالة طارئة ولم تستطع الانتظار لحين وصول الدواء من الصيدلية التخصصية.

إذا لم تستطع التعامل مع إحدى الصيدليات التخصصية، يمكنك طلب الحصول على استثناء لسرف جميع أدويتك من إحدى صيدليات شبكة البيع بالتجزئة في الحالات التالية:

- في حال لم يكن لديك عنوان بريدي أو طريقة للحصول على أدويتك عن طريق البريد.
- في حال كانت عيادة طبيبك تقوم بمنح الأدوية لك.
- في حال كان التعامل مع إحدى الصيدليات التخصصية أمرًا صعبًا بالنسبة لك.

إذا كنت تحتاج إلى الحصول على استثناء، فيجب أن تطلب ذلك منا، ويجوز أن يطلب طبيبك أو الصيدلية الخاصة بك أيضًا الحصول على استثناء، ولتقديم طلب إلينا للحصول على استثناء، يُرجى الاتصال بخدمات Health Net للأعضاء على الرقم 1-800-675-6110 (TTY: 711)، والخدمة متاحة على مدار أربع وعشرين ساعة في اليوم وطوال أيام الأسبوع.

هل ثمة قيود على تغطية الدواء الخاصة بي؟

توجد قيود على تغطية بعض الأدوية، وهذه القيود مذكورة في عمود الاشتراطات / القيود الموجود في قائمة الأدوية.

هل ثمة قيود على استخدام مسكنات الألام الأفيونية؟

لا توجد حاجة للحصول على موافقة مسبقة عند استخدام معظم مسكنات الألام الأفيونية لفترات قصيرة المدى، وعندما يصفها الطبيب لك للمرة الأولى، ستتمكن من الحصول على كمية منها تكفيك لمدة 7 أيام، ولكن توجد قيود على كمية جميع مسكنات الألام الأفيونية الواجب صرفها بناءً على الجرعة المكافئة للمورفين بالمليجرام (MME)، لذا قد تحتاج إلى الحصول على موافقة مسبقة إذا كنت تحتاج إلى كمية تتجاوز 7 أيام، ولكن يُرجى العلم أنه لا يتم تطبيق هذه القيود في حال كنت تخضع للعلاج من مرض السرطان أو فقر الدم المنجلي.

ما هي الجرعة المكافئة للمورفين بالمليجرام؟

الجرعة المكافئة للمورفين بالمليجرام هي وسيلة للتأكد من أنك تتعاطى جرعة آمنة ومناسبة من مسكنات الألام الأفيونية، وتساعد على حساب كمية مسكنات الألام الأفيونية التي تتعاطها يوميًا، حيث أن الحد الأقصى الموصى بها يوميًا لمعظم هذه المسكنات هي 90 وحدة مكافئة للمورفين بالمليجرام، بينما يبلغ الحد الأقصى للكمية اليومية في قائمة الأدوية 90 وحدة مكافئة للمورفين بالمليجرام أو أقل، وفي حال احتجت إلى جرعة تزيد عن 90 وحدة مكافئة للمورفين بالمليجرام يوميًا، قد يحتاج طبيبك إلى طلب موافقة مسبقة، ولكن يُرجى العلم أنه لا يتم تطبيق هذه القيود في حال كنت تخضع للعلاج من مرض السرطان أو فقر الدم المنجلي.

كيف يمكنني الحصول على استثناء فيما يخص اللوائح المتعلقة بتغطية الأدوية؟

يمكن لطبيبك أن يطلب الحصول على استثناء فيما يخص اللوائح الخاصة بنا المتعلقة بتغطية الأدوية.

- يمكن لطبيبك أن يطلب منا شمول أحد الأدوية غير المدرجة في قائمة الأدوية بالتغطية.
- يمكن لطبيبك أن يطلب منا إجراء استثناء فيما يخص القيود المفروضة على أحد الأدوية. على سبيل المثال، إذا كان الحد الأقصى لأحد الأدوية قرص واحد يوميًا، يمكن لطبيبك أن يطلب منا أن تشمل كمية أكبر بالتغطية.

الطلب الحصول على استثناء، يمكن لطبيبك أن يرسل لنا طلب للحصول على موافقة مسبقة من خلال الفاكس على الرقم التالي 1-800-977-8226، وبعد تلقي الطلب، سنتخذ القرار المناسب وسنبذل طبيبك به في خلال 24 ساعة. في حال رفض الطلب، سنرسل خطاب لك ولطبيبك وسنخبرك بالإجراءات اللازمة التي عليك اتخاذها لتقديم استئناف بشأن القرار المتخذ، وفي حال عدم الرد على طلبك في خلال 24 ساعة، سيتم الموافقة على الطلب. في حال موافقتنا على منحك أحد الأدوية، يمكنك مواصلة الحصول على الدواء من برنامج Medi-Cal المقدم من Health Net طالما أن الدواء مناسب لك وأن طبيبك يود استمرارك في تعاطيه.

ماذا لو كنت أحد الأعضاء الجدد في الخطة؟

إذا كنت أحد الأعضاء الجدد في خطتنا، يمكنك الحصول على أدوية غير المدرجة في قائمة الأدوية الخاصة بنا، كما يمكنك الحصول على أحد الأدوية المدرجة في قائمة الأدوية ولكنها خاضعة لبعض القيود في الوقت الحالي، وعلينا التحدث مع طبيبك للوقوف على إمكانية الحصول على أحد الأدوية المدرجة في القائمة. علاوةً على ذلك، يمكن لطبيبك أن يطلب منا إجراء استثناء لشمول أحد الأدوية التي كنت تتعاطها بالتغطية. للمزيد من المعلومات، يُرجى الاطلاع على القسم التالي "كيف يمكنني الحصول على استثناء فيما يخص اللوائح المتعلقة بتغطية الأدوية؟".

ما الأدوية التي يُطلق عليها أدوية بدون وصفة طبية؟

هي الأدوية التي يمكنك شرائها بدون وصفة طبية (OTC)، وتغطي قائمة الأدوية الموصى بها الخاصة ببرنامج Medi-Cal المقدم من Health Net هذه الأدوية مثل تلك المدرجة في قائمة برنامج Medi-Cal الحكومية للأدوية المتعاقد عليها، وفي حال رغبت أن تغطي Health Net أحد الأدوية التي تُصرف بدون وصفة طبية، على طبيبك إصدار وصفة طبية لهذا الدواء.

هل الأدوية ذات العلامات التجارية مشمولة بالتغطية؟

لا تغطي المزايا الصيدلانية الأدوية ذات العلامات التجارية عندما تكون الأدوية المكافئة متوفرة، وقد تشمل الأدوية ذات العلامات التجارية بالتغطية في حال عدم توافر الأدوية المكافئة، ويُرجى العلم أنه يجوز لطبيبك أن يطلب منا شمول أحد الأدوية ذات العلامات التجارية بالتغطية في حال كان يرى أن هذا الدواء سيكون أفضل بالنسبة لك.

ما هو الدواء المكافئ؟

الدواء المكافئ هو دواء يحتوي على نفس المادة الفعالة لدواء ذو علامة تجارية وله التأثير نفسه، ويتسم بفاعليته واستخدامه الآمن.

هل سمينحني الصيدلي دواء مكافئ في حال توافره؟

نعم، ستمنحك الصيدلية دواء مكافئ ما لم يقرر الطبيب ضرورة تعاطيك الدواء ذو العلامة التجارية.

هل توجد أي أدوية غير مشمولة بالتغطية أو أدوية مقتطعة؟

الأدوية غير المشمولة بالتغطية

تشبه قائمة الأدوية الموصى بها الخاصة ببرنامج Medi-Cal المقدم من Health Net قائمة برنامج Medi-Cal الحكومية للأدوية المتعاقد عليها. الأدوية الموضحة أدناه غير مشمولة بالتغطية وغير مدرجة في قائمة الأدوية الموصى بها:

- مكملات متعددة الفيتامينات
- أدوية الضعف الجنسي أو الانتصاب
- الأدوية المستخدمة للأغراض التجميلية أو لنمو الشعر
- الأدوية التي يتم اعتبارها أدوية تجريبية
- الأدوية المستخدمة لعلاج العقم
- أدوية البرد والسعال التي تُصرف بدون وصفة طبية
- أسيتامينوفين للبالغين الذي يُصرف بدون وصفة طبية

الأدوية المتعلقة ببرنامج دراسة فاعلية الدواء وعمليات التطبيق (DESI)

لا يغطي برنامج Medi-Cal المقدم من Health Net الأدوية المتعلقة ببرنامج دراسة فاعلية الدواء وعمليات التطبيق وغيرها من الأدوية ذات الصلة، حيث أوضحت إدارة الغذاء والدواء (Food and Drug Administration) أن هذه الأدوية أقل فاعلية، ولا توجد أدلة كافية تثبت فاعلية هذه الأدوية أو استخدامها الآمن.

الأدوية المقتطعة

يتم اقتطاع بعض الأدوية من قبل إدارة خدمات الرعاية الصحية، وهذا يعني أنها مشمولة بالتغطية من جانب برنامج Medi-Cal Fee-for-Service. تتمثل الأدوية المقتطعة في الأنواع التالية:

- بعض أدوية العلاج النفسي
- بعض أدوية علاج الإيدز
- بعض أدوية علاج إدمان الهيروين والكحول وإزالة السُمِّية
- بعض أدوية الهيموفيليا

ما هو برنامج خدمات الأطفال بكاليفورنيا؟

يُعد برنامج خدمات الأطفال بكاليفورنيا (CCS) أحد البرامج الحكومية للأطفال (دون سن 21 عامًا) والذين يعانون من مشكلات صحية معينة، ولا تغطي Health Net بعض الأدوية الموصوفة للمشكلات الصحية المشمولة بالتغطية ضمن برنامج خدمات الأطفال بكاليفورنيا.

يجوز فقط للأطباء المعتمدين من جانب خدمات الأطفال بكاليفورنيا طلب الأدوية المستخدمة لعلاج هذه المشكلات الصحية المشمولة بالتغطية ضمن برنامج خدمات الأطفال بكاليفورنيا، وكما ذكرنا هذه الأدوية غير مشمولة بالتغطية من جانب Health Net، لذا على الصيدلية مطالبة خدمات الأطفال بكاليفورنيا بتكلفة هذه الأدوية، وفي حال كنت غير مسجل في نظام خدمات الأطفال بكاليفورنيا أثناء وجودك في الصيدلية، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110، حيث ستساعدك خدمات الأعضاء على التسجيل مع خدمات الأطفال بكاليفورنيا فضلًا عن مساعدتك للحصول على مخزون للطوارئ من الدواء الخاص بك.

ماذا عن الأدوية التي احصل عليها من الطبيب الخاص بي أو في عيادته؟

قد تكون بعض الأدوية التي تحصل عليها من طبيبك مشمولة بالتغطية بموجب المزايا الطبية الخاصة بك، وقد تتمكن من الحصول عليها من إحدى صيدليات شبكة البيع بالتجزئة، وقد يمنحها لك الطبيب في العيادة، ويُرجى العلم أننا سننسق مع طبيبك لتحديد الطريقة المثلى لتحصل من خلالها على هذه الأدوية. في حال وجود أي استفسارات حول هذه الأدوية، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110.

التعريفات

الأدوية ذات العلامات التجارية: هو دواء يتم تسويقه تحت اسم محمي بعلامة تجارية خاضع لحقوق الملكية، ويُدرج أي دواء ذو علامة تجارية في كتيب الوصفات هذا بالأحرف الكبيرة.

طلب الاستثناء: هو طلب لشمول دواء بوصفة طبية بالتغطية، فإذا قدم الشخص المُسجل، أو من ينوب عنه، أو مقدم خدمة الرعاية الصحية الوصف للعلاج طلب الاستثناء لشمول إحدى الأدوية بوصفة طبية بالتغطية، يجب أن تشمل الخطة الصحية الدواء المقدم بوصفة طبية عند التأكد من أن الدواء ضروريًا من الناحية الطبية لعلاج حالة الشخص المُسجل.

كتيب الوصفات: يشار إليه أيضًا باسم قائمة الأدوية الموصى بها، وهو يمثل القائمة الكاملة للأدوية المقدمة بوصفة طبية والموصى بها للاستخدام والمستحقة للتغطية بموجب خطة صحية معينة، وهو يتضمن جميع الأدوية المشمولة بالتغطية بموجب مزايا الأدوية المقدمة بوصفات طبية للمرضى الخارجيين الخاصة بالخطة الصحية.

الدواء المكافئ: هو دواء يكافئ الدواء ذو العلامة التجارية من حيث الجرعة والسلامة والقوة وطريقة التناول والجودة والفاعلية والاستخدام المقصود، ويُدرج أي دواء مكافئ في قائمة الأدوية بأحرف صغيرة بخط عريض ومائل.

مزايا ضرورية من الناحية الطبية: هي مزايا خاصة بالرعاية الصحية ضرورية لتشخيص حالة طبية أو أعراضها أو علاجها أو الوقاية منها وهي تقي بمعايير الطب المقبولة، وعادةً لا تغطي الخطط مزايا الرعاية الصحية غير الضرورية من الناحية الطبية.

العضو: هو الشخص المُسجل في خطة صحية ويحق له تلقي الخدمات من الخطة.

دواء غير مدرج في كتيب الوصفات: هو دواء بوصفة طبية غير مدرج في قائمة الأدوية الموصى بها.

قائمة الأدوية الموصى بها: يشار إليها أيضاً باسم كتيب الوصفات، وهي القائمة الكاملة للأدوية المقدمة بوصفها طبية والموصى بها للاستخدام والمستحقة للتغطية بموجب خطة صحية معينة، وهي تتضمن جميع الأدوية المشمولة بالتغطية بموجب مزايا الأدوية المقدمة بوصفها طبية للمرضى الخارجيين الخاصة بالخطة الصحية.

مقدم الرعاية الواصف للعلاج: هو مقدم رعاية صحية مصرح له بتحرير وصفة طبية لعلاج حالة طبية لعضو الخطة الصحية.

الوصفة الطبية: هو أمر شفهي أو كتابي أو إلكتروني صادر من مقدم الرعاية الواصف للعلاج لعضو معين، ويحتوي على اسم الدواء الموصوف، وكميته، وتاريخ الإصدار، واسم مقدم الرعاية الواصف للعلاج وبيانات اتصاله، وتوقيع مقدم الرعاية الواصف للعلاج إذا كانت الوصفة الطبية مكتوبة، وإذا طلب العضو ذلك، ويتضمن أيضاً الحالة أو الغرض الطبي الذي يتم وصف الدواء من أجله.

دواء بوصفة طبية: هو دواء موصوف من قبل مقدم الرعاية الواصف للعلاج الخاص بالشخص المُسجل ويتطلب توافر وصفة طبية بموجب القانون المعمول به.

موافقة مسبقة: تعتبر أحد متطلبات الخطة الصحية حيث يلتزم العضو أو مقدم الرعاية الواصف الخاص بالعضو للعلاج بالحصول على موافقة الخطة الصحية على أحد الأدوية المقدمة بوصفها طبية قبل أن تشمل الخطة الصحية الدواء بالتغطية، على أن تمنح الخطة الصحية موافقة مسبقة عندما يكون حصول العضو على الدواء ضرورياً من الناحية الطبية.

قيود كميات الدواء: هي قيود تُفرض على عدد الجرعات أو أي قيود أخرى على كمية الدواء المقدم بوصفها طبية من المقرر أن تشملها خطة صحية ما بالتغطية خلال فترة زمنية محددة.

الأدوية التخصصية: تشمل الأدوية التخصصية تلك التي يتم تصنيعها باستخدام التكنولوجيا الحيوية، أو تلك التي يجب توزيعها من خلال إحدى الصيدليات التخصصية، أو تلك التي تتطلب تدريباً خاصاً ليتم تعاطيها ذاتياً، أو تلك التي تتطلب رعاية منتظمة من قبل إحدى الصيدليات.

العلاج التدريجي: هي عملية تحدد التسلسل الذي توصف به الأدوية المختلفة المقدمة بوصفها طبية لحالة طبية معينة والمناسبة من الناحية الطبية لمرضى معين، وقد تتطلب الخطة الصحية من العضو أن يجرب دواء واحد أو أكثر لعلاج حالته الطبية قبل أن تغطي الخطة الصحية دواء معين للحالة وفقاً لطلب العلاج التدريجي، وإذا قام مقدم الرعاية الواصف للعلاج الخاص بالعضو بتقديم طلب للحصول على استثناء فيما يتعلق بالعلاج التدريجي، فعلى الخطط الصحية أن تمنح استثناءات للحصول على العلاج التدريجي عند استيفاء المعايير.

هل تحتاج إلى المزيد من المعلومات؟

للحصول على المزيد من المعلومات بشأن المزايا الصيدلانية الخاصة بك، يُرجى مراجعة كتيب الأعضاء الخاص بك أو الاتصال بخدمات الأعضاء على الرقم 1-800-675-6110.

Health Net Medi-Cal

Գերադասելի դեղերի ցուցակ

Health Net Medi-Cal-ի Գերադասելի դեղերի ցուցակը (PDL) ներառում է դեղեր, որոնք ապահովագրված են Health Net-ի կողմից: Դեղերի ցուցակը թարմացվում է ամեն ամիս և կարող է փոփոխվել: Վերջին թարմացված տեղեկությունները կամ տպագիր պատճենը ստանալու համար զանգահարեք Անդամների սպասարկման բաժին 1-800-675-6110 (TTY: 711) հեռախոսահամարով:

Դեղերի վերջին թարմացված ցուցակը հասանելի է մեր կայքում՝ https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Այն նաև հասանելի է մեր կայքում սարքերի կողմից ընթեռնելի ձևաչափով:

Անցեք «Medi-Cal-ի դեղերի ցուցակ»

Օգտվեք «Health Net Medi-Cal-ի դեղերի ցուցակ» հղումից՝ դիտելու դեղերի ցուցակը, որոնք ապահովագրված են Health Net-ի կողմից:

ԽՆԴՐՈՒՄ ԵՆՔ ԴԵՆ ՆԵՏԵԼ ԴԵՂԵՐԻ ՑՈՒՑԱԿԻ ԲՈԼՈՐ ՆԱԽՈՐԴ ՏԱՐԲԵՐԱԿՆԵՐԸ



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Բարի՛ գալուստ, Health Net

Ի՞նչ է Health Net Medi-Cal PDL-ը:

Դեղերի ցուցակը ներառում է դեղեր, որոնք օգտագործվում են ընդհանուր հիվանդություններ և առողջական խնդիրներ բուժելու համար: Բժիշկների և դեղագործների թիմը ունենում է պարբերական հանդիպումներ՝ որոշելու, թե որ դեղերն է պետք ներառել դեղերի ցուցակում: Թիմը վերանայում է առկա և նոր դեղերը, ապա ընտրում նրանք, որոնք լավագույն արդյունք են տվել և ապահով են: Դեղերի ցուցակը թարմացվում է ամեն ամիս: Փոփոխությունները կարող են ներառել դեղի արտադրման ձևաչափը (այսինքն՝ դեղահաբ թե դեղապատիճ), կամ արդյոք դեղն ունի մեկանգամյա տրամադրման չափաբաժնի սահմանափակում: Փոփոխությունները կարող են նաև ներառել՝ արդյոք դեղը պահանջում է նախօրոք լիազորում, հանգրվանային բուժում, կամ արդյոք դեղն այլևս չի ապահովագրվում դեղերի ցուցակով:

Ինչպե՞ս պետք է օգտագործեմ Health Net Medi-Cal PDL-ը:

Փնտրեք ձեր դեղն այս գրքույկի վերջում զետեղված ցուցակում: Ցուցակը թվարկում է բոլոր դեղերը, որոնք կան դեղերի ցուցակում: Ցուցակում նաև ներառված են ապրանքանիշային և անմակնիշ դեղեր: Ձեր դեղի անվանման կողքին նշված է այն էջը, որտեղ կարող եք գտնել ձեր դեղը:

Ստորև աղյուսակը տրամադրում է սահմանաչափերի նկարագրությունները, որոնք կարող են հանդիպել դեղերի ցուցակում.

Հապավում	Տերմին	Նշանակություն
AL	Տարիքային սահմանափակում	Որոշ դեղեր ապահովագրված են միայն որոշակի տարիքի անձանց համար:
CO	Առանձնացում	Այս դեղերն առանձնացված են Առողջական խնամքի ծառայությունների բաժանմունքի կողմից: Սա նշանակում է, որ այս դեղերն ապահովագրված են Medi-Cal-ի Fee-for-Service (Վճար ծառայության դիմաց) ծրագրով, և դրանց համար դեղատունը կարող է հաշիվ ներկայացնել Նահանգին:
F	Դեղացանկ	Այս դեղերն ապահովագրված են Դեղերի ցուցակով:
NF	Դեղացանկից դուրս	Այս դեղերն ապահովագրված չեն Դեղերի ցուցակով: Եթե ձեր բժիշկը կարծում է, որ ձեզ անհրաժեշտ է դեղ, որն ապահովագրված չէ, նա կարող է դիմել մեզ՝ բացառություն անելու խնդրանքով:
PA	Նախօրոք լիազորում	Ձեր բժիշկը պետք է դիմի Health Net-ին և ստանա հաստատում, նախքան որոշ դեղերի ապահովագրումը:
QL	Քանակի սահմանափակում	Որոշ դեղեր ապահովագրված են միայն որոշակի քանակով:

Հասարակում	Տերմին	Նշանակություն
RX/OTC	Դեղատոմսով և առանց դեղատոմսի վաճառվող դեղեր	Այս դեղերն արտադրվում են թե՛ դեղատոմսով, թե՛ առանց դեղատոմսի վաճառվող (OTC) ձևաչափերով:
ST	Հանգրվանային բուժում	Կան դեպքեր, երբ դուք նախ պետք է փորձեք որոշակի դեղեր, նախքան Health Net-ը կապահովի մեկ ուրիշ դեղ ձեր առողջական վիճակի համար: Օրինակ, եթե դեղ Ա-ն և դեղ Բ-ն երկուսն էլ բուժում են ձեր բժշկական վիճակը, Health Net-ը կարող է չապահովագրել դեղ Բ-ն, քանի դեռ չեք փորձել դեղ Ա-ն:
SP	«Մասնագիտացված դեղատոմս» ծրագիր	Այս դեղերը մասնագիտացված դեղեր են: Դուք կարող եք ստանալ դրանք միայն մասնագիտացված դեղատնից: Բոլոր դեղատոմսերը պետք է ստացվեն թվարկված մասնագիտացված դեղատներից:

Ինչպե՞ս կարող եմ գտնել դեղը Դեղերի ցուցակում:

Կարող եք որոնել դեղը՝ օգտվելով որոնման գործիքից: Դեղերը կարելի է գտնել այբբենական կարգով կամ ըստ բժշկական վիճակի: Գործում է երեք եղանակ՝ տեղեկանալու, թե արդյոք ձեր դեղն ապահովագրված է:

Որոնման գործիք. Բացեք Դեղերի ցուցակը (PDF ձևաչափ): Սեղմեք և պահեք «Control» (Ctrl) և «F» ստեղծանիշները: Երբ հայտնվի որոնման պատուհանը, մուտքագրեք դեղի անունը: Սեղմեք «Enter» ստեղծանիշը:

Այբբենական ցուցակ. PDF ձևաչափով փաստաթղթի վերջում գետեղված ցուցակը թվարկում է անմակնիշ և ապրանքանիշային դեղերի անունները՝ A–Z կարգով: Դեղի անունը գտնելուց հետո անցեք համապատասխան էջ՝ տեսնելու արդյոք դեղն ապահովագրված է:

Թերապևտիկ կատեգորիա. Դեղերը խմբավորված են ըստ կատեգորիաների: Կատեգորիաները նաև կարող են խմբավորվել ըստ կարգի, որին պատկանում է դեղը: Եթե գիտեք ձեր դեղի կարգը, փնտրեք ցուցակում՝ կատեգորիան գտնելու համար: Այնուհետև, կարող եք փնտրել ձեր դեղը տվյալ կատեգորիայում:

Դեղը ցուցակում գետեղված չի լինի, եթե ապրանքանիշային դեղին համարժեք անմակնիշ դեղը չի առաջարկվում: Դեղը կարող է նաև բացակայել, եթե այն չի ապահովագրվում: Չնայած դեղը կարող է լինել դեղերի ցուցակում, սա չի նշանակում, որ ձեր բժիշկը կնշանակի այն ձեր բժշկական վիճակի համար:

Ինչպե՞ս են դեղերը թվարկված կատեգորիաների ցանկում:

Դեղը նշված է այբբենական կարգով՝ ըստ իր ապրանքանիշային և անմականիշ անունների իր կատեգորիայում և կարգում:

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Ապրանքանիշային դեղի անմականիշ անունը նշված է ապրանքանիշային անունից հետո՝ փակագծերի մեջ, **թավ փոքրատատ** և **շեղ** տառերով:

Ապրանքանիշային դեղի օրինակ՝ EPOGEN (*epoetin alfa*)

Եթե ապրանքանիշային դեղի անմականիշ համարժեքը ներառված է դեղերի ցուցակում և ապահովագրված է, ապա անմականիշ դեղը կնշվի դեղերի ցուցակում՝ անկախ ապրանքանիշային դեղից: Այն կլինի **թավ փոքրատատ** և **շեղ** տառերով:

Անմականիշ դեղի օրինակ՝ *esomeprazole magnesium cap delayed release*

Եթե անմականիշ դեղը շուկայադրվում է ապրանքանիշային դեղի ապրանքային նշանով պաշտպանված տարբերակով, ապա ապրանքանիշային անվանումը կլինի ցուցակում և կնշվի միայն ՄԵԾԱՏԱՌ: Այն կնշվի անմականիշ դեղի անվանումից հետո՝ փակագծերում: Այն կլինի սովորական տեսքով՝ յուրաքանչյուր բառի առաջին տառը մեծատառով:

Անմականիշ դեղի՝ ապրանքանիշային անվանումով շուկայադրման օրինակ՝ (Levothyroxine Sodium) LEVOXYL

Ի՞նչ անել, եթե իմ դեղը Health Net Medi-Cal PDL-ում ներառված չէ:

Եթե ձեր դեղը բացակայում է դեղերի ցուցակից, զանգահարեք Անդամների սպասարկման բաժանմունք 1-800-675-6110 հեռախոսահամարով և հարցրեք՝ արդյոք ձեր դեղն ապահովագրվում է: Եթե ձեր դեղը ցուցակում չէ, կարող եք հարցնել բժշկին՝ արդյոք ցուցակում կա դեղ, որը գործում է նույն կերպ: Եթե ձեր բժիշկը կարծում է, որ ձեզ անհրաժեշտ է դեղ, որը ցուցակում չէ, ձեր բժիշկը կարող է դիմել մեզ՝ բացառություն անելու խնդրանքով: Լրացուցիչ տեղեկությունների համար տեսեք «Ինչպես կարող եմ բացառություն ստանալ դեղերի ապահովագրության կանոններից» բաժինը:

Կարո՞ղ եմ արդյոք այցելել ցանկացած դեղատուն:

Անդամները պետք է օգտվեն ցանցի մանրածախ դեղատնից: Այս դեղատներն ունեն պայմանագիր Health Net-ի հետ: Դեղատուն գտնելու համար զանգահարեք Անդամների ծառայությունների բաժին 1-800-675-6110 հեռախոսահամարով: Կարող եք նաև այցելել մեր կայքը՝ www.healthnet.com:

Որոշ դեղեր ապահովագրվում են միայն այն դեպքում, եթե դրանք ստացվում են մասնագիտացված դեղատնից: Մասնագիտացված դեղերն օգտագործվում են բուժելու ընթացիկ կամ համապարփակ իրավիճակներ: Դրանք նաև կարող են ունենալ հատուկ տեղափոխման կամ պահմանման կարիք՝ ապահովելու դրանց ապահով օգտագործումը: Մասնագիտացված դեղատունը փոստով կուղարկի դեղերը ձեր տուն, ձեր աշխատանքի վայր կամ ձեր ընտրած որևէ այլ հասցե: Մասնագիտացված դեղերը նաև կարող են ուղարկվել ձեր բժշկի գրասենյակ: Մասնագիտացված դեղերը թվարկված են Դեղերի ցուցակի Պահանջներ/Սահմանափակումներ սյունակում: Դեղերը, որոնք չունեն դեղերի ցուցակի Պահանջներ/Սահմանափակումներ սյունակում նշված մասնագիտացված դեղատուն, կարող են ստացվել ցանցի ցանկացած դեղատանը:

Դուք կարող եք բացառություն խնդրել, որպեսզի մասնագիտացված դեղը ստացվի ցանցի մանրածախ դեղատնից, եթե.

- Փոխվել է ձեր դեղի ընդունման ձևը, և դուք պետք է հենց հիմա ստանաք դեղը:
- Ձեր դեղն առաքվելու է ուշ, կամ ինչպես միշտ ուշացվում է:
- Դուք ունեք դեղի անհապաղ կարիք, և չգիտեք՝ ինչպես ստանալ դեղը մասնագիտացված դեղատնից:
- Դուք ունեք արտակարգ իրավիճակ և չեք կարող սպասել, որպեսզի դեղը ստացվի մասնագիտացված դեղատնից:

Եթե չեք կարողանում օգտվել մասնագիտացված դեղատնից, կարող եք բացառություն խնդրել, որպեսզի ձեր բոլոր դեղերը ստացվեն ցանցի մանրածախ դեղատնից, եթե.

- Դուք չունեք փոստային հասցե կամ որևէ կերպ չեք կարող ստանալ ձեր դեղերը փոստով:
- Ձեր բժշկի գրասենյակը տրամադրում է դեղերը ձեզ:
- Մասնագիտացված դեղատնից օգտվելը ձեզ համար դժվար է:

Եթե ունեք բացառության կարիք, դուք պետք է հարցնեք մեզ: Ձեր բժիշկը կամ ձեր դեղատունը նույնպես կարող են բացառություն խնդրել: Մեզ բացառություն խնդրանքով դիմելու համար խնդրում ենք զանգահարել Health Net-ի Անդամների սպասարկման բաժին 1-800-675-6110 (TTY՝ 711) հեռախոսահամարով: Մենք այստեղ ենք օրը 24 ժամ, շաբաթը՝ յոթ օր:

Կա՞ն արդյոք որևէ սահմանափակումներ իմ դեղորայքի ապահովագրության վրա:

Որոշ դեղեր ունեն ապահովագրության սահմանափակում: Այս սահմանաչափերը նշված են Դեղերի ցուցակի Պահանջներ/Սահմանափակումներ սյունակում:

Արդյո՞ք կան սահմանաչափեր ափիոնային ցավազրկողների դեպքում:

Ափիոնային ցավազրկողներից շատերի կարճաժամկետ կիրառման դեպքում նախօրոք լիազորում չի պահանջվում: Դուք կարող եք ստանալ այս դեղերի 7-օրյա պաշար, երբ ձեր բժիշկը պատվիրի դրանք առաջին անգամ: Բոլոր ափիոնային ցավազրկողների դեպքում գործում են քանակի սահմանափակումներ՝ ըստ Մորֆինի միլիգրամի համարժեքների (MME): Եթե ձեզ անհրաժեշտ է 7 օրվանից ավելի պաշար, ապա, հավանաբար, ձեզ անհրաժեշտ կլինի նախօրոք լիազորում: Այս սահմանափակումը կիրառելի չէ, եթե դուք բուժվում եք քաղցկեղի կամ մանգաղաբջջային սակավարյունության դեմ:

Ի՞նչ է Մորֆինի միլիգրամի համարժեքի (MME) չափաբաժինը:

MME չափաբաժինը գործիք է, որն օգտագործվում է՝ ապահովելու ձեր կողմից ափիոնային ցավազրկող դեղի անվտանգ չափաբաժնի ընդունումը: Այս գործիքն օգնում է չափել ափիոնային ցավազրկող դեղի քանակը, որը դուք ընդունում եք ամեն օր: Ափիոնային ցավազրկող դեղերի մեծ մասի համար առաջարկվող սահմանաչափն օրական 90 MME է: Դեղերի ցուցակի քանակի սահմանափակումներն ավելի քիչ են կամ հավասար օրական 90 MME-ի: Ձեր բժիշկը կարող է հայցել նախօրոք լիազորում, եթե ձեզ անհրաժեշտ չափաբաժինն օրական 90 MME-ից ավելի է: Այս սահմանափակումը կիրառելի չէ, եթե դուք բուժվում եք քաղցկեղի կամ մանգաղաբջջային սակավարյունության դեմ:

Ինչպե՞ս կարող եմ դեղի ապահովագրության համար ստանալ բացառություն կանոններից:

Ձեր բժիշկը կարող է դեղի ապահովագրության համար բացառություն հայցել մեր կանոններից:

- Ձեր բժիշկը կարող է խնդրել մեզ ապահովագրել տվյալ դեղը, եթե այն դեղերի ցուցակում չէ:
- Ձեր բժիշկը կարող է խնդրել մեզ բացառություն անել դեղի սահմանափակումների վրա: Օրինակ, եթե դեղն ունի օրական 1 հաբ սահմանափակում, ձեր բժիշկը կարող է խնդրել մեզ ապահովագրել ավելի շատ:

Բացառություն խնդրելու համար ձեր բժիշկը կարող է ֆաքսով մեզ ուղարկել նախօրոք լիազորման հայտը 1-800-977-8226 հեռախոսահամարով: Ձեր հայտը ստանալուց հետո մենք որոշում կկայացնենք և կտեղեկացնենք ձեր բժշկին 24 ժամվա ընթացքում: Եթե մենք մերժենք հայտը, մենք ձեզ և ձեր բժշկին նամակ կուղարկենք ու կտեղեկացնենք, թե ինչպես բողոքարկում ներկայացնել: Եթե մենք հայտին չպատասխանենք 24 ժամվա ընթացքում, խնդրանքը կհաստատվի: Եթե մենք հաստատենք ձեր դեղը, դուք կարող եք շարունակել ստանալ դեղը Health Net Medi-Cal-ից այնքան ժամանակ, քանի դեռ դեղը օգնում է ձեզ, իսկ ձեր բժիշկը ցանկանում է, որպեսզի դուք շարունակեք ստանալ դեղը:

Իսկ եթե ես նո՞ր անդամ եմ:

Եթե դուք մեր ծրագրի նոր անդամ եք, հնարավոր է, դուք ընդունում եք դեղեր, որոնք մեր դեղերի ցուցակում չեն: Հնարավոր է՝ դուք նաև ընդունում եք դեղ, որը մեր դեղերի ցուցակում է, սակայն այս պահին դեղն ունի սահմանափակումներ: Դուք պետք է խոսեք ձեր բժշկի հետ ճշտելու՝ արդյոք դուք կարող եք անցնել այնպիսի դեղի, որը ցուցակում է: Ձեր բժիշկը կարող է խնդրել մեզ բացառություն անել՝ ապահովագրելու դեղը, որն ընդունում եք: Լրացուցիչ տեղեկությունների համար տեսեք «Ինչպես կարող եմ բացառություն ստանալ դեղերի ապահովագրության կանոններից» բաժինը:

Ի՞նչ են առանց դեղատոմսի վաճառվող դեղերը:

Առանց դեղատոմսի վաճառվող (OTC) դեղերն այն դեղերն են, որոնք կարող եք գնել առանց դեղատոմսի: Health Net Medi-Cal PDL-ն ապահովագրում է առանց դեղատոմսի վաճառվող (OTC) դեղերն այնպես, ինչպես այն դեղերը, որոնք հասանելի են Նահանգային Medi-Cal-ի Պայմանագրային դեղերի ցուցակում: Եթե ուզում եք, որ Health Net-ն ապահովագրի առանց դեղատոմսի վաճառվող (OTC) դեղ դեղերի ցուցակում, ձեր բժիշկը պետք է դեղատոմս դուրս գրի այդ դեղի համար:

Արդյո՞ք ապրանքանիշային դեղերն ապահովագրվում են:

Ձեր դեղատոմս նպաստը չի ապահովագրում ապրանքանիշային դեղերը, երբ հասանելի է անմակնիշ դեղը: Ապրանքանիշային դեղը կարող է ապահովագրվել, եթե անմակնիշ դեղը հասանելի չէ: Ձեր բժիշկը նաև կարող է խնդրել մեզ ապահովագրել ապրանքանիշային դեղը, եթե նա կարծում է, որ տվյալ դեղը ձեզ համար լավագույնն է:

Ի՞նչ է անմակնիշ դեղը:

Անմակնիշ դեղն ունի նույն ակտիվ բաղադրիչները և ներգործում է նույն եղանակով, ինչպես ապրանքանիշային դեղը: Անմակնիշ դեղերն ապահով են և արդյունավետ:

Արդյո՞ք դեղագործը կտրամադրի ինձ անմակնիշ դեղ, եթե այն հասանելի է:

Այո: Դեղատոմսը կարող է ձեզ տրամադրել անմակնիշ դեղը, եթե ձեր բժիշկը չի տեղեկացնում, որ ձեզ անհրաժեշտ է ապրանքանիշային դեղ:

Կան արդյո՞ք բացառված կամ առանձնացված դեղեր:

Բացառված դեղեր

Health Net Medi-Cal PDL-ը նման է Նահանգային Medi-Cal-ի Պայմանագրային դեղերի ցուցակին: Հետևյալ դեղերի տեսակները չեն հանդիսանում ապահովագրված նպաստ և ներառված չեն PDL-ում՝

- Մուլտիվիտամիններ
- Էրեկտիլ կամ սեռական գործառույթի խանգարման դեղեր
- Դեղեր, որոնք օգտագործվում են կոսմետիկ պատճառներով կամ մազերի աճի համար
- Դեղեր, որոնք համարվում են փորձնական
- Դեղեր, որոնք օգտագործվում են անպտղաբերությունը բուժելու համար

- Առանց դեղատոմսի վաճառվող (OTC) հազի ու մրսածության դեղեր
- Առանց դեղատոմսի վաճառվող (OTC) մեծահասակների համար ացետամինոֆեն

Դեղերի արդյունավետության ուսումնասիրության և իրականացման դեղեր (DESI)

DESI արտադրանքները և այլ հարակցված դեղերն ապահովագրված չեն Health Net Medi-Cal-ի կողմից: Մննդի և դեղորայքի վարչությունը սահմանել է դրանք, որպես քիչ արդյունավետ: Չկան բավարար ապացույցներ, որ այս դեղերն անվտանգ են ու արդյունավետ:

Առանձնացված դեղեր

Որոշ դեղեր առանձնացվում են Առողջական խնամքի ծառայությունների բաժանմունքի կողմից: Սա նշանակում է, որ այս դեղերը ապահովագրված են Medi-Cal Fee-for-Service (Վճար ծառայության դիմաց) ծրագրի կողմից: Հետևյալ դեղերի տեսակները համարվում են առանձնացված՝

- Ընտրված հոգեբուժական դեղեր
- ՄԻԱՎ/ՁԻԱՀ-ի բուժման ընտրված դեղեր
- Ալկոհոլի, հերոինի թունազերծման և կախվածության բուժման ընտրված դեղեր
- Սակավարյունության բուժման ընտրված դեղեր

Ի՞նչ է Կալիֆոռնիայի երեխաների ծառայությունները (California Children’s Services):

Կալիֆոռնիայի երեխաների ծառայությունները (CCS) նահանգային ծրագիր է երեխաների համար (մինչև 21 տարեկան), որոնք ունեն որոշակի առողջական խնդիրներ: Որոշ դեղեր CCS-ի կողմից ապահովագրված առողջական խնդիրների դեպքում չեն ապահովագրվում Health Net-ի կողմից:

Միայն CCS-ի կողմից լիազորված բժիշկները կարող են պատվիրել CCS-ով ապահովագրված առողջական խնդիրները բուժելու համար օգտագործվող դեղերը: Այս դեղերը չեն ապահովագրվում Health Net-ի կողմից: Դեղատոմսն այս դեղերի համար պետք է հաշիվ ներկայացնի CCS-ին: Եթե դուք դեղատոմսն եք, սակայն CCS-ի համակարգում չեք, զանգահարեք Անդամների ծառայությունների բաժին 1-800-675-6110 հեռախոսահամարով: Անդամների ծառայությունների բաժինը կարող է օգնել ձեզ անդամագրվել CCS-ին: Նրանք կարող են նաև օգնել ձեզ ստանալ ձեր դեղի արտակարգ իրավիճակի պաշար:

Իսկ ի՞նչ անել դեղերի հետ, որոնք ստանում եմ իմ բժշկից կամ իմ բժշկի ընդունարանում:

Որոշ դեղեր, որոնք ձեզ են տրամադրվում ձեր բժշկի կողմից, կարող են ապահովագրվել ձեր բժշկական նպաստով: Դուք կարող եք ստանալ այս դեղերը մանրածախ դեղատնից: Ինչպես նաև, դրանք կարող են տրամադրվել ձեզ ձեր բժշկի ընդունարանում: Մենք կհամագործակցենք ձեր բժշկի հետ՝ բացահայտելու ձեզ համար այս դեղերը ստանալու լավագույն տարբերակը: Եթե հարցեր ունեք այս դեղերի վերաբերյալ, խնդրում ենք զանգահարել Անդամների ծառայությունների բաժին 1-800-675-6110 հեռախոսահամարով:

Մահմանումներ

Ապրանքանիշային դեղ. Այն դեղն է, որը շուկայադրվում է սեփականության իրավունքով, ապրանքային նշանով պաշտպանված անվանումով: Ապրանքանիշային դեղն այս դեղացանկում նշված է ՄԵԾԱՏԱՌ:

Բացառության հայտ. Դեղատոմսով դուրս գրված դեղի ապահովագրման հայտն է: Եթե անդամագրված անձը, նրա կողմից նշանակված անձը կամ դեղատոմս դուրս գրող առողջական խնամքի մատակարարն ուղարկում է դեղատոմսային դեղի ապահովագրության բացառության հայտ, առողջապահական ծրագիրը պետք է ապահովագրի դեղատոմսային դեղը, երբ դեղը բժշկական տեսակետից համարվում է անհրաժեշտ անդամագրված անձի վիճակը բուժելու համար:

Դեղացանկ. Նաև օգտագործվում է որպես Գերադասելի դեղերի ցուցակ և հանդիսանում է օգտագործման համար գերադասելի և առողջապահական ծրագրով ապահովագրելի դեղատոմսային դեղերի ամբողջական ցուցակը, ներառում է բոլոր դեղերը, որոնք ապահովագրված են առողջապահական ծրագրի նպաստի ամբուլատոր դեղատոմսային դեղերով:

Անմակնիշ դեղ. Այն դեղն է, որն իր չափաբաժնով, անվտանգությամբ, ուժգնությամբ, ընդունման ձևով, որակով, ազդեցությամբ և օգտագործումով նույնն է, ինչ իր ապանքանիշային համարժեքը: Անմակնիշ դեղը նշվում է դեղերի ցուցակում *թավ* և *շեղ* փոքրատառերով:

Բժշկական տեսանկյունից անհրաժեշտ. Առողջական խնամքի նպաստներն են, որոնք անհրաժեշտ են ախտորոշելու, բուժելու կամ կանխելու բժշկական վիճակը կամ դրա ախտանիշները, և որոնք համապատասխանում են բժշկության ընդունելի ստանդարտները: Ծրագրերը սովորաբար չեն ապահովագրում առողջական խնամքի նպաստները, որոնք բժշկական տեսանկյունից անհրաժեշտ չեն:

Անդամ. Այն անձն է, որն անդամագրված է առողջապահական ծրագրում, ով իրավասու է ստանալ ծրագրի ծառայությունները:

Դեղացանկում չընդգրկված դեղեր. Դեղատոմսային դեղն է, որը նշված չէ Գերադասելի դեղերի ցուցակում:

Գերադասելի դեղերի ցուցակ. Նաև օգտագործվում է որպես Դեղացանկ և հանդիսանում է օգտագործման համար գերադասելի և առողջապահական ծրագրով ապահովագրելի դեղատոմսային դեղերի ամբողջական ցուցակը, ներառում է բոլոր դեղերը, որոնք ապահովագրված են առողջապահական ծրագրի նպաստի ամբուլատոր դեղատոմսային դեղերով:

Դեղատոմս դուրս գրող մատակարար. Առողջական խնամքի մատակարար է, ով լիազորված է դուրս գրել դեղատոմս՝ բուժելու առողջապահական ծրագրի անդամի բժշկական վիճակը:

Դեղատոմս. Բանավոր, գրավոր կամ էլեկտրոնային հրահանգ է՝ տրված դեղատոմս դուրս գրող մատակարարի կողմից տվյալ անդամին: Դեղատոմսը պարունակում է դեղատոմսային դեղի անվանումը, դեղատոմսային դեղի քանակը, թողարկման ամսաթիվը, դեղատոմս դուրս գրող մատակարարի անունը և կոնտակտային տվյալները, դեղատոմս դուրս գրող մատակարարի ստորագրությունը, եթե դեղատոմսը գրավոր է, և, եթե անդամի կողմից պահանջվում է, բժշկական վիճակը կամ նպատակը, որի համար դուրս է գրվել դեղը:

Դեղատոմսով դուրս գրվող դեղ. Դեղ, որը դեղատոմսով դուրս է գրվում անդամագրված անձի դեղատոմս դուրս գրող մատակարարի կողմից և պահանջվում է դեղատոմս՝ համաձայն կիրառելի օրենքի:

Նախօրոք լիազորում. Առողջական ծրագրի պահանջն է, որ անդամը կամ անդամին դեղատոմս դուրս գրած մատակարարը ստանան առողջապահական ծրագրի լիազորումը դեղատոմսով դուրս գրվող դեղի համար, նախքան առողջապահական ծրագիրը կապահովագրի դեղը: Առողջապահական ծրագիրը պետք է տրամադրի նախօրոք լիազորում, երբ կա բժշկական անհրաժեշտություն անդամի համար՝ դեղը ստանալու համար:

Քանակի սահմանափակում. Չափաբաժինների քանակի կամ դեղատոմսով դուրս գրվող դեղերի քանակի վրա ցանկացած այլ սահմանափակում է, որը առողջապահական ծրագիրն ապահովագրում է որոշակի ժամանակահատվածում:

Մասնագիտացված դեղեր. Մասնագիտացված դեղերը ներառում են այն դեղերը, որոնք պատրաստված են կենսատեխնոլոգիայի միջոցով, դեղեր, որոնք պետք է բաշխվեն մասնագիտացված դեղատան միջոցով, դեղեր, որոնք պահանջում են հատուկ վերապատրաստում ինքնուրույն կառավարման համար, կամ դեղեր, որոնք պահանջում են դեղատան կողմից պարբերական վերահսկում:

Հանգրվանային բուժում. Գործընթաց, որը սահմանում է հաջորդականություն, համաձայն որի դուրս է գրվում դեղատոմս՝ տվյալ բժշկական վիճակին համար կամ տվյալ հիվանդին բժշկական տեսակետից հարմար տարբեր դեղատոմսային դեղեր: Առողջապահական ծրագիրը կարող է պահանջել անդամին փորձել մեկ կամ մեկից ավելի դեղ՝ բուժելու անդամի բժշկական վիճակը, նախքան առողջապահական ծրագիրը կապահովագրի տվյալ դեղը այն վիճակի համար՝ համաձայն հանգրվանային բուժման հայտին: Եթե անդամի դեղատոմս դուրս գրող մատակարարը ներկայացնում է հանգրվանային բուժում բացառության հայտ, առողջապահական ծրագրերը պետք է

բացառություններ անեն հանգրվանային բուժման համար, երբ առկա է չափանիշներին համապատասխանություն:

Լրացուցիչ տեղեկությունների կարիք ունեք:

Ձեր դեղատների նպաստների համար լրացուցիչ տեղեկությունների համար խնդրում ենք վերանայել ձեր Անդամի տեղեկագիրքը կամ զանգահարել Անդամների ծառայությունների բաժին 1-800-675-6110 հեռախոսահամարով:

Health Net Medi-Cal បញ្ជីឱសថអាទិភាព

បញ្ជីឱសថអាទិភាព (PDL) នៃ Health Net Medi-Cal រួមបញ្ចូលឱសថដែលត្រូវបានធានាដោយ Health Net ។ បញ្ជីឱសថត្រូវបានធ្វើបច្ចុប្បន្នភាពក្នុងខែនីមួយៗ ហើយអាចមានការផ្លាស់ប្តូរ។ ដើម្បីទទួលបានព័ត៌មានថ្មីៗបំផុត ឬដើម្បីទទួលបានច្បាប់ថតចម្លងដែលបានត្រឹមចេញ សូមទូរស័ព្ទទៅសេវាបម្រើសមាជិកតាមរយៈលេខ 1-800-675-6110 (TTY: 711)។

បញ្ជីឱសថថ្មីៗបំផុតអាចស្វែងរកបាននៅលើគេហទំព័ររបស់យើងខ្ញុំតាមរយៈ

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action។

វា ក៏អាចស្វែងរកបានលើគេហទំព័រក្នុងទំរង់ដែលអាចអានបានដោយម៉ាស៊ីន។

ចូលទៅ “Medi-Cal Drug List”

ប្រើតំណភ្ជាប់ “Health Net Medi-Cal Drug List” ដើម្បីចូលមើល បញ្ជីឱសថដែលធានាដោយ Health Net។

សូមបោះបង់ចោលនូវកំណែឱសថកាលចាស់ៗទាំងអស់នៅក្នុងបញ្ជី



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សន្និស្សន៍ព្យញ្ជនៈនៃឱសថតាមវេជ្ជបញ្ជា.....	សន្និស្សន៍ 1

សូមស្វាគមន៍ការមកកាន់ Health Net

តើអ្វីជា Health Net Medi-Cal PDL?

បញ្ជីឱសថរួមមានឱសថដែលបានប្រើដើម្បីព្យាបាលជំងឺទូទៅ ឬបញ្ហាសុខភាពផ្សេងៗ។

ក្រុមវេជ្ជបណ្ឌិត

និងឱសថការីតែងធ្វើជំនួបជាទៀងទាត់ដើម្បីសម្រេចចិត្តថាតើឱសថណាដែលត្រូវបញ្ជូលក្នុងបញ្ជីឱសថ។ ក្រុមនេះក៏ពិនិត្យលើឱសថបច្ចុប្បន្ន និងឱសថថ្មី។

ហើយជ្រើសរើសយកឱសថដែលមានប្រសិទ្ធភាពបំផុត និងមានសុវត្ថិភាព។

បញ្ជីឱសថនេះត្រូវបានធ្វើបច្ចុប្បន្នភាពរៀងរាល់ខែ។

ការផ្លាស់ប្តូរទាំងនេះអាចមានទំរង់ដែលឱសថចូលមក (ឧ. គ្រាប់ថ្នាំសំប៉ែត ឬ គ្រាប់ថ្នាំមូល) ឬប្រសិនបើឱសថមានការកំណត់លើបរិមាណដែលអាចបំពេញនៅពេលណាមួយ។

ការផ្លាស់ប្តូរក៏អាចរួមមាន ថាតើឱសថទាមទារការអនុញ្ញាតជាមុន ការព្យាបាលតាមដំណាក់កាល ឬថាតើឱសថមិនត្រូវបានធានាបន្តទៅទៀតក្នុងបញ្ជីឱសថឬទេ។

តើខ្ញុំប្រើ Health Net Medi-Cal PDL ដោយរបៀបណា?

រកមើលឱសថរបស់លោកអ្នកនៅក្នុងសន្ទស្សន៍នៅខាងចុងនៃកូនសៀវ ណែនាំនេះ។

សន្ទស្សន៍នេះរាយនូវឱសថទាំងអស់នៅក្នុងបញ្ជីឱសថ។ ឱសថដែលមានម៉ាកសញ្ញា

និងឱសថទូទៅត្រូវបានរាយនាមក្នុងសន្ទស្សន៍។ នៅក្បែរឱសថរបស់លោកអ្នក

លោកអ្នកនឹងឃើញលេខទំព័រដែលលោកអ្នកអាចស្វែងរកឱសថរបស់លោកអ្នកបាន។

តារាងខាងក្រោមបរិយាយពីការកំណត់ដែលអាចមាននៅក្នុងបញ្ជីឱសថ៖

អក្សរកាត	ពាក្យ	អតន័យរបស់វា
AL	កំណត់អាយ	ឱសថខ្លះត្រូវបានធានាសម្រាប់អាយុមួយចំនួនប៉ុណ្ណោះ។
CO	បែងចែកបន្ត	ឱសថទាំងនេះត្រូវបានបែងចែកបន្តដោយផ្នែកសេវាថែទាំសុខភាព។ នេះមានន័យថាឱសថទាំងនេះត្រូវបានធានាដោយកម្មវិធី Medi-Cal Fee-for-Service ហើយអាចត្រូវបានចេញវិក្កយបត្រទៅឱ្យរដ្ឋដោយឱសថស្ថាន។
F	បញ្ជីឱសថតាមវេជ្ជបញ្ជា	ឱសថទាំងនេះត្រូវបានធានានៅក្នុងតារាងឱសថ។
NF	បញ្ជីឱសថមិនតាមវេជ្ជបញ្ជា	ឱសថទាំងនេះមិនត្រូវបានធានានៅក្នុងបញ្ជីឱសថ។ ប្រសិនបើគ្រូពេទ្យរបស់លោកអ្នកយល់ថាលោកអ្នកត្រូវការឱសថដែលមិនមានការធានានោះគាត់អាចស្នើមកយើងខ្ញុំដើម្បីធ្វើការលើកលែង។
PA	ការអនុញ្ញាតជាមុន	គ្រូពេទ្យរបស់លោកអ្នកត្រូវតែស្នើសុំការយល់ព្រមពី Health Net មុនពេលឱសថខ្លះត្រូវបានធានា។
QL	ការកំណត់បរិមាណ	ឱសថខ្លះត្រូវបានធានាលើបរិមាណខ្លះប៉ុណ្ណោះ។
RX/OTC	វេជ្ជបញ្ជា និង OTC	ឱសថទាំងនេះត្រូវបានធ្វើឡើងទាំងក្នុងទម្រង់វេជ្ជបញ្ជា និងទម្រង់នៃឱសថមិនត្រូវការវេជ្ជបញ្ជា (OTC) ។
ST	ការព្យាបាលតាមជហាន	ក្នុងករណីខ្លះ ជាដំបូងលោកអ្នកត្រូវសាកល្បងឱសថប្រភេទខ្លះមុនពេល Health

អក្សរកាត	ពាក្យ	អតន័យរបស់វា
		<p>Net ធានាលើឱសថផ្សេងទៀតសម្រាប់ស្ថានភាពសុខភាពរបស់លោកអ្នក។</p> <p>ឧទាហរណ៍ ប្រសិនបើឱសថ A និងឱសថ B ទាំងពីរប្រភេទនេះសុទ្ធតែអាចព្យាបាលស្ថានភាពជំងឺរបស់លោកអ្នកនោះ Health Net អាចនឹងមិនធានាលើឱសថ B លុះត្រាតែលោកអ្នកបានសាកល្បងឱសថ A ជាមុនសិន។</p>
SP	កម្មវិធីឱសថស្ថានឯកទេស	<p>ឱសថទាំងនេះគឺជាឱសថឯកទេស។</p> <p>លោកអ្នកអាចទទួលបានឱសថទាំងនេះបាននៅឱសថស្ថានឯកទេសតែប៉ុណ្ណោះ។</p> <p>គ្រប់វេជ្ជបញ្ជាទាំងអស់អាចបំពេញបានដោយឱសថស្ថានឯកទេសដែលបានរាយនាម។</p>

តើខ្ញុំអាចស្វែងរកឱសថក្នុងបញ្ជីឱសថតាមរបៀបណា?

លោកអ្នកអាចស្វែងរកឱសថណាមួយបានតាមរយៈការប្រើឧបករណ៍ស្វែងរក។ ឱសថអាចស្វែងរកបានតាមលំដាប់ព្យញ្ជនៈ ឬតាមស្ថានភាពជំងឺ។ មានបីរបៀបដើម្បីឱ្យដឹងថាឱសថរបស់លោកអ្នកត្រូវបានធានាឬអត់។

ឧបករណ៍ស្វែងរក៖ បើកបញ្ជីឱសថ (PDF)។ ចុចគ្រាប់ចុច "Control" (Ctrl) និងគ្រាប់ចុច "F" ឱ្យជាប់។ នៅពេលដែលប្រអប់ស្វែងរកបង្ហាញឡើង សូមសរសេរឈ្មោះឱសថរបស់លោកអ្នក។ ចុចគ្រាប់ចុច "Enter" ។

សន្ទស្សន៍ព្យញ្ជនៈ៖ សន្ទស្សន៍នៅខាងចុង PDF រាយនាមឱសថទូទៅ និងឱសថមានម៉ាកសញ្ញាពីអក្សរ A ដល់ Z ។ នៅពេលដែលលោកអ្នករកឃើញឈ្មោះឱសថហើយ សូមចូលទៅលេខទំព័រដែលបានបង្ហាញដើម្បីមើលថាឱសថត្រូវបានធានាឬអត់។

ប្រភេទព្យាបាល៖ ឱសថត្រូវបានដាក់ទៅតាមប្រភេទ។ ប្រភេទអាចត្រូវបានដាក់ទៅតាមថ្នាក់ដែលឱសថស្ថិតនៅ។ ប្រសិនបើលោកអ្នកដឹងពីប្រភេទដែលឱសថរបស់លោកអ្នកស្ថិតនៅ សូមមើលក្នុងបញ្ជីដើម្បីស្វែងរកប្រភេទ។ លោកអ្នកអាចស្វែងរកឱសថរបស់លោកអ្នកបាននៅក្នុងប្រភេទនោះ។

ឱសថនឹងមិនមាននៅក្នុងបញ្ជីទេ ប្រសិនបើឱសថទូទៅដែលមានសមត្ថភាពព្យាបាលដូចឱសថមានម៉ាកសញ្ញាដែរ មិនត្រូវបានផ្តល់ជូន។ ឱសថនឹងមិនអាចរកឃើញនោះទេ ប្រសិនបើវាមិនស្ថិតក្នុងការធានា។ បើទោះជាឱសថមានក្នុងតារាងក៏ដោយ ក៏វាមិនមានន័យថាគ្រូពេទ្យរបស់លោកអ្នកចេញវេជ្ជបញ្ជាឱ្យប្រើឱសថនេះសម្រាប់ស្ថានភាពជំងឺរបស់លោកអ្នកឡើយ។

តើឱសថត្រូវបានរាយនាមទៅក្នុងតារាងជាប្រភេទដោយរបៀបណា?

ឱសថត្រូវបានរាយនាមទៅតាមព្យាបាលៈតាមរយៈឈ្មោះរបស់ឱសថមានម៉ាកសញ្ញា និងឱសថទូទៅនៅក្នុងប្រភេទ និងថ្នាក់របស់វា។

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

ឈ្មោះឱសថទូទៅសម្រាប់ឱសថដែលមានម៉ាកសញ្ញាត្រូវបានដាក់បញ្ចូលបន្ទាប់ពីឈ្មោះម៉ាកសញ្ញា នៅក្នុងរង្វង់ក្រចកជាអក្សរតូចដិត ហើយអក្សរទ្រេត។

ឧទាហរណ៍ឱសថមានម៉ាកសញ្ញា: EPOGEN (*epoetin alfa*)

ប្រសិនបើឱសថទូទៅមានសមត្ថភាពព្យាបាលដូចនឹងឱសថមានម៉ាកសញ្ញាមាននៅក្នុងបញ្ជី ហើយមានការធានា

នោះឱសថទូទៅនឹងត្រូវដាក់ក្នុងតារាងដាច់ដោយឡែកពីឱសថមានម៉ាកសញ្ញា។ វានឹងត្រូវបានសរសេរជាអក្សរតូចដិត ហើយអក្សរទ្រេត។

ឧទាហរណ៍ឱសថទូទៅ: *esomeprazole magnesium cap delayed release*

ប្រសិនបើ ឱសថទូទៅត្រូវបានចាត់ទុកលើទីផ្សារក្រោមផ្លាកសញ្ញាដែលការពារដោយឈ្មោះម៉ាកសញ្ញា នោះឈ្មោះម៉ាកសញ្ញានឹងដាក់ក្នុងបញ្ជីឱសថជាអក្សរធំទាំងអស់។

វានឹងដាក់បន្ទាប់ពីឈ្មោះទូទៅនៅក្នុងរង្វង់ក្រចក។

វានឹងត្រូវបានសរសេរជាម៉ូតអក្សរធំមួយដោយមានអក្សរដំបូងនៃពាក្យនីមួយៗសរសេរជាអក្សរធំ។

ឧទាហរណ៍ឱសថទូទៅដែលធ្វើចរាចរលើទីផ្សារក្រោមឈ្មោះម៉ាកសញ្ញា: (Levothyroxine Sodium) LEVOXYL

ចុះបើឱសថរបស់ខ្ញុំមិនមាននៅក្នុង Health Net Medi-Cal PDL វិញនោះ?

ប្រសិនបើ ឱសថរបស់លោកអ្នកមិនមានក្នុងបញ្ជីឱសថទេ

នោះសូមទូរស័ព្ទទៅសេវាបម្រើសមាជិកតាមរយៈលេខ 1-800-675-6110 ហើយសួរដើម្បីដឹងថា ឱសថរបស់លោកអ្នកមានការធានាឬអត់។ ប្រសិនបើឱសថរបស់លោកអ្នកមិនមានក្នុងបញ្ជីទេ នោះលោកអ្នកអាចសួរគ្រូពេទ្យរបស់លោកអ្នកដើម្បីដឹងថាតើមានឱសថនៅក្នុងបញ្ជីដែលមានសមត្ថភាពព្យាបាលដូចគ្នាឬអត់។

ប្រសិនបើគ្រូពេទ្យរបស់លោកអ្នកចង់ឱ្យលោកអ្នកប្រើប្រាស់ឱសថដែលមិនមានក្នុងបញ្ជី

នោះគ្រូពេទ្យរបស់លោកអ្នកអាចស្នើមកយើងខ្ញុំសុំការលើកលែងបាន។ សូមមើលផ្នែក

“តើខ្ញុំអាចទទួលបានការលើកលែងចំពោះគោលការណ៍សម្រាប់ការធានាឱសថបានដោយរបៀបណា?” សម្រាប់ព័ត៌មានបន្ថែម។

តើខ្ញុំអាចទៅកាន់ឱសថស្ថានណាមួយបានទេ?

សមាជិកត្រូវតែប្រើប្រាស់ឱសថស្ថាននៅក្នុងបណ្តាញលក់រាយ។
ឱសថស្ថានទាំងនេះមានចុះក្នុងត្រាជាមួយ Health Net ។ ដើម្បីស្វែងរកឱសថស្ថាន
សូមទូរស័ព្ទទៅកាន់សេវាបម្រើសមាជិកតាមរយៈលេខ
1-800-675-6110 ។ លោកអ្នកក៏អាចចូលទៅកាន់គេហទំព័ររបស់យើងខ្ញុំតាមរយៈ
www.healthnet.com ។

ឱសថខ្លះត្រូវបានធានា លុះត្រាតែវាមានប្រភពមកពីឱសថស្ថានឯកទេសប៉ុណ្ណោះ។
ឱសថឯកទេសត្រូវបានប្រើប្រាស់ដើម្បីព្យាបាលស្ថានភាពជំងឺស្មុគស្មាញ និងកំពុងបន្ត។
វាក៏អាចទាមទារឱ្យមានការគ្រប់គ្រង និងការបណ្តុះបណ្តាលជាពិសេសដើម្បីឱ្យប្រាកដថា
ការប្រើប្រាស់មានសុវត្ថិភាព។ ឱសថស្ថានឯកទេសនឹងធ្វើឱសថទៅ
គេហដ្ឋានរបស់លោកអ្នកទៅកន្លែងការងាររបស់លោកអ្នក
ឬអាសយដ្ឋានផ្សេងទៀតដែលលោកអ្នកជ្រើសរើស។
ឱសថឯកទេសអាចនឹងត្រូវបានផ្ញើទៅកាន់ការិយាល័យគ្រូពេទ្យរបស់លោកអ្នកផងដែរ។
ឱសថឯកទេសត្រូវបានរាយនាមនៅក្នុងជួរឈរនៃការទាមទារ/ការកំណត់ នៅក្នុងបញ្ជីឱសថ។
ឱសថដែលមិនមានឱសថស្ថានឯកទេសមានរាយនាមក្នុងជួរឈរនៃ ការទាមទារ/ការកំណត់
នៅក្នុងបញ្ជីឱសថ ដែលអាចត្រូវបំពេញនៅតាមឱសថស្ថានណាក៏បាននៅក្នុងបណ្តាញ។

លោកអ្នកអាចស្នើសុំការលើកលែងដើម្បីបំពេញឱសថឯកទេសនៅឱសថស្ថានបណ្តាញលក់រាយប្រសិន
បើ៖

- របៀបនៃការប្រើប្រាស់ឱសថរបស់លោកអ្នកបានផ្លាស់ប្តូរ ហើយលោកអ្នកចាំបាច់ត្រូវបំពេញ
ឱសថទាំងនេះក្នុងពេលឥឡូវនេះ។
- ឱសថរបស់លោកអ្នកនឹងមកដល់យឺតយ៉ាវ ឬតែងតែមកយឺតយ៉ាវ។
- លោកអ្នកត្រូវការឱសថបន្ទាន់
ឬមិនបានដឹងពីរបៀបក្នុងការទទួលឱសថពីឱសថស្ថានឯកទេស។
- លោកអ្នកស្ថិតក្នុងស្ថានភាពអាសន្ន
ហើយមិនអាចរង់ចាំដល់ពេលឱសថមកដល់ពីឱសថស្ថានឯកទេសបាន។

ប្រសិនបើ លោកអ្នកមិនអាចប្រើប្រាស់ឱសថស្ថានឯកទេសបាន
នោះលោកអ្នកអាចស្នើសុំការលើកលែងដើម្បីបំពេញឱសថទាំងអស់នៅឱសថស្ថានបណ្តាញលក់រាយ
ប្រសិនបើ៖

- លោកអ្នកមិនមានអាសយដ្ឋានសម្រាប់ការធ្វើ
ឬក៏របៀបក្នុងការទទួលឱសថរបស់លោកអ្នកតាមរយៈការធ្វើបាន។
- ការិយាល័យគ្រូពេទ្យរបស់អ្នកផ្តល់ឱសថដល់លោកអ្នក។
- ការប្រើប្រាស់ឱសថស្ថានឯកទេសជាផលវិបាកមួយសម្រាប់លោកអ្នក។

ប្រសិនបើ លោកអ្នកត្រូវការការលើកលែង នោះលោកអ្នកត្រូវតែស្នើមកយើងខ្ញុំ។ គ្រូពេទ្យ
ឬឱសថស្ថានរបស់លោកអ្នកក៏អាចនឹងស្នើសុំការលើកលែងផងដែរ។ ដើម្បីស្នើសុំការលើកលែង
សូមទូរស័ព្ទទៅកាន់សេវាបម្រើសមាជិករបស់ Health Net តាមរយៈលេខ 1-800-675-6110 (TTY:
711) ។ យើងខ្ញុំរង់ចាំបម្រើ 24 ម៉ោងក្នុងមួយថ្ងៃ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។

តើមានការកំណត់លើការធានាឱសថរបស់ខ្ញុំឬទេ?

ឱសថខ្លះមានការកំណត់លើការធានា។

ការកំណត់ទាំងនេះត្រូវបានកត់សម្គាល់ក្នុងជួរឈរនៃការទាមទារ/ការកំណត់ នៅក្នុងបញ្ជីឱសថ។

តើមានការកំណត់លើឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរឬទេ?

ការសុំការអនុញ្ញាតជាមុនមិនត្រូវបានទាមទារសម្រាប់ការប្រើប្រាស់ក្នុងរយៈពេលខ្លីនៃឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរនោះឡើយ។ លោកអ្នកអាចទទួលបានការផ្គត់ផ្គង់ឱសថទាំងនេះរយៈពេល 7 ថ្ងៃនៅពេលដែលគ្រូពេទ្យរបស់លោកអ្នកបញ្ជាទិញឱសថទាំងនេះសម្រាប់លោកអ្នកលើកដំបូង។ មានការកំណត់លើបរិមាណលើឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរទាំងអស់អាស្រ័យលើ Morphine Milligram Equivalents (MME)។ លោកអ្នកអាចនឹងត្រូវការការអនុញ្ញាតជាមុន ប្រសិនបើលោកអ្នកត្រូវការការផ្គត់ផ្គង់លើសពី 7 ថ្ងៃ។ ការកំណត់នេះមិនអនុវត្តនោះទេ ប្រសិនបើអ្នកកំពុងទទួលបានការព្យាបាលជំងឺមហារីក ឬ ជំងឺកោសិកាឈាមក្រហមរាងកណ្តៀរ។

អ្វីជាការឱ្យបរិមាណថ្នាំ Morphine Milligram Equivalent (MME)?

ការឱ្យបរិមាណថ្នាំ MME គឺជាឧបករណ៍ដែលត្រូវបានប្រើសម្រាប់ឱ្យប្រាកដថា លោកអ្នកទទួលបានបរិមាណប្រកបដោយសុវត្ថិភាពមួយនៃឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរ។ ឧបករណ៍នេះជួយវាស់បរិមាណឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរដែលលោកអ្នកទទួលបាននៅថ្ងៃនីមួយៗ។ ការកំណត់ដែលមានការណែនាំសម្រាប់ឱសថព្យាបាលការឈឺចាប់អ្នកអយងែរភាគច្រើនគឺ 90 MME ក្នុងមួយថ្ងៃ។ ការកំណត់បរិមាណក្នុងបញ្ជីឱសថគឺមានចំនួនតិចជាង ឬដូចគ្នានឹង 90 MME ក្នុងមួយថ្ងៃ។ គ្រូពេទ្យរបស់លោកអ្នកអាចនឹងស្នើសុំការអនុញ្ញាតជាមុន ប្រសិនបើបរិមាណថ្នាំដែលលោកអ្នកត្រូវការលើសពី 90 MME ក្នុងមួយថ្ងៃ។ ការកំណត់នេះមិនអនុវត្តនោះទេ ប្រសិនបើអ្នកកំពុងទទួលបានការព្យាបាលជំងឺមហារីក ឬ ជំងឺកោសិកាឈាមក្រហមរាងកណ្តៀរ។

តើខ្ញុំអាចទទួលបានករណីលើកលែងទៅនឹងគោលការណ៍សម្រាប់ការធានាលើឱសថដោយរបៀបណា?

គ្រូពេទ្យអាចស្នើសុំករណីលើកលែងចំពោះគោលការណ៍របស់យើងខ្ញុំចំពោះការធានាលើឱសថ។

- គ្រូពេទ្យរបស់លោកអ្នកអាចស្នើយើងខ្ញុំឱ្យធានាលើឱសថបាន ប្រសិនបើវាមិនមានក្នុងបញ្ជីឱសថ។
- គ្រូពេទ្យរបស់លោកអ្នកអាចស្នើឱ្យយើងខ្ញុំផ្តល់ករណីលើកលែងចំពោះការកំណត់លើឱសថបាន។ ឧទាហរណ៍ ប្រសិនបើឱសថមានកំណត់ចំនួនត្រឹម 1 គ្រាប់ក្នុងមួយថ្ងៃ នោះគ្រូពេទ្យរបស់លោកអ្នកអាចស្នើឱ្យយើងខ្ញុំធានាលើសពីនេះបាន។

ដើម្បីស្នើសុំការលើកលែង

គ្រូពេទ្យរបស់លោកអ្នកអាចផ្ញើសារស្នើសុំការអនុញ្ញាតជាមុនមកយើងខ្ញុំតាមរយៈលេខ 1-800-977-8226 ។ បន្ទាប់ពីយើងខ្ញុំបានទទួលសំណើរួចមក យើងខ្ញុំនឹងធ្វើការសម្រេចចិត្ត ហើយជម្រាបជូនលើលទ្ធផលគ្រូពេទ្យរបស់លោកអ្នកក្នុងរយៈពេល 24 ម៉ោង។ ប្រសិនបើយើងខ្ញុំបានចោលសំណើ នោះយើងខ្ញុំនឹងផ្ញើជូនលោកអ្នក និងគ្រូពេទ្យរបស់លោកអ្នកនូវលិខិតមួយច្បាប់ ហើយប្រាប់លោកអ្នកពីរបៀបដែលលោកអ្នកអាចដាក់បណ្តឹងឧទ្ធរណ៍បាន។ ប្រសិនបើយើងខ្ញុំមិនបានឆ្លើយសំណើក្នុងរយៈពេល 24 ម៉ោងទេ នោះសំណើនឹងត្រូវបានទទួលយក។ ប្រសិនបើយើងខ្ញុំឯកភាពចំពោះឱសថសម្រាប់លោកអ្នក នោះលោកអ្នកអាចបន្តទទួលឱសថពី

Health Net Medi-Cal ដរាបណាឱសថនោះមានប្រសិទ្ធិភាពសម្រាប់លោកអ្នក ហើយគ្រូពេទ្យរបស់លោកអ្នកចង់ឱ្យលោកអ្នកបន្តប្រើប្រាស់ឱសថ។

ចុះបើខ្ញុំជាសមាជិកថ្មីវិញនោះ?

ប្រសិនបើ លោកអ្នកជាសមាជិកថ្មីនៅក្នុងគម្រោងរបស់យើងខ្ញុំ នោះលោកអ្នកអាចប្រើប្រាស់ឱសថដែលមិនមាននៅក្នុងបញ្ជីឱសថរបស់យើងខ្ញុំបាន។ លោកអ្នកក៏អាចប្រើប្រាស់ឱសថដែលនៅក្នុងបញ្ជីឱសថរបស់យើងខ្ញុំបានដែរ តែឥឡូវនេះឱសថមានការកំណត់។ លោកអ្នកគួរតែជួបជាមួយគ្រូពេទ្យរបស់លោកអ្នកដើម្បីមើល ថាតើលោកអ្នកអាចប្តូរទៅប្រើប្រាស់ឱសថក្នុងបញ្ជីឱសថបានឬអត់។ គ្រូពេទ្យរបស់លោកអ្នកអាចស្នើសុំយើងខ្ញុំសម្រាប់ការលើកលែងដើម្បីធានាលើឱសថដែលលោកអ្នកកំ ពុងប្រើប្រាស់។ សូមមើលផ្នែក “តើខ្ញុំអាចទទួលបានការលើកលែងចំពោះគោលការណ៍សម្រាប់ការធានាឱសថបានដោយរបៀប ណា?” សម្រាប់ព័ត៌មានបន្ថែម។

តើអ្វីទៅជាឱសថមិនមានវេជ្ជបញ្ជា?

ឱសថមិនមានវេជ្ជបញ្ជា (OTC) គឺជាឱសថដែលលោកអ្នកទិញដោយមិនត្រូវការវេជ្ជបញ្ជា។ Health Net Medi-Cal PDL ធានាលើឱសថ OTC ដូចទៅនឹងឱសថនៅក្នុងបញ្ជី State Medi-Cal List នៃឱសថកុងត្រាដែរ។ ប្រសិនបើ លោកអ្នកចង់ឱ្យ Health Net ធានាលើឱសថ OTC ក្នុងបញ្ជីឱសថ នោះគ្រូពេទ្យរបស់លោកអ្នកត្រូវតែសរសេរវេជ្ជបញ្ជាសម្រាប់ឱសថនោះ។

តើ ឱសថមានម៉ាកសញ្ញាត្រូវបានធានាឬទេ?

អត្ថប្រយោជន៍ផ្នែកឱសថរបស់លោកអ្នកមិនមានធានាលើឱសថមានម៉ាកសញ្ញានោះឡើយនៅពេល ដែលឱសថទូទៅអាចរកបាន។ ឱសថមានម៉ាកសញ្ញាអាចនឹងត្រូវបានធានា ប្រសិនបើឱសថទូទៅមិនអាចរកបាន។ គ្រូពេទ្យរបស់លោកអ្នកក៏អាចស្នើមកយើងខ្ញុំឱ្យធ្វើការធានាលើឱសថមានម៉ាកសញ្ញា ប្រសិនបើគាត់គិតថា វានឹងមានប្រសិទ្ធិភាពបំផុតសម្រាប់លោកអ្នក។

អ្វីទៅជាឱសថទូទៅ?

ឱសថទូទៅមានការផ្សំឡើងពីសារធាតុព្យាបាលដូចគ្នា ហើយមានមុខងារដូចទៅនឹងឱសថដែលមានម៉ាកសញ្ញាដែរ។ ឱសថទូទៅមានសុវត្ថិភាព ព្រមទាំងប្រសិទ្ធភាព។

តើឱសថការីនឹងផ្តល់ឱ្យខ្ញុំនូវឱសថទូទៅឬ ប្រសិនបើវាអាចរកបាន?

ត្រូវហើយ។ ឱសថស្ថានអាចនឹងឱ្យលោកអ្នកនូវឱសថទូទៅ លុះត្រាតែគ្រូពេទ្យរបស់លោកអ្នកនិយាយថា លោកអ្នកត្រូវប្រើប្រាស់ឱសថមានម៉ាកសញ្ញា។

តើមានឱសថដែលមិនរាប់បញ្ចូល ឬដែលបានដាក់បញ្ចូលឬទេ?

ឱសថដែលមិនរាប់បញ្ចូល

Health Net Medi-Cal PDL គឺស្រដៀងគ្នាទៅនឹង State Medi-Cal List នៃឱសថកុងត្រាដែរ។ ប្រភេទឱសថដូចតទៅនេះមិនមែនជាអត្ថប្រយោជន៍ដែលត្រូវបានធានាឡើយ ហើយមិននៅក្នុង PDL ឡើយ៖

- វិភាមិនចម្រុះ

- ឱសថជំនួយមុខងារផ្លូវភេទ ឬអរ័យវៈផ្លូវភេទ
- ឱសថប្រើសម្រាប់ជំនួយសម្រស់ ឬការលូតលាស់សក់
- ឱសថដែលត្រូវបានចាត់ទុកជាការពិសោធន៍
- ឱសថដែលត្រូវបានប្រើសម្រាប់ការបង្កកំណើត
- ឱសថផ្កាសាយ ឬក្អក OTC
- ឱសថបំបាត់ការឈឺចាប់មនុស្សពេញវ័យ OTC

ការសិក្សាប្រសិទ្ធភាពឱសថ និងការប្រើប្រាស់ឱសថ (DESI)

ផលិតផល DESI និងឱសថដែលពាក់ព័ន្ធផ្សេងទៀតមិនត្រូវបានធានាដោយ Health Net Medi-Cal ទេ។ រដ្ឋបាលចំណីអាហារ

និងឱសថបានឱ្យនិយមន័យឱសថទាំងនេះជាប្រភេទឱសថមានប្រសិទ្ធភាពតិច។

មិនមានភស្តុតាងគ្រប់គ្រាន់បញ្ជាក់ថាឱសថទាំងនេះមានសុវត្ថិភាព និងប្រសិទ្ធភាពនោះឡើយ។

ឱសថដែលបានបែងចែកបន្ត

ឱសថខ្លះត្រូវបានបែងចែកបន្តដោយផ្នែកសេវាថែទាំសុខភាព។

នេះមានន័យថាឱសថទាំងនេះត្រូវបានធានាដោយកម្មវិធី Medi-Cal Fee-for-Service ។

ប្រភេទនៃឱសថដូចតទៅនេះគឺត្រូវបានដាក់បញ្ចូល៖

- ឱសថព្យាបាលជំងឺរីកលមានគុណភាពខ្ពស់
- ឱសថព្យាបាលជំងឺ HIV AIDS ដែលមានគុណភាពខ្ពស់
- ឱសថព្យាបាលការញៀន និងការបន្ទាបជាតិហ្វីរ៉ូអ៊ីន និងជាតិអាណូណូស ដែលមានគុណភាពខ្ពស់
- ឱសថគុណភាពខ្ពស់សម្រាប់ព្យាបាលជំងឺឈាមហូរ

អ្វីទៅជាសេវាកុមារកាលីហ្វ័រញ៉ា?

សេវាកុមារកាលីហ្វ័រញ៉ា (CCS) គឺជាកម្មវិធីរបស់រដ្ឋសម្រាប់ក្មេងៗ (អាយុដល់ 21 ឆ្នាំ)

ដែលមានបញ្ហាសុខភាពជាក់លាក់។ ឱសថខ្លះៗសម្រាប់បញ្ហាសុខភាព CCS ដែលមានការធានា គឺមិនត្រូវបានធានាដោយ Health Net នោះឡើយ។

មានតែគ្រូពេទ្យដែលមានការទទួលស្គាល់ដោយ CCS

ប៉ុណ្ណោះដែលអាចបញ្ជាទិញឱសថប្រើសម្រាប់ព្យាបាលបញ្ហាសុខភាព CCS ដែលមានការធានា។

ឱសថទាំងនេះមិនត្រូវបានធានាដោយ Health Net នោះឡើយ។

ឱសថស្ថានត្រូវតែចេញវិក្កយបត្រទៅ CCS សម្រាប់ឱសថទាំងនេះ។ ប្រសិនបើ

លោកអ្នកនៅឱសថស្ថាន ហើយមិនមែននៅក្នុងប្រព័ន្ធ CCS ទេនោះ

សូមទូរស័ព្ទទៅសេវាបម្រើសមាជិកតាមរយៈលេខ 1-800-675-6110 ។

សេវាបម្រើសមាជិកអាចជួយលោកអ្នកធ្វើការចុះឈ្មោះជាមួយ CCS បាន។

ពួកគេក៏អាចជួយលោកអ្នកឱ្យទទួលបានការផ្គត់ផ្គង់ឱសថរបស់លោកអ្នកក្នុងគ្រាអាសន្នបានផងដែរ។

ចុះឱសថដែលខ្ញុំទទួលបានពីគ្រូពេទ្យរបស់ខ្ញុំ ឬក្នុងការិយាល័យគ្រូពេទ្យរបស់ខ្ញុំវិញនោះ?

ឱសថខ្លះដែលបានផ្តល់ជូនលោកអ្នកដោយគ្រូពេទ្យរបស់លោកអ្នក

អាចនឹងត្រូវបានធានាក្រោមអត្ថប្រយោជន៍ព្យាបាលរបស់លោកអ្នក។

លោកអ្នកអាចនឹងទទួលបានឱសថទាំងនេះពីឱសថស្ថានរាយរង។

គ្រូពេទ្យរបស់លោកអ្នកក៏អាចផ្តល់ឱសថទាំងនេះដល់លោកអ្នកនៅក្នុងការិយាល័យពេទ្យផងដែរ។ យើងខ្ញុំនឹងធ្វើការជាមួយគ្រូពេទ្យរបស់លោកអ្នកដើម្បីស្វែងរកមធ្យោបាយល្អបំផុតដើម្បីឱ្យលោកអ្នកទទួលបានឱសថទាំងនេះ។ ប្រសិនបើ លោកអ្នកមានសំណួរអំពីឱសថទាំងនេះ សូមទូរស័ព្ទទៅសេវាបម្រើសមាជិកតាមរយៈលេខ 1-800-675-6110 ។

និយមន័យ

ឱសថមានម៉ាកសញ្ញា:

គឺជាឱសថដែលត្រូវបានធ្វើចរាចរលើទីផ្សារក្រោមឈ្មោះដែលមានការការពារម៉ាកសញ្ញាពាណិជ្ជកម្ម និងកម្មសិទ្ធិ។

ឱសថមានម៉ាកសញ្ញាគឺបានរាយនាមនៅក្នុងបញ្ជីរាយនាមនេះសរសេរជាអក្សរធំទាំងអស់។

សំណើសុំការលើកលែង: គឺជាសំណើសុំការធានាសម្រាប់ឱសថចេញតាមវេជ្ជបញ្ជា។ ប្រសិនបើអ្នកចុះឈ្មោះ ឬអ្នកគំណាងរបស់គាត់ ឬអ្នកផ្តល់សេវាថែទាំសុខភាពដែលចេញវេជ្ជបញ្ជាដាក់សំណើសុំការលើកលែងសម្រាប់ការធានាលើឱសថមានវេជ្ជបញ្ជា នោះគម្រោងផ្នែកសុខភាពត្រូវធានាលើឱសថមានវេជ្ជបញ្ជានៅពេលដែលឱសថត្រូវបានកំណត់ថាចាំបាច់សម្រាប់ការព្យាបាលតាមវេជ្ជសាស្ត្រសម្រាប់ស្ថានភាពរបស់អ្នកចុះឈ្មោះ។

បញ្ជីឱសថតាមវេជ្ជបញ្ជា: ក៏ដូចជាដល់បញ្ជីឱសថដែលត្រូវបានណែនាំ គឺជាបញ្ជីពេញលេញនៃឱសថតាមវេជ្ជបញ្ជាដែលត្រូវបានណែនាំសម្រាប់ការប្រើប្រាស់ ហើយទទួលបានការធានាក្រោមគម្រោងសុខភាព ព្រមទាំងរួមបញ្ចូលឱសថទាំងអស់ដែលត្រូវបានធានាក្រោមអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជាព្យាបាលនៅក្រោមនីមួយៗនៃគម្រោងសុខភាព។

ឱសថទូទៅ: គឺជាឱសថដែលដូចទៅនឹងឱសថដែលមានម៉ាកសញ្ញាដែរទៅលើបរិមាណ សុវត្ថិភាព កំលាំង របៀបនៃការប្រើប្រាស់ គុណភាព ប្រសិទ្ធិភាព និងគោលបំណងនៃការប្រើប្រាស់។ ឱសថទូទៅត្រូវបានរាយនាមក្នុងបញ្ជីឱសថជាអក្សរដិត ហើយអក្សរតូចទៀត។

ភាពចាំបាច់សម្រាប់ការព្យាបាល:

គឺជាអត្ថប្រយោជន៍ថែទាំសុខភាពដែលចាំបាច់ដើម្បីធ្វើការកំណត់រោគសញ្ញា ការព្យាបាល ឬការការពារស្ថានភាពនៃការព្យាបាល ឬរោគសញ្ញា ហើយដែលត្រូវតាមស្តង់ដារដែលបានទទួលស្គាល់នៃឱសថ។ គម្រោងជាធម្មតាមិនធានាលើអត្ថប្រយោជន៍ការថែទាំសុខភាពដែលមិនចាំបាច់សម្រាប់ការព្យាបាលនោះឡើយ។

សមាជិក:

គឺជាបុគ្គលដែលបានចុះឈ្មោះនៅក្នុងគម្រោងសុខភាពដែលមានសិទ្ធិទទួលបានសេវាកម្មពីគម្រោង។

ឱសថមិនមែនស្ថិតក្នុងបញ្ជីតាមវេជ្ជបញ្ជា:

គឺជាឱសថតាមវេជ្ជបញ្ជាដែលមិនមានរាយនាមក្នុងបញ្ជីឱសថដែលបានណែនាំ។

បញ្ជីឱសថអាទិភាព: ក៏សំដៅដល់បញ្ជីឱសថតាមវេជ្ជបញ្ជាផងដែរ គឺជាបញ្ជីពេញលេញនៃឱសថតាមវេជ្ជបញ្ជាដែលជាអាទិភាពសម្រាប់ការប្រើប្រាស់ និងទទួលបានការធានាក្រោមគម្រោងសុខភាព ហើយរួមបញ្ចូលឱសថទាំងអស់ដែលបានធានាក្រោមអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជាព្យាបាល ក្រៅមន្ទីរពេទ្យនៃគម្រោងសុខភាព។

អ្នកផ្តល់វេជ្ជបញ្ជា:

គឺជាអ្នកផ្តល់ការថែទាំសុខភាពដែលមានការអនុញ្ញាតក្នុងការសរសេរវេជ្ជបញ្ជាដើម្បីព្យាបាលស្ថានភាពជំងឺសម្រាប់សមាជិកក្នុងគម្រោងសុខភាព។

វេជ្ជបញ្ជា: ជាការបញ្ជាទិញដោយសំដី ដោយការសរសេរ ឬអេឡិចត្រូនិច ដោយអ្នកផ្តល់វេជ្ជបញ្ជា សម្រាប់សមាជិកជាក់លាក់មួយដែលមានឈ្មោះឱសថតាមវេជ្ជបញ្ជា បរិមាណឱសថតាមវេជ្ជបញ្ជា កាលបរិច្ឆេទនៃការចេញវេជ្ជបញ្ជា ឈ្មោះ និងព័ត៌មានទំនាក់ទំនងរបស់អ្នកផ្តល់វេជ្ជបញ្ជា ហត្ថលេខានៃអ្នកចេញវេជ្ជបញ្ជាប្រសិនបើវេជ្ជបញ្ជាជាសំណេរ ហើយប្រសិនបើជាការស្នើដោយសមាជិក នោះត្រូវមានបរិយាយពីស្ថានភាពជំងឺ ឬគោលបំណងនៃឱសថតាមវេជ្ជបញ្ជាផងដែរ។

ឱសថតាមវេជ្ជបញ្ជា:

គឺជាឱសថដែលត្រូវបានចេញវេជ្ជបញ្ជាដោយអ្នកផ្តល់ការចេញវេជ្ជបញ្ជារបស់អ្នកចុះឈ្មោះ ហើយទាមទារ ការចេញវេជ្ជបញ្ជាក្រោមច្បាប់ជាធរមាន។

ការអនុញ្ញាតជាមុន: គឺជាការទាមទាររបស់គម្រោង សុខភាព ដែលសមាជិក ឬអ្នកផ្តល់ការចេញ វេជ្ជបញ្ជារបស់សមាជិកទទួលបានការអនុញ្ញាតពីគម្រោង សុខភាព សម្រាប់ឱសថតាមវេជ្ជបញ្ជាមុន ពេលគម្រោងសុខភាពនឹងធ្វើការធានាលើឱសថ។ គម្រោងសុខភាពនឹងផ្តល់ការអនុញ្ញាតជាមុននៅពេលដែលវាជាប្រការមួយចាំបាច់សម្រាប់ការព្យាបាលសម្រាប់សមាជិកដើម្បីទទួលបានឱសថនេះ។

ការកំណត់បរិមាណ: គឺជាការកំណត់លើចំនួននៃបរិមាណឱសថ ឬកំណត់ ផ្សេងៗទៀតលើបរិមាណនៃឱសថតាមវេជ្ជបញ្ជាដែលគម្រោងសុខភាពនឹងធានាអំឡុងពេលជាក់លាក់មួយ។

ឱសថឯកទេស: ឱសថឯកទេស រួមមានឱសថដែលត្រូវបានផលិតឡើងដោយប្រើជីវបច្ចេកវិទ្យា ជាឱសថ ដែលត្រូវតែធ្វើការចែកចាយតាមរយៈឱសថស្ថានឯកទេស ជាឱសថដែល ទាមទារការបណ្តុះបណ្តាលជាពិសេសសម្រាប់ការគ្រប់គ្រងផ្ទាល់ខ្លួន ឬជាឱសថដែលទាមទារការថែទាំ ជាប្រចាំដោយឱសថស្ថាន។

ការព្យាបាលតាមជំហាន:

គឺជាដំណើរការដែលផ្តោតលើដំណាក់កាលដែលឱសថតាមវេជ្ជបញ្ជាខុសៗគ្នាសម្រាប់ការព្យាបាលលើ ស្ថានភាពជំងឺជាក់ស្តែង និងសមស្របតាមបែបវេជ្ជសាស្ត្រសម្រាប់ អ្នកជំងឺជាក់លាក់មួយត្រូវបានចេញវេជ្ជបញ្ជា។ គម្រោងសុខភាពអាចនឹងទាមទារឱ្យសមាជិកសាកល្បងឱសថមួយ ឬច្រើនដើម្បីព្យាបាលស្ថានភាពជំងឺរបស់

សមាជិក មុនពេលគម្រោងសុខភាពនឹងធ្វើការធានាលើ
ឱសថជាក់លាក់សម្រាប់ស្ថានភាពដែលយោងទៅតាមសំណើរនៃការព្យាបាលតាមជំហាន។ ប្រសិនបើ
អ្នកផ្តល់វេជ្ជបញ្ជារបស់សមាជិកបញ្ជូនសំណើរសុំការលើកលែងនៃការព្យាបាលតាមជំហាន គម្រោង
សុខភាពនឹងធ្វើការលើកលែងចំពោះការព្យាបាលតាមជំហាននៅពេលដែលលក្ខណៈវិនិច្ឆ័យត្រូវបាន
បំពេញ។

ត្រូវការព័ត៌មានបន្ថែមមែនទេ?

សម្រាប់ព័ត៌មានបន្ថែមអំពីអត្ថប្រយោជន៍ការព្យាបាលរបស់លោកអ្នក
សូមមើលសៀវភៅ ណែនាំសម្រាប់សមាជិក ឬទូរស័ព្ទទៅសេវាបម្រើសមាជិកតាមរយៈលេខ
1-800-675-6110 ។

Health Net Medi-Cal

偏好藥品清單

Health Net Medi-Cal 偏好藥品清單 (PDL) 包括 Health Net 承保藥物。藥品清單每月更新，可能會有變更。欲獲得最新資訊或列印副本，請致電會員服務熱線 1-800-675-6110 (聽障熱線：711)。

最新藥品清單可在我們的網站

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action 上找到。我們的網站上也提供機讀格式的藥品清單。

前往「Medi-Cal 藥品清單」

使用「Health Net Medi-Cal 藥品清單」連結查看 Health Net 承保藥品清單。

請棄用所有舊版藥品清單



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歡迎來到 Health Net

什麼是 Health Net Medi-Cal PDL?

藥品清單包括用於治療常見疾病或健康問題的藥品。由醫生和藥劑師組成的小組定期開會，以決定哪些藥品應該列入藥品清單。該小組審查現有藥品和新藥品，並選擇最為有效安全的藥品。該藥品清單每月更新一次。這些變更可能包括藥品劑型（即藥錠或膠囊）或藥品是否有一次可取藥量的限制。變更還可能包括藥品是否需要事先授權、階段治療或不再列入藥品清單。

我如何使用 Health Net Medi-Cal PDL?

在該手冊末尾的索引中尋找您的藥品。索引列出了藥品清單上的所有藥品。品牌藥和仿製藥均列在索引中。藥品旁邊標有藥品所在頁的頁碼。

下表列出了可能出現在藥品清單上的限制說明：

縮寫詞	片語	意義
AL	年齡限制	有些藥品只適用於特定的年齡。
CO	分離	這些藥品由 Department of Health Care Services 進行了分離。這意味著這些藥品由 Medi-Cal 按服務收費方案承保，可由藥房向州政府收費。
F	處方集	這些藥品均列在藥品清單上。
NF	非處方集	這些藥品均未列在藥品清單上。如果您的醫生認為您需要一種清單上未列出的藥品，他或她可以要求我們破例。
PA	事先授權	某些藥品需要您的醫生事先得到 Health Net 的核准才能承保。
QL	藥量限制	有些藥品僅承保一定的藥量。
RX/OTC	處方和非處方	這些藥品有處方和非處方 (OTC) 兩種形式。
ST	階段治療	在某些情況下，您必須先試服某些藥品，然後 Health Net 才能承保另一種適合您健康狀況的藥品。 例如，如果 A 藥和 B 藥都能治療您的醫療狀況，但 Health Net 可能不會承保 B 藥，除非您先試服 A 藥。
SP	專業藥房計畫	這些藥品是專科藥品。您只能從專業藥房得到這些藥品。所有處方藥必須在所列專業藥房取藥。

我如何在藥品清單中尋找藥品？

您可以使用搜尋工具搜尋某種藥品。可以按字母順序或按醫療狀況找到藥品。有三種方法可以查明您的藥品是否為承保藥品。

搜尋工具：打開藥品清單 (PDF)。同時按住「控制」(Ctrl) 和「F」鍵。當搜尋方塊出現時，輸入您的藥品名稱。按「回車」(Enter) 鍵。

字母順序索引：PDF 結尾處的索引列出了從 A 到 z 的仿製藥和品牌藥品名稱。找到藥品名稱後，再前往所列頁面，查看其是否為承保藥品。

治療類別：藥品被分為幾類。這些類別也可以根據藥品所屬的類別進行分組。如果您知道您的藥品屬於哪一類別，可在清單中尋找其類別。然後，您可在這一類別中尋找自己的藥品。

如果沒有提供與品牌藥品療效相同的仿製藥，則該藥品不會被列入清單。清單上可能找不到未承保的藥品。即使藥品清單上有此藥，也不意味著您的醫生會根據您的醫療狀況開這種藥。

類別清單是如何給藥品分類的？

藥品按其品牌和仿製藥名稱的字母順序排列在其類屬中。

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

品牌藥的仿製藥名稱列在品牌名稱後面，用**粗體小寫**和**斜體**字母表示並括在括弧內。

品牌藥範例：EPOGEN (*epoetin alfa*)

如果清單上有與品牌藥品療效相同的仿製藥，並且仿製藥也在承保範圍內，那麼除品牌藥品外，該仿製藥也在清單上。仿製藥用**粗體小寫**和**斜體**字母列出。

仿製藥範例：*esomeprazole magnesium cap delayed release*

如果一種仿製藥以受商標保護的品牌名稱銷售，則該品牌名稱將以全大寫字母的形式出現在清單上。它將出現在仿製藥名稱後面的括弧中。名稱為常規字型，使用每個單字的字首大寫。

以品牌名稱銷售的仿製藥範例：(Levothyroxine Sodium) LEVOXYL

如果我的藥品不在 Health Net Medi-Cal PDL 上呢？

如果您的藥品不在藥品清單上，請致電會員服務熱線 1-800-675-6110，詢問您的藥品是否在承保範圍內。如果您的藥品不在清單上，那麼您可以詢問醫生清單上是否有同樣療效的藥品。如果您的醫生希望您使用一種不在清單上的藥品，那麼您的醫生可以要求我們破例。詳見「我怎樣才能享受藥品承保規則的破例？」一節。

我可以去任意一家藥房嗎？

會員必須使用零售網絡中的藥房。這些藥房與 Health Net 簽有合約。請致電會員服務熱線 1-800-675-6110 尋找藥房。您也可以瀏覽我們的網站 www.healthnet.com。

有些藥品只有在專業藥房購買時才能享受承保。專科藥品用於治療持續或複雜的疾病。使用這些藥品也可能需要特殊處理或訓練以確保安全使用。專業藥房會把藥品郵寄到您的家裡、辦公室或者您選擇的另一個地址。專科藥品也可能被送到您醫生的辦公室。專科藥品在藥品清單的要求/限制欄中列出。如藥品在藥品清單的要求/限制欄中無專業藥房可選，則可在網絡中的任意藥房取藥。

您可以要求破例，在一家零售網絡藥房得到專科藥品，條件為：

- 您服藥的方式已經改變，而且您需要立即取藥。
- 您的藥品會晚到，或者總是晚到。
- 您急需一種藥品，卻不知道如何從專業藥房獲得這種藥品。
- 您有緊急情況，來不及等專業藥房寄藥。

如果您無法使用專業藥房，那麼您可以要求破例，從零售網絡藥房取用自己的所有藥品，條件為：

- 您沒有郵寄地址，也沒有收取郵寄藥品的方法。
- 您醫生的辦公室把藥交給您。
- 使用專業藥房對您來說很困難。

如果您需要破例，那麼您必須徵求我們的意見。您的醫生或藥房可能也會要求破例。如要求破例，請致電 Health Net 會員服務熱線 1-800-675-6110（聽障熱線：711）。我們每週七天，每天 24 小時隨時為您提供服務。

我的藥品承保範圍有限制嗎？

有些藥品的承保範圍有限制。這些限制參見藥品清單的要求/限制欄。

阿片類止痛藥有限制嗎？

短期使用時，大多數阿片類止痛藥無需事先授權。當醫生第一次給您開這些藥時，您可以得到 7 天的用量。基於嗎啡毫克當量 (MME) 的所有阿片類止痛藥都有藥量限制。如果您需要超過 7 天的用量，那麼您可能需要事先授權。該限制不適用於治療癌症或鐮狀細胞。

什麼是嗎啡毫克當量 (MME) 劑量？

MME 劑量是一種工具，用來確保您服用安全劑量的阿片類止痛藥。該工具可以協助測量您每天服用阿片類止痛藥的量。大多數阿片類止痛藥的推薦用量為每天 90 MME。藥品清單上的藥量限制小於或等於每天 90 MME。如果您需要的劑量超過每天 90 MME，那麼您的醫生可能會請求事先授權。該限制不適用於治療癌症或鐮狀細胞。

我怎樣才能享受藥品承保規則的破例呢？

您的醫生可以要求對我們的藥品承保規則破例。

- 您的醫生可以要求我們為一種不在藥品清單上的藥品承保。
- 您的醫生可以要求我們對一種藥品的限制破例。例如，如果一種藥每天只能吃 1 藥錠，您的醫生可以要求我們允許多開一些。

如要求破例，您的醫生可以傳送一份事先授權申請的傳真給我們，傳真號為 1-800-977-8226。我們收到申請後，會做出決定並在 24 小時內通知您的醫生。如果我們拒絕了您的申請，我們會給您和您的醫生寫信，告知您如何提起上訴。如果我們未在 24 小時內回覆申請，則申請將予以核准。如果我們核准了您的藥品，那麼您可以繼續從 Health Net Medi-Cal 獲得這種藥品，只要這種藥品對您有效，而且您的醫生希望您繼續使用這種藥品。

如果我是新會員呢？

如果您是我們計畫的新會員，那麼您正在服用的藥品可能不在我們的藥品清單上。您服用的藥品可能在我們藥品清單上，但現在藥品有限制。您應該和您的醫生談談，看看您是否能換一種藥。您的醫生可能會要求我們為您一直服用的一種藥品破例。詳見「我怎樣才能享受藥品承保規則的破例？」一節。

什麼是非處方藥？

非處方 (OTC) 藥是無需處方即可購買的藥品。Health Net Medi-Cal PDL 的非處方藥與 State Medi-Cal List of Contract Drugs 上的藥物一樣。如果您想要 Health Net 承保藥品清單上的非處方藥，那麼您的醫生必須為這種藥開處方。

是否承保品牌藥品？

當有仿製藥時，您的藥房福利不包括品牌藥品。如果沒有仿製藥，則可以使用品牌藥品。如果您的醫生認為一種品牌藥品對您最有效，他/她也可能會要求我們為其承保。

什麼是仿製藥？

仿製藥與品牌藥品具有相同的活性成分和相同的作用方式。仿製藥安全且有效。

如果有仿製藥，藥劑師會給我嗎？

會的。藥房可能會給您一種仿製藥，除非您的醫生說您必須使用品牌藥品。

是否有不在承保範圍內的藥品或分離藥品？

不在承保範圍內的藥品

Health Net Medi-Cal PDL 與 State Medi-Cal List of Contract Drugs 類似。下列類型的藥品不屬於承保福利，也不在 PDL 之列：

- 複合維生素
- 勃起或性功能障礙藥品
- 用於美容或生髮的藥品
- 被認為是實驗性的藥品
- 治療不孕症的藥品
- 非處方咳嗽和感冒藥
- 非處方成人對乙酰氨基酚

藥品功效研究與實施 (DESI) 藥品

DESI 產品和其他相關藥品不在 Health Net Medi-Cal 承保範圍內。Food and Drug Administration 已將其定義為療效不佳。缺乏證據證明這些藥品安全有效。

分離藥品

有些藥品是由 Department of Health Care Services 核准的分離藥品。這意味著這些藥品由 Medi-Cal 按服務收費方案承保。下列類型的藥品為分離藥品：

- 選擇治療精神病的藥品

- 選擇治療愛滋病的藥品
- 選擇酒精、海洛因脫毒和依賴性治療的藥品
- 選擇治療血友病的藥品

什麼是 California 兒童服務？

California 兒童服務 (CCS) 是一項州政府方案，服務於有某些健康問題的兒童（不超過 21 歲）。有些用於治療 CCS 承保的健康問題的藥品不在 Health Net 承保範圍內。

只有獲得 CCS 核准的醫生才能為用於治療 CCS 承保的健康問題的藥品開處方。這些藥品不在 Health Net 承保範圍內。藥房必須向 CCS 收取這些藥品的費用。如果您在藥房而非 CCS 系統內，請致電會員服務熱線 1-800-675-6110。會員服務部可幫您註冊 CCS。他們也可以協助您獲得緊急藥品供應。

如果我是從醫生或醫生辦公室那裡得到的藥品呢？

您的醫生給您開的一些藥可能在您的醫療福利內。您可以從零售藥房買到這些藥品。您的醫生也可以在辦公室給您這些藥品。我們將與您的醫生合作，為您找到獲得這些藥品的最佳方法。如果您對這些藥品有疑問，請致電會員服務熱線 1-800-675-6110。

定義

品牌藥品：是一種以專有商標保護名稱銷售的藥物。本處方集中所列品牌藥品均用大寫字母表示。

破例申請：是要申請一種處方藥獲得承保。如果一名參保人、他或她的指定人或開處方的醫療服務提供者提交了一份處方藥承保的破例申請，當藥品被確定為治療參保人疾病醫療所需時，則醫療保健計畫公司必須承保此處方藥。

處方集：也被稱為偏好藥品清單，是偏好使用的處方藥的完整清單，並且符合健保計畫的承保要求，包括健保計畫門診處方藥福利承保的所有藥品。

仿製藥：是指在劑量、安全性、強度、服用方式、品質、功效、用途等方面與品牌藥品相同的藥。仿製藥以**粗體**和**斜體**小寫字母列於藥品清單中。

醫療所需：是診斷、治療或預防符合公認醫學標準的醫療狀況或其症狀所需要的醫療保健福利。計畫通常不包括非醫療所需的醫療保健福利。

會員：是參加健保計畫並有權從中獲得服務的人。

非處方集藥品：是未列在偏好藥品清單上的處方藥。

偏好藥品清單：也被稱為處方集，是偏好使用的處方藥的完整清單，並且符合健保計畫的承保要求，包括健保計畫門診處方藥福利承保的所有藥品。

開處方的醫療服務提供者：是醫療保健醫療服務提供者，有權為健保計畫會員開具治療醫療狀況的處方。

處方：是開處方的醫療服務提供者給特定會員的口頭、書面或電子醫囑，包括處方藥的名稱、處方藥的劑量、處方開具的日期、開處方的醫療服務提供者的姓名和聯絡資訊、開處方的醫療服務提供者的簽名（如為書面處方），如會員要求，須說明醫療狀況或藥品用途。

處方藥：是一種由參保人的開處方的醫療服務提供者開的藥品，要求處方符合適用的法律。

事先授權：是健保計畫的要求，會員或會員開處方的醫療服務提供者在健保計畫承保藥品之前必須獲得處方藥的健保計畫授權。當會員因醫療所需而要獲得藥品時，健保計畫應給予事先授權。

藥量限制：是指健保計畫在特定時期內對劑量數量的限制或對處方藥數量的任何其他限制。

專科藥品：專科藥品包括使用生物技術生產的藥品，必須透過專業藥房銷售的藥品，需要進行自我管理的特殊訓練的藥品或需要定期由藥房進行照護監測的藥品。

階段治療：是指按指定的順序，為某一特定醫療狀況而開出不同的處方藥，以及為醫學上適合某一特定病人而開出處方藥的過程。健保計畫可能會要求會員嘗試一種或多種藥品來治療其醫療狀況，然後健保計畫才會根據階段治療的要求為會員的疾病提供特定的藥品。如果會員開處方的醫療服務提供者提交了階段治療的破例申請，那麼健保計畫應在滿足條件時同意階段治療破例。

需要更多資訊？

欲瞭解有關藥房福利的更多資訊，請查閱您的會員手冊或致電會員服務熱線 1-800-675-6110。

Health Net Medi-Cal

لیست داروهای ترجیحی

لیست داروهای ترجیحی (PDL Health Net Medi-Cal) شامل داروهای تحت پوشش Health Net می باشد. لیست دارو ها هر ماه به روز می شود و احتمال تغییر آن وجود دارد. برای کسب به روز ترین اطلاعات و یا دریافت یک نسخه چاپی، از طریق شماره 1-800-675-6110 (TTY: 711) با خدمات اعضاء تماس بگیرید.

جدیدترین لیست داروها را می توانید در آدرس زیر مشاهده کنید

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action

این لیست همچنین در فرمتی که توسط ماشین قابل خواندن است بر روی وب سایت ما موجود می باشد.

به بخش "لیست دارو Medi-Cal" بروید

برای مشاهده لیست داروهای تحت پوشش Health Net به لینک "لیست داروهای Health Net Medi-Cal" مراجعه کنید

لطفا تمامی نسخه های قبلی لیست دارو را دور بریزید



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به Health Net خوش آمدید

Health Net Medi-Cal PDL چیست؟

لیست دارو شامل داروهایی است که برای درمان بیماری ها و یا مشکلات سلامتی رایج استفاده می شوند. تیمی از پزشکان و داروسازان به طور منظم جلسه می گذارند تا در مورد اینکه چه داروهایی باید در این لیست باشند، تصمیم بگیرند. این تیم داروهای کنونی و جدید را بررسی می کنند و داروهایی را انتخاب می کنند که بهترین عملکرد را دارند و ایمن هستند. لیست دارو ها هر ماه به روز می شود. این تغییرات می تواند شامل شکل دارو (به عنوان مثال، قرص یا کپسول) و یا محدودیت مقدار مصرف یک دارو در یک دوره زمانی باشد. تغییرات همچنین می تواند بر اثر احتمال نیاز یک دارو به مجوز قبلی، درمان مرحله ای و اینکه ممکن است دارویی دیگر در لیست دارو پوشش داده نشود، ایجاد شود.

چطور می توانم از Health Net Medi-Cal PDL استفاده کنم؟

داروی خود را در فهرست انتهایی این جزوه جستجو کنید. این فهرست تمام داروهای موجود در لیست دارو ها را لیست می کند. نام تجاری و داروهای عمومی در این فهرست لیست شده اند. روبروی نام دارو شماره صفحه ای که می توانید آن دارو را در آن بیابید قابل مشاهده است.

در جدول زیر توضیحات مربوط به محدودیت هایی که ممکن است در لیست دارو ها وجود داشته باشد قرار دارد:

نام اختصاری	اصطلاح	معنی آن چیست
AL	محدودیت سنی	برخی دارو ها تنها برای سنین خاصی پوشش داده می شوند.
CO	حک شده	روی این دارو توسط دپارتمان خدمات مراقبت سلامت حک شده است. این به این معنی است که این دارو ها توسط برنامه Medi-Cal Free-for-Service پوشش داده می شوند و صورت حساب آنها توسط داروخانه برای دولت ارسال می شود.
F	دستورنامه ای	این دارو ها در لیست دارو موجود هستند.
NF	غیر دستورنامه ای	این دارو ها در لیست دارو موجود نیستند. اگر دکتر شما احساس کند که شما به دارویی که در لیست نیست احتیاج دارید، او می تواند از ما بخواهد که در این مورد استثناء قائل شویم.
PA	مجوز قبلی	دکتر شما باید قبل از پوشش دادن برخی دارو ها از Health Net تاییده دریافت کند.
QL	محدودیت در تعداد	برخی دارو ها تنها به میزان مشخصی تحت پوشش قرار دارند.
RX/OTC	تجویز و OTC	این دارو ها هم به صورت تجویزی و هم به صورت داروی بدون نسخه (OTC) قابل دسترس هستند.
ST	درمان مرحله ای	در برخی مواقع، قبل از اینکه Health Net داروی دیگری را برای شرایط سلامتی شما تحت پوشش قرار دهد باید ابتدا داروهای مشخصی را امتحان کنید. به عنوان مثال، اگر هر دو داروی A و B بیماری شما را درمان می کنند، Health Net تا قبل از اینکه شما داروی A را امتحان نکرده اید، داروی B را تحت پوشش قرار نمی دهد.
SP	برنامه داروسازی تخصصی	این دارو ها داروهای تخصصی هستند. شما تنها می توانید این دارو ها را از یک داروخانه تخصصی دریافت کنید. تمامی نسخه ها باید توسط داروخانه تخصصی لیست شده تکمیل شوند.

چطور یک دارو را در لیست دارو ها پیدا کنم؟

می توانید با استفاده از ابزار جستجو یک دارو را جستجو کنید. دارو ها به ترتیب الفبایی یا بر اساس شرایط پزشکی قابل جستجو هستند. سه روش برای فهمیدن اینکه آیا داروی شما تحت پوشش هست یا خیر وجود دارد.

ابزار جستجو: لیست دارو ها (PDF) را باز کنید. دکمه های "Control" (Ctrl) و "F" را نگهدارید. هنگامیکه باکس جستجو ظاهر شد، نام داروی خود را وارد کنید. کلید "Enter" را فشار دهید.

فهرست الفبایی: فهرست انتهایی PDF نام داروهای عمومی و تجاری را از A تا Z لیست می کند. وقتی که نام دارو را پیدا کردید، به شماره صفحه لیست شده بروید و ببینید که آیا این دارو تحت پوشش است یا خیر.

دسته درمانی: داروها در دسته بندی های مختلف گروه بندی شده اند. دسته بندی ها همچنین ممکن است براساس کلاس دارو گروه بندی شوند. اگر می دانید که داروی شما داخل کدام دسته بندی است، برای یافتن دسته بندی به لیست نگاه کنید. سپس می توانید در آن دسته بندی داروی خود را جستجو کنید.

اگر داروی عمومی معادلی برای داروی تجاری ارائه نشده باشد، دارو در لیست موجود نخواهد بود. اگر دارویی تحت پوشش نباشد ممکن است در لیست موجود نباشد. حتی اگر دارویی در لیست دارو موجود باشد، این بدان معنا نیست که دکتر شما آن دارو را برای شرایط پزشکی تان تجویز کند.

داروها چطور در لیست دسته بندی شده لیست می شوند؟

یک دارو براساس نام عمومی و تجاری در دسته بندی و کلاس خود به ترتیب الفبا لیست می شود.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

نام داروی عمومی برای یک داروی تجاری بعد از نام تجاری دارو در پرانتز و به صورت **حروف برجسته و ایتالیک** قید می شود.

نمونه داروی تجاری: (epoetin alfa) EPOGEN

اگر داروی عمومی معادلی برای داروی تجاری در لیست موجود باشد و تحت پوشش قرار داشته باشد، داروی عمومی جدا از داروی تجاری در لیست قرار خواهد داشت. این نام به صورت **حروف برجسته و ایتالیک** خواهد بود.

نمونه داروی عمومی: کپسول *esomeprazole magnesium* پخش با تاخیر

اگر یک داروی عمومی تحت نام تجاری یک علامت تجاری عرضه شده باشد، نام تجاری به صورت حروف بزرگ در لیست موجود خواهد بود. این نام بعد از نام عمومی در پرانتز ظاهر خواهد شد. این نام به صورت معمولی تایپ می شود و تنها حرف اول هر کلمه با حروف بزرگ نوشته می شود.

نمونه داروی عمومی عرضه شده تحت یک نام تجاری: LEVOXYL (Levothyroxine Sodium)

اگر داروی من در Health Net Medi-Cal PDL موجود نباشد چه؟

اگر داروی شما در لیست دارو موجود نباشد، از طریق شماره 1-800-675-6110 با خدمات تماس بگیرید و سوال کنید که آیا داروی شما تحت پوشش هست یا خیر. اگر داروی شما در لیست موجود نیست، می توانید از دکتر خود بپرسید که آیا دارویی در لیست هست که عملکرد مشابهی داشته باشد. اگر دکترتان از شما بخواهد دارویی که در لیست نیست را استفاده کنید، او می تواند از ما بخواهد که در این مورد استثناء قائل شویم. برای کسب اطلاعات بیشتر بخش "چطور می توانم در قوانین پوشش دارو استثناء دریافت کنم؟".

می توانم به هر داروخانه ای مراجعه کنم؟

اعضاء باید از داروخانه های موجود در شبکه خرده فروشی استفاده کنند. این داروخانه ها با Health Net قرارداد دارند. برای یافتن داروخانه، از طریق شماره 1-800-675-6110 با خدمات تماس بگیرید. همچنین می توانید وب سایت ما به آدرس www.healthnet.com را مشاهده کنید.

برخی داروها تنها وقتی از یک داروخانه تخصصی می آیند تحت پوشش قرار می گیرند. داروهای تخصصی برای درمان شرایط در حال پیشرفت یا پیچیده استفاده می شوند. همچنین نیاز است که برای تضمین استفاده ایمن به صورت ویژه به کار گرفته شوند. داروخانه تخصصی می تواند داروها را به آدرس منزل، محل کار یا هر آدرس دیگری که مایل باشید ارسال کند. داروهای تخصصی را همچنین می توان به مطب دکتر شما ارسال کرد. داروهای تخصصی در ستون الزامات/محدودیت ها در لیست دارو فهرست شده اند. داروهایی که در ستون الزامات/محدودیت ها داروخانه تخصصی ای برای آنها قید نشده را می توان در هر یک از داروخانه های موجود در شبکه تکمیل کرد.

در موارد زیر می توانید برای تکمیل داروی تخصصی در یک داروخانه موجود در شبکه خرده فروشی درخواست استثناء دهید:

- نحوه دریافت داروی شما تغییر کرده و هم اکنون نیاز به تکمیل دارو دارید.
- قرار است که داروی شما دیر به دستتان برسد یا همیشه دیر به دستتان می رسد.
- نیاز فوری به یک دارو دارید و نمی دانید چطور باید از داروخانه تخصصی دارو را دریافت کنید.
- وضعیت شما اورژانسی ست و نمی توانید تا زمان رسیدن دارو از داروخانه تخصصی صبر کنید.

اگر نمی توانید از یک داروخانه تخصصی استفاده کنید، در موارد زیر می توانید برای تکمیل تمامی داروهای خود در یک داروخانه موجود در شبکه خرده فروشی درخواست استثناء دهید:

- آدرس پستی ندارید و یا راهی برای دریافت دارو از طریق پست برای شما وجود ندارد.
- مطب دکتر شما دارو را به شما می دهد.
- استفاده از داروخانه تخصصی برای شما دشوار است.

اگر نیاز دارید که استثناء قائل شویم، باید این را از ما بخواهید. دکتر و یا داروخانه شما نیز می توانند درخواست دهند که ما استثناء قائل شویم. برای درخواست استثناء، لطفاً از طریق شماره 1-800-675-6110 (TTY: 711) با خدمات اعضاء تماس بگیرید. ما 24 ساعت شبانه روز و هفت روز هفته اینجا هستیم.

آیا محدودیتی بر روی پوشش داروی من وجود دارد؟

پوشش برخی داروها دارای محدودیت است. این محدودیت ها در ستون الزامات/محدودیت ها در لیست دارو قید شده اند.

آیا محدودیتی برای داروهای مسکن افیونی وجود دارد؟

برای استفاده کوتاه مدت از داروهای مسکن افیونی نیازی به مجوز قبلی نیست. هنگامیکه دکتر شما برای اولین بار این داروها را برای شما تجویز کرده است، می توانید به اندازه 7 روز این داروها را دریافت کنید. بر اساس معادل مورفین به میلی گرم (MME) داروهای مسکن افیونی دارای محدودیت در تعداد هستند. اگر برای بیش از 7 روز به این داروها نیاز دارید باید مجوز قبلی کسب کنید. اگر به علت بیماری سرطان یا سلول داسی شکل تحت درمان هستید، این محدودیت ها برای شما اعمال نمی شود.

دوز معادل مورفین به میلی گرم (MME) چیست؟

دوز MME ابزاری ست که برای حصول اطمینان از دریافت دوز ایمن داروهای مسکن افیونی مورد استفاده قرار می گیرد. این ابزار مقدار داروهای مسکن افیونی که روزانه مصرف می کنید را اندازه گیری می کند. محدودیت مصرف بسیاری از داروهای مسکن افیونی 90 MME در روز است. محدودیت مقدار مصرف موجود در لیست دارو کمتر و یا برابر با 90 MME در روز است. در صورتیکه دوز مورد نیاز شما بیشتر از 90 MME در روز باشد، دکتر شما می تواند درخواست مجوز قبلی دهد. اگر به علت بیماری سرطان یا سلول داسی شکل تحت درمان هستید، این محدودیت ها برای شما اعمال نمی شود.

چطور می توانم در قوانین پوشش دارو استثناء دریافت کنم؟

دکتر شما می تواند از ما درخواست کند که در قوانین پوشش دارویی استثناء قائل شویم.

- دکتر می تواند از ما بخواهد دارویی که در لیست دارو نیست را تحت پوشش قرار دهیم.
- دکتر شما می تواند از ما بخواهد در مورد محدودیت های یک دارو استثناء قائل شویم. به عنوان مثال، اگر دارویی دارای محدودیت مصرف روزانه 1 قرص است، دکتر شما می تواند از ما بخواهد مقدار بیشتری را پوشش دهیم.

برای درخواست استثناء، دکتر شما می تواند از طریق شماره فکس 8226-977-800-1 درخواست مجوز قبلی برای ما ارسال کند. بعد از دریافت درخواست، ما در این مورد تصمیم گیری می کنیم و نتیجه را ظرف 24 ساعت برای دکتر شما ارسال می کنیم. اگر ما این درخواست را رد کنیم، نامه ای به شما و دکترتان ارسال می کنیم و روش درخواست تجدید نظر را به شما می گوئیم. اگر ظرف 24 ساعت به درخواست پاسخ ندهید، درخواست تایید خواهد شد. اگر دارویی را برای شما تایید کنیم، شما می توانید تا زمانی که به دارو نیاز دارید و دکترتان از شما می خواهد که آن را استفاده کنید، دارو را از Health Net Medi-Cal دریافت کنید.

اگر عضو جدید باشم چه؟

اگر شما عضو جدید طرح ما هستید، ممکن است داروهایی که در لیست داروی ما موجود نیست را دریافت کنید. همچنین ممکن است دارویی که در لیست دارویی ما هست را دریافت کنید، اما دارو در حال حاضر دارای محدودیت باشد. باید با دکتر خود صحبت کنید و ببینید که می توانید داروی خود را به دارویی که در لیست موجود است تغییر دهید یا خیر. دکتر شما می تواند از ما بخواهد برای پوشش دارویی که دریافت می کرده اید استثناء قائل شویم. برای کسب اطلاعات بیشتر بخش "چطور می توانم در قوانین پوشش دارو استثناء دریافت کنم؟".

داروهای بدون نسخه چه داروهایی هستند؟

داروهای روی-پیشخوان (OTC) داروهایی هستند که می توانید بدون نیاز به نسخه آنها را دریافت کنید. Health Net Medi-Cal PDL داروهای OTC را درست مانند داروهای یافت شده در لیست داروهای قراردادی Medi-Cal دولتی پوشش می دهد. اگر می خواهید که Health Net یک داروی OTC را در لیست دارویی تحت پوشش قرار دهد، دکتر شما باید برای آن دارو نسخه بنویسد.

آیا داروهای تجاری تحت پوشش هستند؟

مزایای داروخانه شما وقتی یک داروی عمومی موجود است داروهای تجاری را پوشش نمی دهد. اگر داروی عمومی موجود نباشد، داروی تجاری ممکن است تحت پوشش قرار گیرد. همچنین دکتر شما می تواند از ما بخواهد یک داروی تجاری را تحت پوشش قرار دهیم اگر فکر می کند که این دارو روی شما بهتر اثر می کند.

یک داروی عمومی چیست؟

یک داروی عمومی دارای مواد تشکیل دهنده یکسان با داروی تجاری است و به همان روش عمل می کند. داروهای عمومی ایمن و موثر هستند.

آیا پزشک داروساز در صورت موجود بودن داروی عمومی می تواند آن را به من ارائه دهد؟
بله. داروخانه می تواند به شما داروی عمومی عرضه کند مگر اینکه دکترتان بگوید که شما باید داروی تجاری مصرف کنید.

آیا داروی حذف شده یا حک شده ای وجود دارد؟

داروهای حذف شده

Health Net Medi-Cal PDL با داروهای قراردادی لیست Medi-Cal دولتی یکسان است. انواع داروهای زیر تحت پوشش نیستند و در PDL موجود نمی باشند:

- مولتی ویتامین ها
- داروهای نعوظ و اختلال عملکرد جنسی
- داروهایی که برای مصارف آرایشی یا رشد مو استفاده می شوند
- داروهایی که آزمایشی در نظر گرفته می شوند
- داروهای درمان ناباروری
- داروهای OTC سرفه و سرما خوردگی
- استامینوفن بزرگسالان OTC

بررسی اثربخشی دارو و داروهای اجرایی (DESI)

محصولات DESI و داروهای مرتبط دیگر تحت پوشش Health Net Medi-Cal نیستند. سازمان غذا و دارو آنها را به عنوان داروهای کم اثر تعریف کرده است. شواهدی کمی مبنی بر اثربخشی و ایمن بودن این داروها موجود است.

داروهای حک شده

این داروها توسط دپارتمان خدمات مراقبت سلامت حک شده اند. این به این معنی ست که این داروها توسط برنامه Medi-Cal Free-for-Service پوشش داده می شوند. انواع داروهای زیر حک شده هستند:

- انتخاب داروی روانپزشکی
- انتخاب داروهای درمان HIV AIDS
- انتخاب داروهای درمان وابستگی به الکل و هروئین
- انتخاب داروهای درمان بیماران هموفیلی

خدمات کودکان کالیفرنیا چیست؟

خدمات کودکان کالیفرنیا (CCS) یک برنامه دولتی برای کودکان (تا 21 ساله) است که دارای مشکلات سلامتی مشخصی هستند. برخی داروهای مربوط به مشکلات سلامتی تحت پوشش CCS توسط Health Net پوشش داده نمی شوند.

تنها دکترهای تایید شده CCS می توانند داروهای مورد استفاده برای درمان مشکلات سلامت تحت پوشش CCS را سفارش دهند. این داروها توسط Health Net پوشش داده نمی شوند. داروخانه باید صورتحساب این داروها را برای CCS ارسال کند. اگر در داروخانه هستید و جزو سیستم CCS نیستید، از طریق شماره تلفن 1-800-675-6110 با خدمات اعضاء تماس بگیرید. خدمات اعضاء می توانند به شما در عضویت در CCS کمک کنند. آنها همچنین می توانند شما را در دریافت مقدار اورژانسی داروی خود کمک کنند.

داروهایی که من از دکتر خود و یا در مطب دکتر خود دریافت می کنم چه؟

برخی داروهایی که دکتر شما به شما می دهد می تواند تحت مزایای پزشکی شما تحت پوشش قرار گیرد. شما می توانید این داروها را از یک داروخانه خرده فروشی دریافت کنید. همچنین دکتر شما می تواند این داروها را در مطب به شما ارائه دهد. ما با دکتر شما همکاری می کنیم تا بهترین روش برای دسترسی شما به این داروها را پیدا کنیم. اگر در مورد این داروها سوالی دارید، لطفاً از طریق شماره 1-800-675-6110 با خدمات اعضاء تماس بگیرید.

تعاریف

داروی تجاری: دارویی ست که تحت یک نام و یا علامت تجاری اختصاصی عرضه می شود. یک داروی تجاری به صورت حروف بزرگ در این دستورنامه لیست می شود.

درخواست استثناء: درخواستی ست برای پوشش یک داروی تجویزی. اگر یک عضو ثبت نام کرده، فرد منصوب شده او، یا ارائه دهنده خدمات مراقبت پزشکی تعیین شده او برای پوشش داروی تجویز شده درخواست استثناء دهد، اگر مشخص شود که دارو برای معالجه وضعیت پزشکی عضو ضروری است، برنامه سلامت باید دارو را تحت پوشش قرار دهد.

دستورنامه ای: که به آن لیست داروهای ترجیحی نیز گفته می شود، به معنای لیست کامل داروهای تجویزی ترجیحی برای استفاده است که دارای شرایط لازم برای قرار گرفتن تحت پوشش یک برنامه سلامت هستند، و شامل تمامی داروهای پوشش داده شده تحت داروی تجویزی سرپایی طرح سلامت می شود.

داروی عمومی: دارویی ست که از نظر دوز، ایمنی، قدرت، نحوه استفاده، کیفیت، اثربخشی و موارد استفاده با داروی تجاری معادل خود یکسان است. داروی عمومی در لیست دارو به صورت برجسته و ایتالیک با حروف کوچک فهرست می شود.

ضروری از نظر پزشکی: مزایای مراقبت سلامت مورد نیاز برای تشخیص، درمان، یا پیشگیری از یک شرایط پزشکی یا علائم آن است که از استانداردهای مورد قبول دارویی برخوردار است. طرح ها معمولاً مزایای مراقبت سلامت که از نظر پزشکی ضروری نیستند را پوشش نمی دهد.

عضو: فردی ست که در یک برنامه سلامت عضو شده است و مجاز به دریافت خدمات از این برنامه می باشد.

داروی غیر دستورنامه ای: یک داروی تجویزی ست که در لیست داروهای ترجیحی موجود نیست.

لیست داروی ترجیحی: که به آن دستورنامه ای نیز گفته می شود، به معنای لیست داروهای تجویزی ترجیحی برای استفاده است که دارای شرایط لازم برای قرار گرفتن تحت پوشش یک برنامه سلامت هستند، و شامل تمامی داروهای پوشش داده شده تحت داروی تجویزی سرپایی طرح سلامت می شود.

ارائه دهنده نسخه: یک ارائه دهنده خدمات مراقبت سلامت است که مجاز به تجویز نسخه برای درمان شرایط پزشکی اعضای طرح سلامت می باشد.

تجویز: یک دستور شفاهی، کتبی، یا الکترونیکی ست که توسط ارائه دهنده نسخه برای یک عضو مشخص صادر می شود و شامل نام داروی تجویزی، مقدار داروی تجویزی، تاریخ صدور، نام و اطلاعات تماس ارائه دهنده نسخه، امضاء ارائه دهنده نسخه اگر دستور کتبی باشد، و در صورت درخواست عضو، شرایط پزشکی یا هدف از تجویز داروی مورد نظر می باشد.

داروی تجویزی: دارویی ست که توسط ارائه دهنده نسخه فرد عضو شده تجویز می شود و نیازمند تجویز تحت قانون مربوطه می باشد.

مجوز قبلی: لازمه برنامه سلامت این است که عضو یا ارائه دهنده نسخه وی برای تجویز دارو قبل از اینکه برنامه سلامت دارو را پوشش دهد، از برنامه سلامت مجوز کسب کنند. برنامه سلامت هنگامیکه از نظر پزشکی دسترسی عضو به دارو ضروری است، باید اقدام به اعطای مجوز قبلی نماید.

محدودیت مقدار: محدودیتی ست که بر روی تعداد دوزها اعمال می شود یا هرگونه محدودیت دیگر بر روی یک داروی تجویزی که برنامه سلامت در یک دوره زمانی خاص تحت پوشش قرار می دهد.

داروهای تخصصی: داروهای تخصصی داروهایی را شامل می شوند که با استفاده از روش های بیوتکنولوژی ساخته شده اند، داروهایی که باید از طریق داروخانه های تخصصی توزیع شوند، داروهایی که نیازمند اقدامات خاص جهت خود مدیریتی هستند، یا داروهایی که به نظارت مراقبتی منظم توسط داروخانه نیاز دارند.

درمان مرحله ای: فرایندی است که دنباله ای را توصیف می کند که در آن داروهای تجویزی مختلف برای یک شرایط پزشکی خاص و از نظر پزشکی مناسب برای یک بیمار خاص تجویز می شوند. برنامه سلامت ممکن است از عضو بخواهد پیش از اینکه برنامه سلامت داروی خاصی را برای شرایط درمانی وی به عنوان درمان مرحله ای تحت پوشش قرار دهد، یک یا چند دارو را برای درمان آن شرایط پزشکی مصرف کند. اگر ارائه دهنده نسخه عضو درخواستی برای استثناء در درمان مرحله ای ثبت کند، برنامه های سلامت باید هنگام برآورده شدن معیارها در درمان مرحله ای استثناء قائل شوند.

به اطلاعات بیشتری نیاز دارید؟

برای کسب اطلاعات بیشتر در مورد مزایای داروخانه خود، لطفا دفترچه عضویت خود را بررسی کنید یا از طریق شماره 1-800-675-6110 با خدمات اعضاء تماس بگیرید.

Health Net Medi-Cal

Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv

Health Net Medi-Cal Daim Ntawv Npe Tshuaj Muaj Yees Uas Nyiam Siv (Preferred Drug List, PDL) muaj cov tshuaj muaj yees raug pab them nqi duav roos los ntawm Health Net. Daim ntawv npe tshuaj muaj yees yuav raug kho txhua hli thiab tej zaum yuav hloov pauv. Txhawm rau kom tau txais cov lus qhia los sis daim ntawm luam tawm uas kho tshiab tshaj plaws, hu rau Cov Kev Pab Cuam Rau Tswv Cuab ntawm 1-800-675-6110 (TTY: 711).

Tuaj yeem tshawb nrhiav tau daim ntawv npe tshuaj muaj yees tshiab tshaj plaws rau ntawm peb lub website ntawm https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Nws kuj muaj nyob rau ntawm peb lub web site uas tuaj yeem nyeem tau raws hauv lub koo pij tawj.

Mus rau ntawm “Medi-Cal Daim Ntawm Npe Tshuaj Muaj Yees”

Siv qhov link “Health Net Medi-Cal Daim Ntawv Npe Tshuaj Muaj Yees” los mus saib cov npe tshuaj muaj yees raug pab them nqi duav roos los ntawm Health Net.

THOV MUAB COV DAIM NTAWV NPE TSHUAJ MUAJ YEES DHAU LOS POV TSEG KOM
TAG NRHO



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Zoo siab txais tos tuaj rau ntawm Health Net

HealthNet Medi-Cal PDL yog dab tsi?

Cov npe tshuaj muaj yees muaj cov tshuaj muaj yees raug siv los kho cov kab mob los sis tej teeb meem rau kev noj qab haus huv uas nquag tshwm sim. Ib pawg kws kho mob thiab cov kws muag tshuaj yuav nquag los sib tham thiab txiav txim siab txog hom cov tshuaj muaj yees uas yuav raug muab tso ntxiv rau ntawm cov npe tshuaj muaj yees. Pawg kws kho mob yuav tshuaj xyuas cov tshuaj muaj yees tshiab thiab cov siv tam sim no thiab xaiv cov tshuaj muaj yees uas siv tau zoo thiab nyab xeeb tshaj plaws. Daim ntawv npe tshuaj muaj yees raug kho txhua hli. Yam pauv hloov no yuav nrog ib yam tshuaj muaj yees uas ntim rau hauv (xws li cov tshuaj ntsiav los sis ntim hauv plhaub) los sis ib yam tshuaj muaj yees uas yuav raug siv me ntsis rau thaum ib zaug. Tej zaum kuj yuav muaj kev pauv hloov yog yuav tsum tau siv ib qho tshuaj muaj yees ua ntej tau kev tso cai, cov qib pib kev kho mob, los sis yog tsis pab them nqi duav roos rau ib qho tshuaj muaj yees nyob ntawm cov npe tshuaj muaj yees mus ntxiv lawm.

Kuv yuav siv Health Net Medi-Cal PDL li cas?

Saib koj cov tshuaj muaj yees rau hauv daim ntawv teeb xeeb uas nyob tom qab kawg ntawm phau ntawv no. Daim ntawv teeb xeeb sau txhua cov npe tshuaj muaj yees nyob rau ntawm daim ntawv teev npe tshuaj muaj yees. Hom lub npe tshuaj thiab cov tshuaj muaj yees yeej raug sau tseg rau hauv daim ntawv teeb xeeb no lawm. Nyob puab ib sab ntawm koj cov tshuaj muaj yees, koj yuav pom tus nab npawb nplooj ntawv uas koj tuaj yeem nrhiav tau koj cov tshuaj muaj yees.

Daim ntawv hauv qab no piav qhia txog qhov txwv siv ntau tsawg rau ntawm cov npe tshuaj muaj yees:

<i>Lo lus sau luv</i>	<i>Ntsiab lus</i>	<i>Nws txhais tau li cas</i>
AL	Lub Hnub Nyoog Txwv	Qee cov tshuaj muaj yees tsuas raug pab them nqi duav roos rau qee cov hnub nyoog xwb.
CO	Kev Pab Them Nqi	Cov tshuaj muaj yees no raug pab them nqi los ntawm Lub Chaw Ua Hauj Lwm ntsig txog Cov Kev Pab Cuam Saib Xyuas Kev Noj Qab Haus Huv (Department of Health Care Services). Qhov no txhais tau tias cov tshuaj muaj yees no raug pab them nqi duav roos los ntawm Medi-Cal qhov muaj nqi-rau-kev pab cuam thiab tuaj yeem sau daim ntawv nqi mus rau lub khw muag tshuaj ntawm Lub Xeev.
F	Tus qauv tshuaj	Cov tshuaj muaj yees no raug pab them nqi duav roos raws li Cov Npe Tshuaj Muaj Yees.
NF	Tsis yog-Tus qauv tshuaj	Cov tshuaj muaj yees no tsis raug pab them nqi duav roos raws li Cov Npe Tshuaj Muaj Yees. Yog koj tus kws kho mob xav tias yuav tsum siv ib yam tshuaj muaj yees uas tsis raug pab them nqi duav roos rau koj, nws tuaj yeem thov kom peb zam.
PA	Kev Tso Cai Ua Ntej	Koj tus kws kho mob yuav tsum thov kev pom zoo los ntawm Health Net ua ntej yuav pab them nqi duav roos rau qee cov tshuaj muaj yees.
QL	Ciam Txwv Qhov Ntau	Qee cov tshuaj muaj yees tsuas raug pab them nqi duav roos rau qee qhov ciam txwv xwb.

<i>Lo lus sau luv</i>	<i>Ntsiab lus</i>	<i>Nws txhais tau li cas</i>
RX/OTC	Daim ntawv sau yuav tshuaj thiab OTC	Cov tshuaj muaj yees no raug tsim ua tau ob hom xws hom tshuaj muaj daim ntawv sau yuav tshuaj thiab hom tshuaj yuav sab nrauv los (OTC).
ST	Cov Qib Pib Kev Kho Mob	Hauv qee kis, koj yuav tsum xub sim qee cov tshuaj muaj yees ua ntej Health Net pab them nqi duav roos rau ib yam tshuaj muaj yees kho koj tus mob. Piv txwv, yog tau siv ob co tshuaj xws li Cov Tshuaj Muaj Yees A thiab Tshuaj Muaj Yees B kho qhov txheej txheem kev kho mob ntawm koj, Health Net yuav tsis pab them nqi duav roos rau hom Tshuaj Muaj Yees B tshwj tsis yog koj xub sim siv hom Tshuaj Muaj Yees A lawm.
SP	Lub Khw Muag Tshuaj Tshwj Xeeb	Cov tshuaj muaj yees no yog cov tshuaj muaj yees tshwj xeeb. Koj tsuas tau cov tshuaj muaj yees no los ntawm ib lub khw muag tshuaj xwb. Txhua yam tshuaj muaj daim ntawv sau yuav tshuaj yuav tsum raug sau ntawv yuav ntxiv los ntawm cov npe khw muag tshuaj tshwj xeeb.

Kuv yuav tshawb nrhiav ib yam tshuaj muaj yees rau hauv Daim Ntawv Npe Tshuaj Muaj Yees tau li cas?

Koj tuaj yeem siv qhov twj tshawb nrhiav los tshawb nrhiav ib yam tshuaj muaj yees. Tuaj yeem tshawb nrhiav pom cov tshuaj muaj yees raws li cov niam ntawv los sis raws qhov txheej txheem kev kho mob. Nws muaj peb txoj hau kev tshawb nrhiav yog koj yam tshuaj muaj yees raug pab them nqi duav roos.

Qhov Twj Siv Tshawb Nrhiav: Qhib Daim Ntawv Npe ntawm Cov Tshuaj Muaj Yees (PDF). Nias tuav cov ntaus ntawv “Control” (Ctrl) thiab “F”. Thaum tshwm sim kem tshawb nrhiav, ntaus lub npe ntawm koj yam tshuaj muaj yees nkag rau. Nias qhov ntaus ntawv “Enter”.

Daim Ntawv Teeb Xeeb Cov Niam Ntawv Raws Txheej Txheem: Daim ntawv teeb xeeb uas tso rau tom qab kawg ntawm daim ntawv PDF no sau cov npe tshuaj muaj yees uas nquag siv thiab cov tshuaj muaj npe lag luam los ntawm A txog Z. Kiag thaum koj tshawb nrhiav pom ib yam tshuaj muaj yees lub npe lawm, mus rau ntawm tus nab npawb nplooj ntawv teev tseg ntawm mus saib seb puas yog tshuaj muaj yees uas raug pab them nqi duav roos.

Hom Tshuaj Kho Mob: Cov tshuaj muaj yees raug muab faib tso ua ke raws hom tshuaj. Cov tshuaj no kuj raug muab faib tso ua ke raws hom tshuaj muaj yees uas muaj nyob rau hauv. Yog koj paub hom tshuaj ntawm koj cov tshuaj muaj yees uas muaj nyob rau hauv lawm, saib ntwm daim ntawv npe tshuaj mus tshawb nrhiav hom tshuaj ntawd. Dhau ntawd ces koj tuaj yeem mus saib koj cov tshuaj muaj yees uas nyob rau hom tshuaj ntawd.

Yuav tsis muaj ib yam tshuaj muaj yees nyob rau hauv daim ntawv npe tshuaj yog muab ib yam tshuaj muaj yees uas nquag siv tam rau ib cov tshuaj muaj npe lag luam. Tej zaum yuav tshawb nrhiav tsis pom ib yam tshuaj muaj yees yog nws tsis raug pab them nqi duav roos. Txawm tias yam tshuaj muaj yees no yuav muaj nyob rau ntawm daim ntawv npe tshuaj los xij, tsis txhais tau tias koj tus kws kho mob yuav sau yuav hom tshuaj muaj yees no los siv kho koj qhov txheej txheem kev kho mob.

Cov tshuaj muaj yees uas muaj npe tso rau hauv hom tshuaj no yog zoo li cas?

Ib yam tshuaj muaj yees raug sau npe raws cov niam ntawv ntawm nws hom tshuaj muaj npe thiab cov npe tshuaj nquag siv nyob hauv nws hom tshuaj thiab them tshuaj.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Cov npe tshuaj nquag siv tam rau hom tshuaj muaj npe ntawm tshuaj muaj yees yeej muaj nrog ua ke rau tom qab hom tshuaj muaj npe raug sau rau hauv ob txoj kab thaiv ua cov niam ntawv **tuab qis** thiab cov niam ntawv **vau**.

Piv Txwm Ntawm Yam Tshuaj Muaj Yees Uas Muaj Npe: EPOGEN (*epoetin alfa*)

Yig siv ib hom tshuaj uas nquag siv tam rau ib hom tshuaj muaj yees uas muaj npe nyob rau ntawm cov npe tshuaj thiab raug pab them nqi duav roos, hom tshuaj uas nquag siv no yuav raug sau faib tawm mus ntawm cov tshuaj muaj npe lag luam. Nws yuav raug sau ua cov niam ntawv **tuab qis** thiab cov niam ntawv **vau**.

Piv Txwm Hom Tshuaj Muaj Yees Uas Nquag Siv: *esomeprazole magnesium cap raug siv ntaug tus mob*

Yog ib yam tshuaj muaj yees uas nquag siv muaj muag raws li ib lub cim ua lag luam uas raug pov thaiv raws li hom tshuaj muaj npe, hom tshuaj muaj npe no yuav tsum raug sau ua txhua cov niam ntawv LOJ. Nws yuav tshwm sim tom qab sau hom tshuaj uas nquag siv tso rau hauv ob txoj kab thaiv. Nws raug sau ua tus niam ntawv me nrog rau thawj tus niam ntawv loj.

Piv Txwv Ntawm Cov Tshuaj Muaj Yees Uas Nquag Siv Muaj Muag Raws Ib Yam Tshuaj Muaj Npe: (Levothyroxine Sodium) LEVOXYL

Yog kuv yam tshuaj muaj yees tsis muaj nyob rau hauv Health Net Medi-Cal PDL yuav zoo li cas?

Yog koj cov tshuaj muaj yees tsis muaj nyob rau daim ntawv npe tshuaj muaj yees no, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-800-675-6110 thiab nug seb koj cov tshuaj muaj yees no puas yog yam raug pab them nqi duav roos. Yog koj cov tshuaj muaj yees tsis muaj nyob rau daim ntawv npe tshuaj no, koj tuaj yeem nug koj tus kws kho mob seb puas muaj ib yam tshuaj muaj yees nyob ntawm daim ntawv npe tshuaj no ntxim zoo ib yam nkaus li koj hom tshuaj. Yog koj tus kws kho mob xav siv ib yam tshuaj muaj yees uas tsis muaj nyob rau ntawm daim ntawv npe tshuaj no rau koj, koj tus kws kho mob tuaj yeem thov kom peb zam. Saib ntawm tshooj ntawv, “Kuv tuaj yeem tau txais kev zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?” yog xav paub ntau ntxiv.

Kuv puas tuaj yeem mus rau ntawm ib lub khw muag tshuaj?

Cov tswv cuab yuav tsum siv ib lub khw muag tshuaj uas sib koom hauj lwm ua ke. Cov khw muag tshuaj no tau cog lus nrog Health Net. Xav nrhiav ib ib lub khw muag tshuaj, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-800-675-6110. Koj kuj tuaj yeem mus saib hauv peb lub website rau ntawm www.healthnet.com.

Qee cov tshuaj muaj yeem tsuas raug pab them nqi duav roos thaum tuaj ntawm ib lub khw muag tshuaj tshwj xeeb xwb. Cov tshuaj muaj yeem tshwj xeeb uas raug siv los kho mob mus ntxiv los sis kho mob rau tej yam mob loj. Lawv yuav tsum tau ua tib zoo saib xyuas tshwj xeeb los sis muab kev cob qhia txog kev siv cov tshuaj no kom muaj kev nyab xeeb. Lub khw muag tshuaj tshwj xeeb yuav xa cov tshuaj muaj yeem no mus tom koj lub tsev, mus rau tom lub chaw ua hauj lwm, los sis mus rau ntawm ib qhov chaw nyob uas koj xaiv. Cov tshuaj muaj yeem tshwj xeeb no kuj raug xa mus rau tom koj tus kws kho mob lub chaw ua hauj lwm. Cov tshuaj muaj yeem tshwj xeeb uas muaj npe nyob hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yeem. Cov tshuaj muaj yeem uas tsis muaj nyob rau hauv lub khw muag tshuaj tshwj xeeb nyob hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yeem tuaj yeem tshawb nrhiav pom rau ntawm ib lub khw muag tshuaj hauv lub chaw koom hauj lwm ua ke.

Koj tuaj yeem thov kev zam rau kev yuav ib yam tshuaj tshwj xeeb rau ntawm ib lub khw muag tshuaj uas sib koom hauj lwm ua ke yog:

- Yuav ua li cas thaum hloov koj cov tshuaj muaj yeem lawm thiab koj yuav tsum tau yuav ntxiv yam tshuaj muaj yeem kiag tam sim no.
- Koj cov tshuaj muaj yeem los txog lig los sis ib txwm los txog lig.
- Koj xav siv ib yam tshuaj muaj yeem sai sai thiab koj tsis nkag siab tias yuav tau yam tshuaj muaj yeem no los ntawm lub khw muag tshuaj tshwj xeeb li cas.
- Koj muaj ib qho mob xwm txheej ceev thiab tsis tuaj yeem tos cov tshuaj muaj yeem los ntawm lub khw muag tshuaj tshwj xeeb.

Koj tsis tuaj yeem siv ib lub khw muag tshuaj tshwj xeeb, koj tuaj yeem thov kev zam thiaj tau txais koj txhua cov tshuaj muaj yeem rau ntawm ib lub khw muag tshuaj uas sib koom hauj lwm ua ke yog:

- Koj tsis muaj chaw nyob xa ntawv los sis yog koj nyob deb lawv yuav xa koj cov tshuaj muaj yeem tuaj rau koj.
- Koj tus kws kho mob lub tsev ua hauj lwm yuav muab cov tshuaj muaj yeem rau koj.
- Kev siv ib lub khw muag tshuaj tshwj xeeb yog ib qho nyuaj rau koj.

Yog koj xav tau kev zam, koj yuav tsum thov peb: Koj tus kws kho mob los sis koj lub khw muag tshuaj kuj yuav thov kev zam rau koj. Xav thov kom peb muab kev zam, hu rau Cov Kev Pab Cuam Rau Tswv Cuab ntawm Health Net rau ntawm 1-800-675-6110 (TTY: 711). Peb tuaj ntawm no txhua 24 teev hauv ib hnuv, xya hnuv hauv ib as thiv.

Puas muaj ciam txwv rau ntawm kuv cov tshuaj muaj yeem uas raug pab them nqi duav roos?

Qee cov tshuaj muaj yeem muaj ciam txwv txog kev pab them nqi duav roos. Cov ciam txwv no raug sau tseg rau hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yeem.

Puas muaj ciam txwv rau cov tshuaj muaj yees uas muaj kuab yeeb xyaws?

Tsis tas yuav tsum muab Kev Tso Cai Ua Ntej rau kev siv cov tshuaj muaj yees uas muaj kuab yeeb xyaws rau ib lub sij hawm luv. Koj tuaj yeem tau txais cov tshuaj muaj yees no rau hauv lub sij hawm 7 hnuv thaum koj tus kws kho mob txib yuav thawj zaug rau koj. Muaj ciam txwv qhov ntau rau txhua cov tshuaj muaj yees uas muaj kuab yeeb xyaws raws li Morphine Milligram Equivalents (MME). Koj yuav tsum tau kev tso cai ua ntej yog koj xav siv cov tshuaj no ntev dua 7 hnuv. Yuav tsis siv tus ciam txwv no yog tias koj tseem raug kho tus kab mob khees xaws los sis kab mob keeb ntshav sickle cell.

Kev Siv Morphine Milligram Equivalent (MME) Yog Li Cas?

Kev siv MME yog ib qho cuab yeej raug siv los saib xyuas kom koj noj cov tshuaj muaj yees uas muaj kuab xyeeb xyaw ntawd tau nyab xeeb. Qhov cuab yeej no pab ntsuas cov tshuaj muaj yees uas muaj kuab yeeb xyaw uas koj noj txhua hnuv. Tus ciam txwv qhia noj cov tshuaj muaj yees uas muaj kuab yeeb xyaw yog 90 MME rau hauv ib hnuv. Tus ciam txwv qhov ntau rau daim ntawv npe tshuaj muaj yees yog tsawg dua los sis ntau ib yam li 90 MME rau hauv ib hnuv. Koj tus kws kho mob yuav tau thov kev tso cai ua ntej yog koj xav noj cov tshuaj ntau dua 90 MME rau hauv ib hnuv. Yuav tsis siv tus ciam txwv no yog tias koj tseem raug kho tus kab mob khees xaws los sis kab mob keeb ntshav sickle cell.

Kuv tuaj yeem tau txais kev zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?

Koj tus kws kho mob tuaj yeem thov kev zam rau ntawm peb cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos.

- Yog koj tus kws kho mob tuaj yeem thov kom peb pab them tus nqi duav roos rau ib yam tshuaj muaj yees uas tsis muaj nyob rau ntawm daim ntawv npe tshuaj muaj yees no.
- Yog koj tus kws kho mob tuaj yeem thov kom peb zam rau cov ciam txwv ntawm ib yam tshuaj muaj yees. Piv txwv, yog ib yam tshuaj muaj yees twg raug txwv pub noj 1 ntsiav rau hauv ib hnuv, koj tus kws kho mob tuaj yeem thov kom peb pab them ntau ntxiv.

Xav thov kev zam, koj tus kws kho mob tuaj yeem xa (fev) daim ntawv thov muab kev tso cai ua ntej mus rau peb rau ntawm 1-800-977-8226. Tom qab peb tau txais koj daim ntawv thov, peb yuav txiav txim siab thiab ceeb toom rau koj tus kws kho mob rau hauv lub sij hawm 24 teev. Yog peb tsis kam lees daim ntawv thov, peb yuav xa ib tsab ntawv tuaj qhia rau koj thiab koj tus kws kho mob txog qhov yuav thov hais kom rov qab txiav txim dua tau li cas. Yog peb tsis teb daim ntawv thov rau hauv lub sij hawm 24 teev, txhais tau tias tau pom zoo txais daim ntawv thov lawm. Yog peb pom zoo ib yam tshuaj muaj yees rau koj, koj tuaj yeem tau txais yam tshuaj muaj yees no los ntawm Health Net Medi-Cal mus ntxiv raws li yam tshuaj muaj yees no tseem ntxim rau koj thiab koj tus kws kho mob xav kom koj siv yam tshuaj muaj yees no mus ntxiv.

Yog kuv yog ib tug tswv cuab tshiab yuav zoo li cas?

Yog tias koj yog ib tug tswv cuab tshiab rau hauv peb daim phiaj xwm, tej zaum koj yuav siv cov tshuaj muaj yees uas tsis muaj nyob rau ntawm peb daim ntawv npe tshuaj muaj yees. Koj kuj tuaj yeem siv ib yam tshuaj muaj yees uas nyobb rau hauv peb daim ntawv npe tshuaj muaj yees tau, tab sis tam sim no muaj hom tshuaj muaj yees no tsawg lawm. Koj yuav tsum tham nrog koj tus kws kho mob seb koj puas tuaj yeem hloov ib yam tshuaj muaj yees nyob rau daim ntawv npe tshuaj no. Koj tus kws kho mob yuav thov kom peb zam rau ib yam tshuaj muaj yees uas raug pab them nqi duav roos uas koj tseem tab tom siv ntawd. Saib ntawm tshooj ntawv, “Kuv tuaj yeem tau txais kev

zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?" yog xav paub ntau ntxiv.

Cov tshuaj muaj yees uas yuav sab nrauv los yog tshuaj dab tsi?

Cov tshuaj muaj yees uas yuav sab nrauv los (OTC) yog cov tshuaj muaj yees uas koj tuaj yeem yuav tau yam tsis tas muaj daim ntawv sau yuav tshuaj. Health Net Medi-Cal PDL pab them nqi duav roos rau cov tshuaj muaj yees OTC ib yam nkaus li cov tshuaj uas muaj nyob rau ntawm Lub Xeev Daim Ntawv Npe Tshuaj Muaj Yees ntawm Medi-Cal. Yog koj xav kom Health Net pab them cov nqi duav roos rau ib yam tshuaj muaj yees OTC uas muaj nyob rau ntawm daim ntawv npe tshuaj muaj yees, koj tus kws kho mob yuav tsum sau ib daim ntawv sau yuav tshuaj rau hom tshuaj muaj yees ntawd.

Cov tshuaj muaj npe lag luam puas raug pab them nqi duav roos?

Cov nyiaj pab ntawm koj lub khw muag tshuaj tsis pab them nqi duav roos rau cov tshuaj muaj npe lag luam thaum muaj ib yam tshuaj muaj yees uas nquag siv lawm. Yog tsis muaj ib yam tshuaj muaj yees uas nquag siv lawm ces tej zaum yuav pab them nqi duav roos rau yam tshuaj muaj npe lag luam ntawd. Koj tus kws kho mob kuj yuav thov kom pab them nqi duav roos rau ib yam tshuaj muaj npe lag luam yog nws xav tias yuav ntxim zoo rau koj.

Ib yam tshuaj muaj yees uas nquag siv yog dab tsi?

Ib yam tshuaj muaj yees uas nquag siv yeej muaj tib yam tshuaj siv tov uas ua hauj lwm tau zoo ib yam nkaus li cov tshuaj muaj npe lag luam. Cov tshuaj muaj yees uas nquag siv no yeej nyab xeeb thiab ntxim zoo.

Tus kws muag tshuaj puas muab ib yam tshuaj muaj yees uas nquag siv rau kuv yog tias muaj?

Muab. Lub khw muag tshuaj yuav muab ib yam tshuaj muaj yees uas nquag siv rau koj, tshwj tsis yog koj tus kws kho mob hais tias yuav tsum siv cov tshuaj muaj npe lag luam rau koj xwb.

Puas muaj kev cais los sis pab them cov nqi tshuaj muaj yees?

Cov tshuaj muaj yees uas raug cais

Health Net Medi-Cal PDL yeej zoo ib yam nkaus li Lub Xeev Daim Ntawv Npe Tshuaj Muaj Yees ntawm Medi-Cal. Hom tshuaj muaj yees nram qab no tsis raug pab them nqi duav roos thiab tsis muaj nyob rau ntawm PDL:

- Ntau hom tshuaj muaj zog
- Erectile los sis cov tshuaj muaj yees uas pab txhawb kev sib deev kom muaj zog tuaj
- Cov tshuaj muaj yees uas raug siv kom zoo nkauj los sis cog plaub hau
- Cov tshuaj muaj yees uas raug siv sim kho mob
- Cov tshuaj muaj yees uas raug siv los tswj kom txhob muaj me nyuam taus
- Cov tshuaj muaj yees OTC zoo hnoos thiab khaub thuas
- Cov tshuaj OTC acetaminophen rau cov neeg loj

Cov Tshuaj Muaj Yees Uas Raug Siv Los Tshawb Nrhiav Qhov Ntxim Ntawm Yam Tshuaj (Drug Efficacy Study and Implementation Drugs, DESI)

Cov tshuaj ntawm DESI thiab lwm cov tshuaj muaj yees uas tsis raug pab them nqi duav roos los ntawm Health Net Medi-Cal. Lub Chaw Tswj Khoom Noj thiab Tshuaj Muaj Yees tau hais kom tsim cov tshuaj no ntxim zoo tsawg dua. Tseem tsis tau muaj cov ntaub ntawv pov thawj qhia tau tias cov tshuaj muaj yees no muaj kev nyab xeeb thiab ntxim zoo.

Cov tshuaj muaj yees uas raug pab them nqi

Qee cov tshuaj muaj yees raug pab them nqi los ntawm Lub Chaw Ua Hauj Lwm ntsig txog Cov Kev Pab Cuam Saib Xyuas Kev Noj Qab Haus Huv (Department of Health Care Services). Qhov no txhais tau tias cov tshuaj muaj yees no raug pab them nqi duav roos los ntawm Medi-Cal qhov muaj nqi-rau-kev pab cuam. Hom tshuaj muaj yees nram qab no raug pab them nqi:

- Xaiv cov tshuaj muaj yees zoo rau mob puas hlwb
- Xaiv cov tshuaj muaj yees kho HIV KAB MOB EJ (AIDS)
- Xaiv cov tshuaj cawv, tshuaj kho kev haus tshuaj heroin, thiab cov tshuaj muaj yees kho mob
- Xaiv cov tshuaj muaj yees kho kab mob los ntshav tsis paub tu

California Children's Services yog dab tsi?

California Children's Services (CCS) yog ib qho kev pab txhawb hauv lub xeev rau cov me nyuam yaus (hnuv nyoog txog 21 xyoos) uas muaj tej yam teeb meem rau kev noj qab haus huv. Qee cov tshuaj muaj yees siv rau CCS raug pab them nqi duav roos rau cov teeb meem kev noj qab haus huv uas tsis raug pab them nqi duav roos los ntawm Health Net.

Tsuas yog cov kws kho mob raug pom zoo los ntawm CCS xwb thiaj li tuaj yeem txib yuav cov tshuaj muaj yees uas raug siv kho CCS thiab raug pab them nqi duav roos rau tej teeb meem kev noj qab haus huv. Cov tshuaj muaj yees no tsis raug pab them nqi duav roos los ntawm Health Net. Lub Khw Muag Tshuaj yuav tsum sau daim ntawv nqi CCS rau cov tshuaj muaj yees no. Yog koj koom nrog lub khw muag tshuaj thiab koj tsis nyob rau hauv CCS, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-800-675-6110. Cov Kev Pab Cuam Rau Tswv Cuab tuaj yeem pab koj tso npe nrog CCS. Lawv kuj pab kom koj tau txais koj cov tshuaj muaj yees kho rau qhov mob xwm txheej ceev.

Kuv puas tau txais cov tshuaj muaj yees los ntawm kuv tus kws kho mob los sis rau hauv kub tus kws kho mob lub tsev hauj lwm?

Qee cov tshuaj muaj yees uas raug muab rau koj los ntawm koj tus kws kho mob tej zaum raug pab them nqi duav roos raws li koj tus txiaj ntsig kho mob. Tej zaum koj tuaj yeem tau txais cov tshuaj muaj yees no los ntawm ib lub khw muag tshuaj. Koj tus kws kho mob kuj yuav muab cov tshuaj no rau koj thaum koj nyob hauv lub tsev kuaj mob. Peb yuav ua hauj lwm nrog koj tus kws kho mob los tshawb nrhiav txoj hau kev zoo tshaj plaws kom koj tau txais koj cov tshuaj muaj yees. Yog tias koj muaj lus nug txog cov tshuaj muaj yees no, thov hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-800-675-6110.

Cov ntsiab lus

Cov Tshuaj Muaj Npe Lag Luam: Yog ib yam tshuaj muaj yees uas muaj muag rau hauv ib lub chaw muag tshuaj ntiag tug, lub npe raug pov thaiv-raws li lub cim lag luam. Ib yam tshuaj muaj npe lag luam muaj npe nyob rau hauv tus qauv tshuaj no hauv txhua cov niam ntawv LOJ.

Thov Kev Zam: Yog ib qho kev thov pab them nyiaj rau ib cov tshuaj sau hauv daim ntawv yuav tshuaj. Yog ib tug neeg tso npe, nws tus neeg ua hauj lwm tam, los sis tus kws muab kev saib xyuas mob nkeeg xa ib daim ntawv thov zam kom pab them nyiaj rau ib cov tshuaj sau hauv daim ntawv yuav tshuaj, daim phiaj xwm kev kho mob yuav tsum pab them nyiaj rau cov tshuaj sau hauv daim ntawv yuav tshuaj thaum pom tias yuav tsum tau siv hom tshuaj muaj yees no kho mob rau tus neeg tso npe.

Tus qauv tshuaj: Yog hais txog Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv, yog ib daim ntawv npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj uas nyiam siv thiab muaj cai raug pab them nyiaj raws li daim phiaj xwm kev kho mob, thiab suav txog txhua tshuaj muaj yees uas raug pab them nqi duav roos raws li kis tus neeg mob sab nrauv cov txiaj ntsig ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm daim phiaj xwm kev kho mob.

Yam Tshuaj Nquag Siv: Yog ib yam tshuaj muaj yees uas siv tau zoo ib yam nkaus li hom tshuaj muaj npe lag luam, muaj kev nyab xeeb, muaj kuab tshuaj ntau, siv tshuaj li cas, ntxim zoo li cas, kev ntxim thiab kev nyiam siv. Ib yam tshuaj nquag siv yog muaj npe nyob rau daim ntawv npe tshuaj muaj yees uas raug sau ua cov niam ntawv *tuab* thiab cov niam ntawv *vau*.

Kev Tsim Nyog Kho Mob: Yog cov txiaj ntsig kev kho mob uas yuav tsum tau tshuaj xyuas tus mob, kho, los sis tiv thaiv tus mob los sis nws cov yeeb yam mob thiab yeej raug lees raws li cov qauv tshuaj kho mob lawm. Daim phiaj xwm ib txwm tsis pab them nyiaj rau cov txiaj ntsig kev kho mob uas tsis tsim nyog kho mob.

Tswv Cuab: Yog ib tug neeg tso npe rau hauv ib qho phiaj xwm kev kho mob uas muaj cai tau txais kev saib xyuas los ntawm daim phiaj xwm.

Tsis Yog-Tus Qauv Tshuaj Muaj Yees: Yog ib cov tshuaj sau hauv daim ntawv yuav tshuaj uas tsis muaj npe nyob rau Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv.

Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv: Kuj yog hais txog raws li yog Tus Qauv Tshuaj, yog cov npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj uas nyiam siv thiab muaj cai raug pab them nyiaj rau hauv ib qho phiaj xwm kev kho mob, thiab suav tag nrho tshuaj muaj yees uas raug pab them nqi duav roos rau tus neeg mob sab nrauv raws cov txiaj ntsig ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm qhov phiaj xwm kev kho mob.

Tus Kws Kho Mob Sau Ntawv Yuav Tshuaj: Yog ib tug kws kho mob uas muaj cai sau ib daim ntawv yuav tshuaj los kho mob rau ib tug tswv cuab qhov phiaj xwm kev kho mob.

Daim ntawv sau yuav tshuaj: Yog hais ntawm qhov ncauj, sau ntawv, los sis sau daim ntawv rau hauv electronic mus txib yuav tshuaj los ntawm ib tug kws kho mob sau ntawv yuav tshuaj rau ib tug tswv cuab tshwj xeeb uas muaj lub npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj, qhov ntau tsawg ntawm tshuaj muaj yees, hnub tsim tshuaj, lub npe thiab tej ntaub ntawv siv sib txuas lus ntawm tus kws kho mob sau ntawv yuav tshuaj, kos npe ntawm tus kho mob sau ntawv yuav tshuaj yog sau ntawv yuav tshuaj, thiab yog tau thov los ntawm tus tswv cuab, qhov txheej txheem kev kho mob los sis lub hom phiaj siv cov tshuaj muaj yees ntawd.

Cov Tshuaj Sau Hauv Daim Ntawv Yuav Tshuaj: Yog ib yam tshuaj muaj yees uas raug yuav los ntawm ib tug neeg tso npe tus kws kho mob sau ntawv yuav tshuaj thiab yuav tsum muaj daim ntawv sau yuav tshuaj raws li txoj cai lij choj.

Kev Tso Cai Ua Ntej: Yog ib daim phiaj xwm kev kho mob uas tus tswv cuab los sis tus tswv cuab tus kws kho mob sau ntawv yuav tshuaj tau kev tso cai daim phiaj xwm kev kho mob rau cov tshuaj sau hauv daim ntawv yuav tshuaj ua ntej daim phiaj xwm kev kho mob yuav pab them nyiaj rau yam tshuaj muaj yees no. Daim phiaj xwm kev kho mob yuav muab kev tso cai ua ntej thaum tsim nyog yuav kho mob rau tus tswv cuab los ntawm cov tshuaj muaj yees.

Ciam Txwv Qhov Ntau: Yog ib qho kev txwv txog kev siv tshuaj ntau tsawg los sis lwm cov kev txwv siv tshuaj ntau tsawg rau cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm ib qho phiaj xwm kev kho mob yuav pab them nyiaj rau ib lub sijhawm tshwj xeeb twg.

Cov Tshuaj Tshwj Xeeb: Cov Tshuaj Tshwj Xeeb muaj nrog tshuaj muaj yees uas raug siv biotechnology tsim ua, tshuaj muaj yees uas yuav tsum raug muag los ntawm ib lub khw muag tshuaj tshwj xeeb, tshuaj muaj yees uas yuav tsum muaj kev cob qhia tshwj xeeb rau cov neeg uas nyias siv rau nyias tus kheej, los sis tshuaj muaj yees uas yuav tsum nquag soj qab xyuas los ntawm ib lub khw muag tshuaj.

Cov Qib Pib Kev Kho Mob: Yog ib qho txheej txheem tshwj xeeb kev txib yuav cov tshuaj sau hauv daim ntawv yuav tshuaj sib txawv siv rau ib qho txheej txheem kev kho mob thiab tsim nyog yuav tau kho rau ib tug neeg mob tshwj xeeb. Tej zaum qhov phiaj xwm kev kho mob yuav kom tus tswv cuab sim ib yam tshuaj los sis ntau cov tshuaj muaj yees los kho qhov muaj mob ntawm tus tswv cuab ua ntej qhov phiaj xwm kev kho mob yuav pab them nyiaj rau ib yam tshuaj muaj yees tshwj xeeb raws li daim ntawv thov cov qib pib kev kho mob. Yog tus tswv cuab tus kws kho mob sau ntawv yuav tshuaj xa ib daim ntawv thov zam cov qib pib kev kho mob, qhov phiaj xwm kev kho mob yuav pub zam rau cov qib pib kev kho mob thaum raug raws li tus qauv raug pab.

Puas xav tau cov ntau ntawv ntxiv?

Yog xav paub ntau ntxiv txog cov txiaj ntsig ntawm koj lub khw muag tshuaj, thov saib koj Phau Ntawv Qhia Rau Tus Tswv Cuab los sis hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-800-675-6110.

Health Net Medi-Cal

선호 의약품 목록

Health Net Medi-Cal 선호 의약품 목록(Preferred Drug List, 이하 PDL)에는 Health Net 에서 보장하는 의약품이 수록되어 있습니다. 의약품 목록은 매달 최신 정보로 수정되며 변경될 수 있습니다. 최신 정보나 인쇄본을 얻으려면 1-800-675-6110 (TTY: 711)번으로 가입자 서비스에 연락해 주십시오.

최신 의약품 목록은 당사 웹 사이트

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. 에서 찾을 수 있습니다. 목록은 웹 사이트에서 기계가 읽을 수 있는 형식으로도 제공됩니다.

"Medi-Cal 의약품 목록"으로 가기

"Health Net Medi-Cal 의약품 목록" 링크를 이용하여 Health Net 에서 보장하는 의약품 목록을 확인해 주십시오.

이전 의약품 목록은 모두 파기하여 주십시오.

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Health Net 에 가입하신 것을 환영합니다.

Health Net Medi-Cal PDL 은 무엇입니까?

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Health Net Medi-Cal PDL 을 어떻게 이용할 수 있습니까?

본 책자의 끝에 있는 색인에서 의약품을 찾을 수 있습니다. 색인에는 의약품 목록에 있는 모든 의약품이 수록되어 있습니다. 유명 상표약과 복제약이 색인에 수록되어 있습니다. 의약품 옆에 해당 의약품을 찾을 수 있는 페이지 번호가 표시되어 있습니다.

아래 표에는 의약품 목록에 나올 수 있는 제한 사항에 대한 설명이 있습니다.

약어	용어	의미
AL	연령 제한(Age Limit)	일부 의약품은 특정 연령에 대해서만 보장됩니다.
CO	별도 관리(Carve Out)	해당 의약품은 보건 복지부에서 별도로 관리합니다. 해당 의약품은 Medi-Cal 행위별 수가제 프로그램으로 보장되며 약국에서 주 정부에 청구할 수 있음을 의미합니다.
F	처방집(Formulary)	해당 의약품은 의약품 목록에서 보장됩니다.
NF	비처방집 (Non-Formulary)	해당 의약품은 의약품 목록에서 보장되지 않습니다. 의사가 보장되지 않는 의약품이 귀하에게 필요하다고 생각할 경우, 예외 적용을 요청할 수 있습니다.
PA	사전 승인(Prior Authorization)	일부 의약품의 경우 보장되기 전에 의사가 Health Net 의 승인을 요청해야 합니다.

약어	용어	의미
QL	수량 제한(Quantity Limit)	일부 의약품은 특정 양만 보장됩니다.
RX/OTC	처방전 및 비처방(Prescription and OTC)	해당 의약품은 처방전 양식 및 비처방(OTC) 양식으로 만들어집니다.
ST	단계 치료(Step Therapy)	일부의 경우 Health Net 이 귀하의 건강 상태를 위해 다른 의약품을 보장하기 전에 귀하는 특정 의약품을 먼저 복용해 보셔야 합니다. 예를 들어, 의약품 A 와 의약품 B 가 귀하의 의료 상태를 치료하는 경우, 의약품 A 를 먼저 사용해 보시지 않으면 Health Net 은 의약품 B 를 보장하지 않을 수도 있습니다.
SP	특수 약국 프로그램(Specialty Pharmacy Program)	해당 의약품은 특수 의약품입니다. 해당 의약품은 특수 약국에서만 구할 수 있습니다. 모든 처방전은 기재된 특수 약국에서 조제해야 합니다.

의약품 목록에서 의약품을 어떻게 찾습니까?

검색 도구를 이용하여 의약품을 검색할 수 있습니다. 의약품은 알파벳 순서 또는 의료 상태로 찾을 수 있습니다. 해당 의약품의 보장 여부를 확인하는 방법에 세 가지가 있습니다.

검색 도구: 의약품 목록(PDF)을 엽니다. "Ctrl"과 "F" 단축키를 누릅니다. 검색 창이 나타나면 의약품 이름을 입력합니다. "Enter" 키를 누릅니다.

알파벳순 색인: PDF 끝에 있는 색인에는 A에서 Z까지의 복제약 및 유명 상표약의 이름이 수록되어 있습니다. 의약품 이름을 찾으면 기재된 페이지 번호로 가서 해당 의약품이 보장되는지 확인할 수 있습니다.

치료 범주: 의약품은 범주별로 나누어져 있습니다. 범주는 의약품이 속한 등급별로 나누어질 수도 있습니다. 의약품이 어느 범주에 속하는지 아는 경우 목록에서 해당 범주를 찾습니다. 그런 다음 해당 범주에서 의약품을 찾을 수 있습니다.

유명 상표약에 대한 동등 성분의 복제약이 제공되지 않을 경우 의약품은 목록에 없습니다. 의약품이 보장되지 않을 경우 의약품을 찾지 못할 수도 있습니다. 의약품이 의약품 목록에 있어도 의사가 귀하의 의료 상태에 대해 해당 의약품을 처방한다는 의미는 아닙니다.

의약품이 범주 목록에 어떻게 수록되어 있습니까?

의약품은 범주 및 등급에서 유명 상표 및 복제약 이름의 알파벳순으로 수록되어 있습니다.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

유명 상표약의 복제약 이름은 **굵은 소문자 이탤릭체**로 유명 상표 이름 뒤 괄호 안에 기재됩니다.

유명 상표약의 예: EPOGEN (*epoetin alfa*)

유명 상표약에 대한 동등 성분의 복제약이 목록에 있고 보장되는 경우, 복제약은 유명 상표약과 별도로 목록에 있습니다. 이 경우 **굵은 소문자 이탤릭체**로 표시됩니다.

복제약의 예: *esomeprazole magnesium cap delayed release*

복제약이 상표로 보호되는 유명 상표로 판매되는 경우, 해당 유명 상표는 모두 '대문자'로 목록에 기재됩니다. 괄호 안 복제약 이름 뒤에 나옵니다. 각 단어의 첫 글자는 대문자를 사용하고 나머지는 일반적인 글씨체로 기재됩니다.

유명 상표로 판매되는 복제약의 예: (Levothyroxine Sodium) LEVOXYL

의약품이 Health Net Medi-Cal PDL 에 없으면 어떻게 합니까?

의약품이 의약품 목록에 없는 경우 1-800-675-6110 번으로 가입자 서비스에 연락하여 의약품이 보장되는지 문의해 주십시오. 의약품이 목록에 없는 경우 동일한 효과가 있는 의약품이 목록에 있는지 의사에게 문의할 수 있습니다. 의사가 귀하에게 목록에 없는 의약품을 복용하기 원할 경우, 의사는 당사에 예외 적용을 요청할 수 있습니다. 자세한

내용은 "의약품 보장 규정에 대한 예외 적용을 어떻게 받을 수 있습니까?" 섹션을 참조해 주십시오.

모든 약국을 이용할 수 있습니까?

가입자는 소매 네트워크 내 약국을 이용해야 합니다. 이 약국들은 Health Net 과 계약을 맺었습니다. 약국을 찾으려면 1-800-675-6110 번으로 가입자 서비스에 문의해 주십시오. 또한 당사의 웹 사이트 www.healthnet.com 을 방문할 수 있습니다.

일부 의약품은 특수 약국에서 제공된 경우에만 보장됩니다. 특수 의약품은 지속적이거나 복합적인 상태를 치료하는 데 사용됩니다. 안전한 사용을 위해 특별한 취급 또는 교육이 필요할 수도 있습니다. 특수 약국은 집, 직장 또는 달리 지정된 주소로 의약품을 배송합니다. 특수 의약품은 의사의 진료실로 보내질 수도 있습니다. 특수 의약품은 의약품 목록의 요건/제한 열에 기재되어 있습니다. 의약품 목록의 요건/제한 열에 특수 약국이 기재되지 않은 의약품은 네트워크 내 모든 약국에서 조제될 수 있습니다.

다음과 같은 경우 소매 네트워크 약국에서 특수 의약품이 조제될 수 있도록 예외 적용을 요청할 수 있습니다.

- 의약품 복용 방법이 변경되었으며 지금 바로 해당 의약품을 조제해야 합니다.
- 의약품이 늦게 도착하거나 항상 늦게 도착합니다.
- 의약품이 긴급하게 필요하며 특수 약국에서 의약품을 구입하는 방법을 이해하지 못했습니다.
- 응급 상황에 처해 있으며 해당 의약품이 특수 약국에서 제공되기를 기다릴 수 없습니다.

특수 약국을 이용할 수 없을 때 다음과 같은 경우, 소매 네트워크 약국에서 모든 의약품을 처방받도록 예외 적용을 요청할 수 있습니다.

- 우편 주소가 없거나 우편으로 의약품을 받을 방법이 없습니다.
- 의사 진료실에서 의약품을 제공합니다.
- 특수 약국을 이용하는 것은 어렵습니다.

예외 적용이 필요한 경우 당사에 문의해야 합니다. 의사나 약국에서도 예외 적용을 요청할 수 있습니다. 예외 적용을 요청하려면 1-800-675-6110(TTY: 711)번으로 Health Net 가입자 서비스에 연락해 주십시오. 일주일 내내 하루 24시간 이용할 수 있습니다.

의약품 보장에 제한이 있습니까?

일부 의약품에는 보장에 제한이 있습니다. 이러한 제한은 의약품 목록의 요건/제한 열에 명시되어 있습니다.

오피오이드 진통제에는 제한이 있습니까?

대부분의 오피오이드 진통제의 단기 사용에는 사전 승인이 필요하지 않습니다. 의사가 처음 주문할 때 해당 의약품의 7일 복용량을 받으실 수 있습니다. 모르핀 밀리그램 등가물(Morphine Milligram Equivalents, 이하 MME)을 기준으로 한 모든 오피오이드 진통제에는 수량 제한이 있습니다. 7일을 초과하는 복용량이 필요한 경우 사전 승인이 필요할 수 있습니다. 암이나 검상 적혈구 치료를 받는 경우에는 해당 제한이 적용되지 않습니다.

모르핀 밀리그램 등가물(MME) 투약이란 무엇입니까?

MME 투약은 안전한 양의 오피오이드 진통제 복용을 위해 사용하는 방법입니다. 이 방법은 매일 복용하는 오피오이드 진통제의 양을 측정하는 데 도움이 됩니다. 대부분의 오피오이드 진통제에 대한 권장 제한은 하루 90 MME입니다. 의약품 목록의 수량 제한은 하루 90 MME 이하입니다. 필요한 복용량이 하루 90 MME를 초과할 경우, 의사가 사전 승인을 요청할 수 있습니다. 암이나 검상 적혈구 치료를 받는 경우에는 해당 제한이 적용되지 않습니다.

의약품 보장 규정에 대한 예외 적용을 어떻게 받을 수 있습니까?

의사는 의약품 보장에 대한 당사의 규정에 예외 적용을 요청할 수 있습니다.

- 의약품이 의약품 목록에 없는 경우, 의사는 의약품이 보장되도록 요청할 수 있습니다.
- 의사는 당사에 의약품 제한에 대한 예외 적용을 요청할 수 있습니다. 예를 들어 의약품을 하루에 1정으로 제한하는 경우, 의사는 더 많이 보장하도록 요청할 수 있습니다.

예외 적용을 요청하려면 의사가 1-800-977-8226 번으로 사전 승인 요청을 팩스로 보낼 수 있습니다. 당사는 요청을 받은 후 24시간 이내에 결정을 내리고 의사에게 통지합니다. 요청을 거부할 경우, 당사는 귀하와 귀하의 의사에게 서신을 보내고 이의 제기 방법을 알려줄 것입니다. 당사가 24시간 이내에 요청에 응답하지 않는 경우 요청이 승인됩니다. 의약품을 승인하는 경우 해당 의약품이 효과가 있고 의사가 계속 복용하기를 원하는 한, Health Net Medi-Cal 에서 해당 의약품을 계속해서 받을 수 있습니다.

신규 가입자의 경우 어떻게 적용됩니까?

당사 플랜의 신규 가입자인 경우, 당사의 의약품 목록에 없는 의약품을 복용 중일 수 있습니다. 또한, 당사의 의약품 목록에는 있지만, 해당 의약품에 제한이 있는 의약품을 복용 중일 수도 있습니다. 이 경우 목록에 있는 의약품으로 바꿀 수 있는지 의사에게 문의해야 합니다. 의사는 귀하가 복용하고 있는 의약품이 보장되도록 당사에 예외 적용을 요청할 수 있습니다. 자세한 내용은 "의약품 보장 규정에 대한 예외 적용을 어떻게 받을 수 있습니까?" 섹션을 참조해 주십시오.

비처방 의약품은 무엇입니까?

비처방(이하 OTC) 의약품은 처방전 없이 구입할 수 있는 의약품입니다.

Health Net Medi-Cal PDL 은 주 Medi-Cal 계약 의약품 목록에 있는 것과 같은 OTC 의약품을 보장합니다. Health Net 이 의약품 목록에 있는 OTC 의약품을 보장하기를 원할 경우, 의사가 해당 의약품에 대한 처방전을 작성해야 합니다.

유명 상표약은 보장됩니까?

복제약을 이용할 수 있으면 유명 상표약은 약국 혜택으로 보장되지 않습니다. 복제약을 이용할 수 없는 경우 유명 상표약이 보장될 수 있습니다. 의사가 유명 상표약이 귀하에게 가장 효과가 있다고 생각하는 경우, 의사가 당사에 유명 상표약을 보장하도록 요청할 수도 있습니다.

복제약은 무엇입니까?

복제약은 유명 상표약과 유효 성분이 같으며 동일한 방식으로 작용합니다. 복제약은 안전하고 효과적입니다.

복제약을 이용할 수 있는 경우 약사를 통해 복제약을 구할 수 있습니까?

예. 의사가 귀하에게 유명 상표약이 필요하다고 명시하지 않는 한 약국에서 귀하에게 복제약을 제공할 수 있습니다.

제외되거나 별도로 관리되는 의약품이 있습니까?

제외된 의약품

Health Net Medi-Cal PDL 은 주 Medi-Cal 계약 의약품 목록과 유사합니다. 다음 유형의 의약품은 보장 혜택 대상이 아니며 PDL 에 포함되지 않습니다.

- 종합 비타민
- 발기 또는 성 기능 장애 관련 의약품

- 미용 목적 또는 모발 성장에 사용되는 의약품
- 실험적이라고 간주되는 의약품
- 불임 치료에 사용되는 의약품
- OTC 기침 및 감기약
- OTC 성인 아세트아미노펜

의약품 효능 연구 및 시행 의약품(Drug Efficacy Study and Implementation Drugs, 이하 DESI) DESI 제품 및 기타 관련 의약품은 Health Net Medi-Cal 이 보장하지 않습니다. 식품 의약국은 해당 의약품을 효과적이지 않은 것으로 정의했습니다. 해당 의약품이 안전하고 효과적이라는 증거가 없습니다.

별도 관리 의약품

일부 의약품은 보건 복지부에서 별도로 관리합니다. 이는 해당 의약품이 Medi-Cal 행위별 수가제 프로그램으로 보장되는 것을 의미합니다. 다음과 같은 유형의 의약품이 별도로 관리됩니다.

- 선별된 정신과 의약품
- 선별된 HIV 에이즈 치료 의약품
- 선별된 알코올, 헤로인 해독 및 의존성 치료 의약품
- 선별된 혈우병 치료 의약품

캘리포니아 아동 서비스란 무엇입니까?

캘리포니아 아동 서비스(California Children's Services, 이하 CCS)는 특정 건강 문제가 있는 아동(21 세 이하)을 위한 주 프로그램입니다. CCS 가 다루는 건강 문제에 대한 일부 의약품은 Health Net 에서 보장하지 않습니다.

CCS 가 승인한 의사만 CCS 가 다루는 건강 문제를 치료하는 데 사용되는 의약품을 주문할 수 있습니다. 해당 의약품은 Health Net 에서 보장하지 않습니다. 약국은 해당 의약품에 대해 CCS 에 청구해야 합니다. 귀하가 약국에 있고 CCS 시스템에 속해 있지 않은 경우, 1-800-675-6110 번으로 가입자 서비스에 연락해 주십시오. 가입자 서비스에서 귀하가 CCS 에 등록하실 수 있도록 도와드릴 수 있습니다. 또한, 의약품을 응급으로 공급받도록 도와드릴 수도 있습니다.

의사나 진료실에서 받는 의약품은 어떻게 적용됩니까?

의사가 제공하는 일부 의약품은 귀하의 의료 혜택에 따라 보장될 수도 있습니다. 해당 의약품은 소매 약국에서 구입할 수 있습니다. 의사가 진료실에서 제공할 수도 있습니다. 당사는 해당 의약품을 가장 편리하게 공급받을 수 있도록 의사와 협력합니다. 해당 의약품에 대한 질문이 있는 경우, 1-800-675-6110 번으로 가입자 서비스에 연락해 주십시오.

정의

유명 상표약: 독점적이며 상표권으로 보호되는 이름으로 판매되는 의약품입니다. 유명 상표약은 본 처방집에 모두 '대문자'로 기재되어 있습니다.

예외 적용 요청: 처방약 보장에 대한 요청입니다. 가입자, 그의 피지명인 또는 처방 의료 공급자가 처방약 보장에 대한 예외 적용 요청을 제출하는 경우, 의약품이 가입자의 상태를 치료하는 데 의학적으로 필요하다고 판단될 때 건강 보험에서 해당 처방약을 보장해야 합니다

처방집: 선호 의약품 목록이라고도 하며 건강 보험에서 선호되어 사용되고 보장이 적용되는 처방약의 전체 목록이고 건강 보험의 외래 환자 처방약 혜택으로 보장되는 모든 의약품이 수록되어 있습니다.

복제약: 복용량, 안전성, 강도, 복용 방법, 품질, 효과 및 사용 목적에 있어서 유명 상표약과 동등한 의약품입니다. 복제약은 의약품 목록에 **굵은 이탤릭체** 소문자로 기재됩니다.

의학적 필요: 의료 상태 또는 증상을 진단, 치료 또는 예방하는 데 필요한 의료 혜택으로서 수용된 의학 표준을 충족하는 경우를 의미합니다. 일반적으로 플랜은 의학적으로 필요하지 않은 의료 혜택을 보장하지 않습니다.

가입자: 건강 보험에 가입하여 플랜의 서비스를 받을 자격이 있는 사람입니다.

비처방집 의약품: 선호 의약품 목록에 수록되지 않은 처방약입니다.

선호 의약품 목록: 처방집이라고도 하며 건강 보험에서 선호되어 사용되고 보장이 적용되는 처방약의 전체 목록이고 건강 보험의 외래 환자 처방약 혜택으로 보장되는 모든 의약품이 수록되어 있습니다.

처방 공급자: 건강 보험 가입자의 의료 상태를 치료하기 위해 처방전을 작성할 수 있도록 승인된 의료 공급자입니다.

처방전: 특정 가입자에 대한 처방 공급자의 구두, 서면 또는 전자 주문으로서 처방약의 이름, 처방약의 수량, 발행일, 처방 공급자의 이름 및 연락처 정보, 서면 처방전에 기재된 처방 공급자의 서명, 가입자 요청에 따라 기재된 해당 의약품 처방 대상의 의료 상태 또는 목적을 포함합니다.

처방약: 가입자의 처방약 공급자가 처방하고 해당 법률에 따라 처방전이 요구되는 의약품입니다.

사전 승인: 건강 보험이 의약품을 보장하기 전에 가입자 또는 가입자의 처방 공급자가 처방약에 대한 건강 보험의 승인을 받아야 한다는 건강 보험의 요건입니다. 건강 보험은 가입자가 해당 의약품을 구입하는 것이 의학적으로 필요한 경우 사전 승인을 허용해야 합니다.

수량 제한: 특정 기간 동안 건강 보험이 보장하는 처방약의 복용 횟수에 대한 제한 또는 수량에 대한 기타 제한입니다.

특수 의약품: 특수 의약품에는 생명 공학을 사용하여 만든 의약품, 특수 약국을 통해 공급되어야 하는 의약품, 자가 관리를 위한 특별 교육이 필요한 의약품 또는 약국의 정기적인 치료 모니터링이 필요한 의약품이 포함되어 있습니다.

단계 치료: 처한 의료 상태에 따라 특정 환자에게 의학적으로 적합한 처방약이 다르게 처방되는 순서를 지정하는 치료 과정입니다. 단계 치료 요청에 따라 건강 보험이 의료 상태에 대한 특정 약물을 보장하기 전에, 건강 보험은 가입자의 의료 상태를 치료하기 위해 가입자에게 하나 이상의 의약품을 먼저 복용해 보도록 요구할 수 있습니다. 가입자의 처방 공급자가 단계 치료 예외 적용에 대한 요청을 제출하는 경우, 건강 보험은 기준이 충족되면 단계 치료를 예외로 처리합니다.

자세한 정보를 원하십니까?

약국 혜택에 대한 자세한 내용은 가입자 안내서를 검토하거나 1-800-675-6110 번으로 가입자 서비스에 문의해 주십시오.

План *Health Net Medi-Cal*

Перечень предпочтительных лекарств

Принятый в плане Health Net Medi-Cal «Перечень предпочтительных лекарств» (Preferred Drug List, PDL) содержит лекарства, покрываемые планом Health Net. Перечень может меняться; обновляется ежемесячно. Для того чтобы получить самые последние сведения или заказать печатный экземпляр последней версии Перечня, позвоните в наш отдел обслуживания, телефон 1-800-675-6110 (TTY: 711).

Самая последняя версия Перечня есть на нашем сайте:

https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Кроме того, Перечень есть на сайте в виде файла, который можно читать на компьютере.

Перейдите на страницу «Перечень лекарств по программе Medi-Cal» (“Medi-Cal Drug List”)

Для того чтобы увидеть перечень лекарств, покрываемых планом Health Net, пройдите по ссылке «Перечень лекарств, покрываемых планом Health Net Medi-Cal» (“Health Net Medi-Cal Drug List”).

СТАРЫМИ ВЕРСИЯМИ ПЕРЕЧЕНЯ ПОКРЫВАЕМЫХ ЛЕКАРСТВ НЕ ПОЛЬЗУЙТЕСЬ



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Добро пожаловать в план Health Net

Что такое Перечень предпочтительных лекарств плана Health Net Medi-Cal (PDL)?

Перечень содержит названия лекарств, применяемых для лечения распространенных заболеваний. Для того чтобы решить, какие лекарства нужно включить в Перечень, регулярно собирается специальная группа врачей и фармацевтов. Из существующих и новых лекарств эта группа выбирает те, которые безопасны и действуют лучше всего. Перечень обновляется ежемесячно. Изменения могут касаться, например, лекарственных форм (т. е., например, продается лекарство в таблетках или капсулах) и ограничений на количество лекарства, которое можно приобрести за один раз. Кроме того, могут меняться различные требования, например, нужно ли заранее получать у плана разрешение на лечение лекарством, требуется ли поэтапное лечение и т. д. Наконец, лекарство может быть исключено из Перечня.

Как пользоваться Перечнем предпочтительных лекарств, принятым в плане Health Net Medi-Cal?

Найдите свое лекарство в алфавитном указателе (расположен в конце этой брошюры). В указателе приведены все лекарства, включенные в Перечень. Он содержит как патентованные лекарства (brand name drug), так и лекарства-дженерики (generic drug). Рядом с нужным вам лекарством приведен нужный вам номер страницы.

В следующей таблице перечислены ограничения, встречающиеся в Перечне.

Сокращение	Термин	Значение
AL	Возрастное ограничение (Age Limit)	Некоторые лекарства план покрывает только больным определенных возрастов.
CO	Покрывает не план (Carve Out)	Эти лекарства исключены Департаментом здравоохранения (Department of Health Care Services) из числа покрываемых планом. Их покрывает программа Medi-Cal Fee-for-Service (со сдельным покрытием); аптека выставляет счет штату (а не плану).
F	Входит в Перечень покрываемых лекарств (Formulary)	Это лекарство план покрывает.
NF	В Перечень покрываемых лекарств не входит (Non-Formulary)	Это лекарство план не покрывает. Если врач считает, что вам требуется такое лекарство, то он может попросить нас, чтобы мы покрывали его в порядке исключения.
PA	Разрешение (Prior Authorization)	Для того чтобы план Health Net покрывал это лекарство, врачу нужно заранее получить у плана разрешение на его применение.
QL	Количественное ограничение (Quantity Limit)	План покрывает только определенное количество некоторых лекарств.
RX/OTC	По рецепту или без рецепта (Prescription and OTC)	Лекарство производится как в форме, для которой требуется рецепт, так и в форме, для приобретения которой рецепт не требуется.

<i>Сокращение</i>	<i>Термин</i>	<i>Значение</i>
ST	Поэтапное лечение (Step Therapy)	Прежде чем план Health Net начнет покрывать это лекарство, нужно попробовать лечение другими лекарствами. Например, пусть лекарства А и Б применяются для лечения одной и той же болезни. План может потребовать, чтобы вы попробовали лекарство А, прежде чем он согласится покрывать лекарство Б.
SP	Программа специализированных аптек (Specialty Pharmacy Program)	Специальное лекарство можно приобрести только в специализированной аптеке. С рецептами на все такие лекарства нужно обращаться только в перечисленные специализированные аптеки.

Как найти лекарство в Перечне?

Поиск по файлу. Поиск по заболеванию или по алфавитному указателю. Выяснить, покрывается ли ваше лекарство, можно сделать тремя разными способами.

Поиск по файлу. Откройте Перечень (PDF-файл). Одновременно нажмите клавиши “Control” (Ctrl) и “F”. В поле поиска введите название лекарства. Нажмите клавишу «Ввод» (“Enter”).

Алфавитный указатель. Алфавитный указатель находится в конце PDF-файла. Он содержит названия всех включенных в Перечень дженериков (непатентованные лекарства) и патентованных лекарств в порядке от А до Z. Найдите название лекарства и перейдите на страницу, номер которой указан рядом с названием.

Терапевтическая категория. Лекарства сгруппированы по категориям. Категории, в свою очередь, могут быть сгруппированы по классам. Если вы знаете, к какой категории относится ваше лекарство, найдите нужную вам категорию. Затем в этой категории найдите само лекарство.

Лекарства в перечне не будет, если это патентованное лекарство, для которого не предлагается аналог-дженерик (непатентованное лекарство). Лекарство может отсутствовать, если для него нет страхового покрытия. Даже если лекарство в Перечне приведено, это не значит, что врач вам его выпишет для лечения вашей болезни.

Как лекарства приведены в перечне, организованном по терапевтическим категориям?

Внутри категорий и классов названия патентованных лекарств и непатентованные наименования приведены в алфавитном порядке.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Непатентованное наименование патентованного лекарства печатается *жирным курсивом строчными буквами* после названия патентованного лекарства.

Пример патентованного лекарства: EPOGEN (*epoetin alfa*)

Если у патентованного лекарства есть покрываемый аналог-дженерик, то название дженерика приведено отдельно и напечатано *жирным курсивом строчными буквами*.

Пример лекарства-дженерика: *esomeprazole magnesium cap delayed release*

Если дженерик продается под защищенным торговым наименованием патентованного лекарства, то в перечне будет патентованное наименование, напечатанное прописными буквами. Оно приводится после помещенного в скобки непатентованного наименования, напечатанного обычным шрифтом (все слова с прописной буквы).

Пример дженерика, продающегося под патентованным наименованием: (Levothyroxine Sodium) LEVOXYL

Что делать, если вашего лекарства в Перечне нет?

Если лекарство не включено в Перечень, позвоните в отдел обслуживания, телефон 1-800-675-6110. Спросите, можно ли получить страховое покрытие. Если лекарства в Перечне нет, можно спросить врача, есть ли там другое лекарство, действующее аналогично. Если врач считает, что вам требуется лекарство, отсутствующего в Перечне, то он может попросить, чтобы мы покрывали его в порядке исключения. Подробнее см. в разделе “Как воспользоваться исключением из правил, регулирующих страховое покрытие лекарств?”.

Можно ли обращаться в любую аптеку?

Участники плана должны пользоваться розничными аптеками, сотрудничающими с планом. Эти аптеки заключили договор с планом Health Net. Для того чтобы найти аптеку, позвоните в отдел обслуживания, телефон 1-800-675-6110. Кроме того, можно воспользоваться нашим сайтом www.healthnet.com.

Некоторые лекарства план покрывает, только если они приобретены в специализированной аптеке. Специальные лекарства применяются для лечения хронических или сложных заболеваний. Кроме того, такие лекарства могут требовать специального обращения или особой подготовки для безопасного применения. Специализированная аптека присылает лекарства по почте. Она может присылать их вам домой, на работу или на другой указанный вами адрес. Кроме того, специальное лекарство аптека может присылать вашему врачу. В Перечне специальные лекарства отмечены в столбце «Требования/ограничения» (Requirements/Limits). Если в столбце «Требования/ограничения» рядом с названием лекарства не указано, что приобретать его можно только в специализированной аптеке, то такое лекарство можно получить в любой аптеке, сотрудничающей с планом.

О том, чтобы в порядке исключения приобрести специальное лекарство в обычной аптеке, сотрудничающей с планом, можно попросить в следующих случаях:

- У вас поменялся способ применения лекарства, а лекарство вам нужно получить срочно.
- Ожидается, что ваше лекарство прибудет или обычно прибывает поздно.

- Вам срочно требуется лекарство, но вы не понимаете, как его получить в специализированной аптеке.
- У вас экстренная ситуация. Вы не можете ждать, пока лекарство поступит из специализированной аптеки.

Если вы не можете пользоваться специализированной аптекой, то о том, чтобы в порядке исключения приобретать все свои лекарства в обычной аптеке, можно попросить в следующих случаях:

- У вас нет ни почтового адреса, ни возможности получать свои лекарства по почте.
- Лекарства вы получаете в кабинете врача.
- Вам трудно пользоваться специализированной аптекой.

Если вы хотите, чтобы для вас сделали исключение, нужно нас об этом попросить. Это можете сделать вы, ваш врач или ваша аптека. Для того чтобы попросить, чтобы для вас сделали исключение, позвоните в отдел обслуживания участников плана Health Net, телефон 1-800-675-6110 (TTY: 711). Линия работает круглосуточно и без выходных.

Существуют ли какие-то ограничения на страховое покрытие или количество лекарств?

На страховое покрытие некоторых лекарств ограничения существуют. В Перечне эти ограничения указаны в столбце «Требования/ограничения» (Requirements/Limits).

Существуют ли какие-то ограничения на страховое покрытие опиоидных болеутоляющих?

На краткосрочное применение большинства опиоидных болеутоляющих получать вначале разрешение не нужно. В первый раз врач может назначить вам такое лекарство на срок не более 7 дней. На все опиоидные болеутоляющие существуют количественные ограничения, основанные на их морфиновых миллиграмм-эквивалентах (Morphine Milligram Equivalent, ММЕ). На применение лекарства в течение более 7 дней бывает нужно заранее получить разрешение. Это ограничение не действует в случае больных раком или серповидноклеточной анемией.

Что такое морфиновый миллиграмм-эквивалент дозы (ММЕ)?

Морфиновый эквивалент (ММЕ) позволяет обеспечить безопасность дозы опиоидных болеутоляющих. Суточная доза измеряется в морфиновых эквивалентах. Для большинства опиоидных болеутоляющих максимальную дозу рекомендуется ограничивать 90 ММЕ в сутки. В Перечне указаны количественные ограничения на такие лекарства: предельные дозы составляют 90 ММЕ или меньше. Если вам требуется больше 90 ММЕ в сутки, вашему врачу нужно заранее обратиться к нам за соответствующим разрешением. Это ограничение не действует в случае больных раком или серповидноклеточной анемией.

Как воспользоваться исключением из правил, регулирующих страховое покрытие лекарств?

О том чтобы мы сделали для вас исключение из правил страхового покрытия лекарств, может попросить ваш врач.

- Он же может попросить, чтобы мы покрывали лекарство, не включенное в Перечень.
- Наконец, врач может попросить, чтобы мы сняли ограничение на страховое покрытие лекарства. Например, если мы покрываем не более 1 таблетки в сутки, врач может попросить, чтобы мы покрывали больше таблеток.

Для того чтобы мы сделали для вас исключение, нужно вначале получить наше разрешение. Соответствующую форму врач присылает нам факсом, телефонный номер 1-800-977-8226. Получив этот запрос, мы не позднее чем через 24 часа принимаем решение и сообщаем его врачу. Если мы отвечаем отказом, то присылаем вам и вашему врачу письмо, объясняющее, как подать апелляцию на наше решение. Если за 24 часа мы на запрос не ответим, то он будет удовлетворен. Если вы получили наше разрешение, то план Health Net Medi-Cal будет покрывать лекарство все время, пока оно вам помогает и ваш врач считает, что оно вам требуется.

Если вы стали участником плана недавно

Если вы стали участником нашего плана недавно, то, возможно, вы принимаете лекарство, которого в нашем Перечне нет или на страховое покрытие которого у нас наложены ограничения. В этом случае обсудите с врачом, можно ли поменять его на лекарство из Перечня. Кроме того, врач может попросить, чтобы мы покрывали ваше лекарство в порядке исключения. Подробнее см. в разделе “Как воспользоваться исключением из правил, регулирующих страховое покрытие лекарств?”.

Что такое лекарство, продающееся без рецепта?

На лекарства, продающиеся без рецепта (Over-the-counter, OTC), рецепт не нужен. В Перечень предпочтительных лекарств плана Health Net Medi-Cal входят как лекарства из принятого штатом перечня лекарств от контрактных поставщиков, составленного для программы Medi-Cal (State Medi-Cal List of Contract Drugs), так и лекарства, продающиеся без рецепта. Для того чтобы план Health Net покрывал вам лекарство, продающееся без рецепта, врач должен выписать вам рецепт.

Покрываются ли патентованные лекарства?

План не покрывает патентованные лекарства, у которых есть аналог-дженерик. Патентованное лекарство мы можем покрывать, если соответствующий дженерик недоступен. Кроме того, врач может попросить, чтобы мы покрывали патентованное лекарство, если, по его мнению, оно подходит вам больше, чем дженерик.

Что такое дженерик?

Лекарства-дженерики — это непатентованные лекарства. Они содержат те же активные компоненты, что и патентованные, и действуют точно так же. Дженерики безопасны и эффективны.

Если в аптеке есть лекарство-дженерик, мне выдадут его?

Да. Аптека может выдать вам дженерик. Она этого не сделает, только если ваш врач указал, что вам требуется именно патентованное лекарство.

Есть ли в Перечне лекарства, на которые нет страхового покрытия вообще, и те, на которые его нет по страховому плану (carve-out drug)?

Лекарства, на которые нет страхового покрытия вообще

Перечень предпочтительных лекарств плана Health Net Medi-Cal похож на принятый штатом перечень лекарств от контрактных поставщиков, составленный для программы Medi-Cal (State Medi-Cal List of Contract Drugs). Не покрываются и не включены в Перечень следующие типы лекарств:

- Поливитамины.
- Средства для лечения эректильных или половых нарушений.
- Лекарства, применяемые с косметической целью или для борьбы с облысением.
- Лекарства, которые считаются экспериментальными.
- Лекарства для лечения бесплодия.
- Продающиеся без рецепта лекарства от кашля и простуды.
- Продающийся без рецепта ацетаминофен (парацетамол) для взрослых.

Лекарства, не признанные по Программе изучения эффективности (Drug Efficacy Study and Implementation Drugs, DESI)

Товары и лекарства, эффективность которых не признана программой DESI, и связанные с ними лекарства план Health Net Medi-Cal не покрывает. Федеральное управление по контролю качества продуктов питания и лекарств (Food and Drug Administration, FDA) считает их неэффективными. Отсутствуют доказательства их безопасности и эффективности.

Лекарства, которые исключены из покрытия по медицинскому страховому плану.

Эти лекарства Департамент здравоохранения (Department of Health Care Services) исключил из числа покрываемых страховыми планами. Их покрывает программа Medi-Cal Fee-for-Service. К числу таких лекарств относятся следующие:

- Некоторые лекарства для лечения психиатрических нарушений.
- Некоторые лекарства для лечения ВИЧ и СПИД.
- Некоторые лекарства для снятия героиновой интоксикации и лечения наркотической зависимости.
- Некоторые лекарства для лечения гемофилии.

Что такое Программа медицинского обслуживания детей штата Калифорния (California Children’s Services, CCS)?

Программа медицинского обслуживания детей штата Калифорния (California Children’s Services, CCS) — это программа штата для людей младше 21 года, страдающих определенными заболеваниями. Некоторые лекарства, которые план Health Net не покрывает, покрывает программа CCS.

Если лечение заболевания покрывает программа CCS, то соответствующие лекарства могут выписывать только утвержденные этой программой врачи. План Health Net эти лекарства не покрывает. Счет за них аптека должна выставить программе CCS. Если вам нужно получить такое лекарство, но в системе программы CCS вас нет, позвоните в наш отдел обслуживания, телефон 1-800-675-6110. Наш сотрудник поможет вам зарегистрироваться в программе CCS. Кроме того, в экстренной ситуации вам помогут получить некоторое количество лекарства.

Лекарства, которые вы получаете у своего врача

Мы покрываем некоторые лекарства, которые вы получаете у своего врача. У вас может быть возможность получать их в обычной розничной аптеке. Кроме того, такие лекарства вам могут выдавать в кабинете врача. Вместе с вашим врачом мы решим, где именно вам лучше их приобретать. С вопросами о таких лекарствах обращайтесь в наш отдел обслуживания, телефон 1-800-675-6110.

Определения

Патентованное лекарство (Brand name drug). Лекарство, продающееся под торговым наименованием, защищенным патентом. В Перечне названия таких лекарств напечатаны **ПРОПИСНЫМИ** буквами.

Запрос страховое покрытие (Exception Request). Это просьба о страховом покрытии лекарства по рецепту (может включать просьбу о снятии определенных ограничений на страховое покрытие). Если участник плана, его представитель или медик, назначивший лекарство, обращается в план с таким запросом, план должен покрывать запрошенное лекарство, если решено, что оно требуется для лечения болезни участника плана.

Перечень покрываемых лекарств (Formulary). Другое название «Перечень предпочтительных лекарств» (Preferred Drug List). Это полный перечень покрываемых планом лекарств по рецепту, которые предпочтительно использовать. Перечень содержит все покрываемые планом лекарства по рецепту, предназначенные для лечения на дому.

Лекарство-дженерик (Generic drug). Лекарство, которое содержит те же ингредиенты, что и патентованное; применяется в тех же дозах; действует применяется так же; имеет такое же качество и назначается по тем же показаниям. В Перечне названия дженериков напечатаны **жирным курсивом строчными буквами**.

По медицинским показаниям (Medically necessary). Это значит, что покрываемое обслуживание или лекарство необходимо для диагностики, лечения или предупреждения болезни или симптомов и отвечает требованиям общепринятых медицинских стандартов. Медицинские страховые планы обычно не покрывают лекарства и услуги, для которых нет медицинских показаний.

Участник плана (Member). Человек, включенный в медицинский страховой план и имеющий право получать предоставляемое планом обслуживание.

Лекарство, которое не входит в Перечень покрываемых лекарств (Non-Formulary Drug). Лекарство по рецепту, которое не включено в Перечень предпочтительных лекарств.

Перечень предпочтительных лекарств. Другое название «Перечень покрываемых лекарств» (Formulary). Это полный перечень покрываемых планом лекарств по рецепту, которые предпочтительно использовать. Перечень содержит все покрываемые планом лекарства по рецепту, предназначенные для лечения на дому.

Медик, назначающий лекарство (Prescribing Provider). Медик, имеющий право выписывать рецепты на лекарства, необходимые участнику плана для лечения его заболевания.

Рецепт (Prescription). Устное, письменное или электронное назначение лекарства. Медик выписывает его конкретному участнику плана. Рецепт содержит название выписанного лекарства, назначенное количество этого лекарства, дату рецепта, имя и контактную информацию медика, назначившего лекарство, его подпись (если рецепт письменный) и (по просьбе больного) название болезни от которой лекарство выписано.

Лекарство по рецепту. Лекарство, которое участнику плана выписывает медик, назначающий лекарство. Такие лекарства можно приобрести только по рецепту, выданному в соответствии с применимым законодательством.

Разрешение (Prior Authorization). Для того чтобы медицинский страховой план покрывал лекарство по рецепту, участнику плана или назначившему лекарство медику нужно заранее получить разрешение плана на лечение этим лекарством. План дает такое разрешение, если лекарство необходимо участнику плана по медицинским показаниям.

Количественное ограничение (Quantity Limit). Ограничение числа доз или другое ограничение на количество лекарства по рецепту, покрываемое планом за определенный период времени.

Специальные лекарства (Specialty Drugs). К специальным лекарствам относятся биотехнологические препараты; лекарства, которые следует распространять через специализированные аптеки; лекарства, для применения которых требуется специальная подготовка и те, при лечении которыми аптеке нужно следить за ходом лечения.

Поэтапное лечение (Step Therapy). Процесс, в ходе которого больного последовательно пытаются лечить различными лекарствами по рецепту, показанными при его заболевании. Лекарства назначают в установленной последовательности. Прежде чем план начнет покрывать определенное лекарство, он может потребовать, чтобы участник плана вначале попробовал лечиться одним или несколькими лекарствами. Если медик, назначающий лекарство, обратится с просьбой в порядке исключения снять требование о поэтапном лечении, план удовлетворит эту просьбу, если ситуация участника плана отвечает определенным критериям.

Нужны дополнительные сведения?

Подробности о страховом покрытии ваших лекарств есть в вашем «Справочнике участника плана» (Member Handbook). Кроме того, можно позвонить в наш отдел обслуживания, телефон 1-800-675-6110.

Medi-Cal de Health Net

Lista de Medicamentos Preferidos

En la *Lista de Medicamentos Preferidos* (por sus siglas en inglés, *PDL*) de Medi-Cal de Health Net, se incluyen medicamentos cubiertos por Health Net. Esta lista se actualiza todos los meses y puede cambiar. Para obtener la información más actualizada o una copia impresa, comuníquese con el Departamento de Servicios al Afiliado al 1-800-675-6110 (TTY: 711).

Puede encontrar la *Lista de Medicamentos* más reciente en nuestro sitio web, en https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Allí también se encuentra disponible una versión en formato de lectura electrónica.

Vaya a “*Lista de Medicamentos* de Medi-Cal”.

Utilice el enlace “*Lista de Medicamentos* de Medi-Cal de Health Net” para ver la lista de los medicamentos cubiertos por Health Net.

DESECHE TODAS LAS VERSIONES ANTERIORES DE LA LISTA DE MEDICAMENTOS



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Bienvenido a Health Net

¿Qué es la PDL de Medi-Cal de Health Net?

Es una lista en la que se incluyen los medicamentos usados para tratar problemas de salud o enfermedades comunes. Un equipo de médicos y farmacéuticos se reúne periódicamente para decidir qué medicamentos deben incluirse en la lista. El equipo revisa los medicamentos nuevos y existentes, y elige los más eficaces y seguros. La *Lista de Medicamentos* se actualiza todos los meses. Los cambios pueden incluir la presentación de un medicamento (p. ej., tabletas o cápsulas) o si existe un límite para la cantidad de medicamento que puede surtirse en una sola vez. Los cambios también pueden ser para indicar si un medicamento requiere autorización previa o terapia escalonada, o si un medicamento deja de estar incluido en la lista.

¿Cómo uso la PDL de Medi-Cal de Health Net?

Busque el medicamento en el índice que está al final de este cuadernillo. En el índice, se enumeran todos los medicamentos de la lista, incluidos los de marca y los genéricos. Junto al nombre del medicamento, figura el número de página donde puede encontrarlo.

En la siguiente tabla, se describen los límites que pueden aparecer en la *Lista de Medicamentos*.

<i>Abreviatura</i>	<i>Término</i>	<i>Significado</i>
AL	Límite de edad	Algunos medicamentos solamente están cubiertos para personas de determinada edad.
CO	Exceptuado	Estos medicamentos han sido exceptuados desde el Departamento de Servicios de Atención Médica. Esto significa que los medicamentos están cubiertos por el Programa de Pago por Servicio de Medi-Cal, y la farmacia puede facturarlos al estado.
F	<i>Formulario</i>	Estos medicamentos están incluidos en la <i>Lista de Medicamentos</i> .
NF	Fuera del Formulario	Estos medicamentos no están incluidos en la <i>Lista de Medicamentos</i> . Su médico puede solicitarnos que hagamos una excepción si cree que usted necesita un medicamento que no está cubierto.
PA	Autorización Previa	El médico debe pedir la aprobación de Health Net antes de que se cubran algunos medicamentos.
QL	Límite de cantidad	Para algunos medicamentos, solo se cubre una cantidad específica.
RX/OTC	Con receta médica y de venta libre	Estos medicamentos están disponibles de las dos formas: con receta médica y de venta libre.
ST	Terapia escalonada	En algunos casos, debe probar determinados medicamentos antes de que en Health Net se cubra otro medicamento para su afección de salud. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que en Health Net no se cubra el medicamento B si usted no prueba primero el medicamento A.

<i>Abreviatura</i>	<i>Término</i>	<i>Significado</i>
SP	Programa de Farmacia Especializada	Estos son medicamentos especializados. Solo puede obtenerlos en farmacias especializadas. Todas las recetas médicas se deben surtir en las farmacias especializadas incluidas en la lista.

¿Cómo encuentro un medicamento en la *Lista de Medicamentos*?

Puede usar la herramienta de búsqueda para encontrar un medicamento. Los medicamentos pueden buscarse por orden alfabético o por afección médica. Hay tres maneras de averiguar si su medicamento está cubierto:

Herramienta de Búsqueda: Abra la *Lista de Medicamentos* (PDF). Presione las teclas “Control” (Ctrl) y “F”. Cuando aparezca el cuadro de búsqueda, escriba el nombre de su medicamento. Presione la tecla “Enter”.

Índice Alfabético: El índice al final del documento PDF incluye los nombres de los medicamentos genéricos y de marca de la “A” a la “Z”. Cuando encuentre el nombre de un medicamento, vaya a la página indicada para saber si el medicamento está cubierto.

Categoría Terapéutica: Los medicamentos se agrupan en categorías. Las categorías también pueden agruparse según la clase a la que pertenece el medicamento. Si sabe a qué categoría pertenece su medicamento, búsquela en la lista. Luego, puede buscar su medicamento en esa categoría.

No se incluirán en la lista los medicamentos que no tengan un equivalente genérico para el medicamento de marca. Los medicamentos que no estén cubiertos no se encontrarán en la lista. El hecho de que un medicamento esté incluido en la lista no significa que el médico se lo recetará para su afección médica.

¿Cómo figuran los medicamentos en la lista por categorías?

Los medicamentos se ordenan alfabéticamente por sus nombres de marca y genérico en la categoría y la clase correspondientes.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

El nombre genérico de un medicamento de marca se incluye después de la marca, entre paréntesis, con **minúscula**, en **negrita** y en *cursiva*.

Ejemplo de un Medicamento de Marca: EPOGEN (*epoetin alfa*)

Si un equivalente genérico para el medicamento de marca se incluye en la lista y está cubierto, figurará en la lista aparte del medicamento de marca. Estará escrito con **minúscula**, en *cursiva* y en **negrita**.

Ejemplo de un Medicamento Genérico: *esomeprazole magnesium cap delayed release*

Si un medicamento genérico se comercializa bajo una marca registrada, la marca figurará en la lista con MAYÚSCULAS en todas las letras. Se ubicará después del nombre genérico, que aparecerá entre paréntesis, sin formato y con mayúscula en la primera letra de cada palabra.

Ejemplo de un Medicamento Genérico Comercializado bajo una Marca: (Levothyroxine Sodium) LEVOXYL

¿Qué ocurre si mi medicamento no se encuentra en la PDL de Medi-Cal de Health Net?

Si el medicamento que necesita no está en la lista, comuníquese con el Departamento de Servicios al Afiliado al 1-800-675-6110 y pregunte si el medicamento está cubierto. Si el medicamento no se encuentra en la lista, pregúntele al médico si hay otro medicamento incluido en la lista que tenga los mismos efectos. Su médico puede solicitarnos que hagamos una excepción si quiere que usted tome un medicamento que no está en la lista. Consulte la sección “¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?” para obtener más información.

¿Puedo ir a cualquier farmacia?

Los afiliados deben ir a las farmacias de venta minorista de la red. Estas farmacias tienen contrato con Health Net. Para encontrar una farmacia, comuníquese con el Departamento de Servicios al Afiliado al 1-800-675-6110. También puede visitar nuestro sitio web, www.healthnet.com.

Algunos medicamentos solo están cubiertos cuando provienen de una farmacia especializada. Los medicamentos especializados se usan para tratar afecciones crónicas o complejas. Además, es posible que requieran manipulación o indicaciones especiales para garantizar que se administren de manera segura. Desde la farmacia especializada, se enviarán los medicamentos a su casa, a su lugar de trabajo o a otra dirección de preferencia. También podrán enviarse medicamentos especializados al consultorio de su médico. Estos medicamentos figuran en la columna “Requisitos/Límites” de la *Lista de Medicamentos*. Los medicamentos que no incluyan una farmacia especializada en la columna “Requisitos/Límites” de la *Lista de Medicamentos* podrán surtirse en cualquier farmacia de la red.

Puede solicitar una excepción para surtir un medicamento especializado en una farmacia de venta minorista de la red en los siguientes casos:

- Cambió la manera en que toma el medicamento, y necesita surtirlo ahora mismo.
- Su medicamento tardará en llegar o siempre tarda en llegar.
- Necesita un medicamento con urgencia y no entendió cómo obtenerlo en la farmacia especializada.
- Tiene una emergencia y no puede esperar a que el medicamento llegue de la farmacia especializada.

Si no puede obtener los servicios de una farmacia especializada, solicite una excepción para obtener todos los medicamentos en una farmacia de venta minorista de la red en los siguientes casos:

- No tiene una dirección postal ni otra manera de recibir los medicamentos por correo.
- Obtiene los medicamentos en el consultorio del médico.
- Le resulta complicado obtener los servicios de una farmacia especializada.

Si necesita una excepción, debe solicitárnosla. El médico o la farmacia también pueden hacerlo. Para solicitar una excepción, comuníquese con el Departamento de Servicios al Afiliado de Health Net al 1-800-675-6110 (TTY: 711). Estamos disponibles las 24 horas del día, los siete días de la semana.

¿Mi cobertura de medicamentos tiene límites?

Se aplican límites a la cobertura de algunos medicamentos. Estos límites se describen en la columna “Requisitos/Límites” de la *Lista de Medicamentos*.

¿Existe algún límite para los opioides que alivian el dolor?

No se requiere autorización previa para el uso a corto plazo de la mayoría de los opioides que alivian el dolor. Puede obtener un suministro para 7 días de estos medicamentos cuando el médico se los recete por primera vez. Se aplican límites de cantidad a todos los opioides que alivian el dolor en función de los miligramos equivalentes de morfina (por sus siglas en inglés, MME). Es probable que deba solicitar autorización previa si necesita un suministro para más de 7 días. Este límite no se aplicará si está recibiendo un tratamiento para el cáncer o la anemia falciforme.

¿Qué es la dosificación según los miligramos equivalentes de morfina?

La dosificación según los MME es una herramienta que se utiliza para garantizar que usted toma una dosis segura de opioides que alivian el dolor. Esta herramienta ayuda a medir la cantidad de opioides que alivian el dolor que toma por día. El límite recomendado para la mayoría de estos medicamentos es de 90 MME por día. Los límites de cantidad en la *Lista de Medicamentos* son de 90 MME, o una dosis menor, por día. El médico puede solicitar una autorización previa si usted necesita una dosis mayor de 90 MME por día. Este límite no se aplicará si está recibiendo un tratamiento para el cáncer o la anemia falciforme.

¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?

Su médico puede solicitar una excepción a nuestras reglas para la cobertura de medicamentos.

- Puede solicitarnos la cobertura de un medicamento que no está en la lista.
- Puede solicitarnos que hagamos una excepción a los límites de un medicamento.
Por ejemplo, si un medicamento está sujeto a un límite de 1 tableta por día, el médico puede solicitar que amplíemos la cobertura.

Para pedir la excepción, el médico puede enviarnos una solicitud de autorización previa por fax al 1-800-977-8226. Tomaremos una decisión y se la comunicaremos a su médico dentro de las 24 horas de haber recibido la solicitud. Si la rechazamos, les enviaremos una carta a usted y a su médico, y les explicaremos cómo presentar una apelación. Si no respondemos dentro de las 24 horas, la solicitud será aprobada. Si aprobamos un medicamento, puede continuar obteniéndolo a través de Medi-Cal de Health Net tanto tiempo como sea efectivo para usted y el médico le indique que continúe tomándolo.

¿Qué ocurre si soy un nuevo afiliado?

Si se inscribió recientemente en nuestro plan, es posible que esté tomando medicamentos que no están en nuestra *Lista de Medicamentos*. También es posible que esté tomando un medicamento que está incluido en nuestra lista, pero con límites. Debe hablar con su médico para saber si puede comenzar a tomar un medicamento que está incluido en la lista. Es posible que su médico solicite una excepción para que brindemos cobertura del medicamento que está tomando. Consulte la

sección “¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?” para obtener más información.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre son los que se compran sin receta médica. En la *PDL* de Medi-Cal de Health Net, se incluyen medicamentos de venta libre como los que se encuentran en la *Lista de Medicamentos por Contrato* de Medi-Cal del estado. Si quiere que en Health Net se brinde cobertura para un medicamento de venta libre de la lista, el médico deberá recetarlos.

¿Los medicamentos de marca están cubiertos?

Su beneficio de farmacia no cubre medicamentos de marca cuando hay un medicamento genérico disponible. Puede brindarse cobertura para el medicamento de marca si no hay disponible un medicamento genérico. El médico también puede solicitarnos que brindemos cobertura para un medicamento de marca si considera que será mejor para usted.

¿Qué es un medicamento genérico?

Un medicamento genérico contiene el mismo ingrediente activo y produce los mismos efectos que el medicamento de marca. Los medicamentos genéricos son seguros y eficaces.

¿El farmacéutico me dará un medicamento genérico si hay uno disponible?

Sí. En la farmacia, le darán un medicamento genérico, salvo que el médico haya indicado que usted debe tomar el medicamento de marca.

¿Hay medicamentos excluidos o exceptuados?

Medicamentos excluidos

La *PDL* de Medi-Cal de Health Net es similar a la *Lista de Medicamentos por Contrato* de Medi-Cal del estado. Los siguientes tipos de medicamentos no son un beneficio cubierto y no están incluidos en la *PDL*:

- multivitaminas;
- medicamentos para la disfunción sexual o eréctil;
- medicamentos que se administran con fines cosméticos o para el crecimiento del cabello;
- medicamentos considerados experimentales;
- medicamentos para tratar la infertilidad;
- medicamentos de venta libre contra la tos y el resfrío;
- acetaminofén de venta libre para adultos.

Medicamentos del programa Implementación del Estudio de la Eficacia de los Medicamentos

Medi-Cal de Health Net no brinda cobertura para los productos del programa Implementación del Estudio de la Eficacia de los Medicamentos ni para otros medicamentos relacionados.

La Administración de Alimentos y Medicamentos los ha definido como menos que eficaces. No hay pruebas de que estos medicamentos sean seguros y eficaces.

Medicamentos exceptuados

Desde el Departamento de Servicios de Atención Médica, se han exceptuado algunos medicamentos. Esto significa que los medicamentos están cubiertos por el Programa de Pago por Servicio de Medi-Cal. Los siguientes tipos de medicamentos están exceptuados:

- determinados medicamentos para el tratamiento de problemas psiquiátricos;

- determinados medicamentos para el tratamiento del VIH o sida;
- determinados medicamentos para el tratamiento del alcoholismo, la desintoxicación de la heroína y el tratamiento por dependencia;
- determinados medicamentos para el tratamiento de la hemofilia.

¿Qué es Servicios para Niños de California?

Servicios para Niños de California (por sus siglas en inglés, CCS) es un programa estatal para los niños (hasta los 21 años) con ciertos problemas de salud. Algunos medicamentos para los problemas de salud cubiertos por CCS no están cubiertos por Health Net.

Solo los médicos aprobados por CCS pueden solicitar los medicamentos que se utilizan para tratar los problemas de salud cubiertos por CCS. Estos medicamentos no están cubiertos por Health Net. La farmacia debe facturar estos medicamentos a CCS. Si usted se encuentra en la farmacia y aún no figura en el sistema de CCS, comuníquese con el Departamento de Servicios al Afiliado al 1-800-675-6110. Desde el Departamento de Servicios al Afiliado pueden ayudarlo a inscribirse en CCS. También pueden ayudarlo a obtener un suministro de emergencia de su medicamento.

¿Qué ocurre con los medicamentos que recibo de mi médico o en el consultorio de mi médico?

Algunos medicamentos que le da el médico pueden estar cubiertos conforme a su beneficio médico. Puede obtenerlos en una farmacia de venta minorista. El médico también puede entregárselos en el consultorio. Hablaremos con su médico a fin de encontrar la manera más conveniente para usted de obtener estos medicamentos. Si tiene preguntas sobre estos medicamentos, llame al Departamento de Servicios al Afiliado al 1-800-675-6110.

Definiciones

Medicamento de Marca: Es un medicamento que se comercializa bajo una marca con registro de propiedad. En este *Formulario*, los medicamentos de marca figuran con MAYÚSCULAS en todas las letras.

Solicitud de Excepción: Es una solicitud de cobertura de un medicamento que requiere receta médica. Si una persona inscrita en el plan, la persona designada por ella o el proveedor de atención de salud que receta presentan una solicitud de excepción para la cobertura de un medicamento que requiere receta médica, el plan de salud debe brindar cobertura para el medicamento cuando se determine que este es medicamento necesario para tratar la afección de la persona inscrita.

Formulario: También denominado *Lista de Medicamentos Preferidos*. Es la lista completa de los medicamentos que requieren receta médica preferidos para el uso y elegibles para la cobertura conforme a un plan de salud. Incluye todos los medicamentos cubiertos conforme al beneficio de medicamentos que requieren receta médica para pacientes ambulatorios del plan de salud.

Medicamento Genérico: Es un medicamento idéntico al medicamento de marca, equivalente en dosis, seguridad, potencia, modo de administración, calidad, efecto y uso previsto. Los medicamentos genéricos se incluyen en la lista con minúscula, en **negrita** y en *cursiva*.

Medicamento Necesario: Son beneficios de atención de salud necesarios para diagnosticar, tratar o prevenir una afección médica o sus síntomas, que cumplen con las normas de medicina aceptadas. Por lo general, los planes no brindan cobertura para los beneficios de atención de salud que no son médicamente necesarios.

Afiliado: Es una persona inscrita en un plan de salud que tienen derecho a recibir servicios a través del plan.

Medicamento fuera del *Formulario*: Es un medicamento que requiere receta médica que no está incluido en la *Lista de Medicamentos Preferidos*.

Lista de Medicamentos Preferidos: También denominada *Formulario*. Es la lista completa de los medicamentos que requieren receta médica preferidos para el uso y elegibles para la cobertura conforme a un plan de salud. Incluye todos los medicamentos cubiertos conforme al beneficio de medicamentos que requieren receta médica para pacientes ambulatorios del plan de salud.

Proveedor que Receta: Es un proveedor de atención de salud autorizado a expedir una receta médica a un afiliado del plan de salud para tratar una afección médica.

Receta Médica: Es una orden oral, escrita o electrónica emitida por un proveedor que receta para un afiliado específico, en la que figuran el nombre y la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, su firma si es una receta escrita y, si el afiliado lo solicita, la afección médica o el propósito por los que se receta el medicamento.

Medicamento que Requiere Receta Médica: Es un medicamento que receta el proveedor de la persona inscrita y que requiere una receta médica conforme a la ley correspondiente.

Autorización Previa: Es un requisito del plan de salud conforme al cual el afiliado o el proveedor que receta deben obtener la autorización del plan para un medicamento que requiere receta médica antes de que este se cubra. El plan de salud otorgará la autorización previa cuando sea médicamente necesario para el afiliado obtener el medicamento.

Límite de Cantidad: Es una restricción sobre las dosis o cualquier otra limitación respecto de la cantidad de un medicamento que requiere receta médica que el plan de salud cubrirá durante un período específico.

Medicamentos Especializados: Los medicamentos especializados incluyen medicamentos que se fabrican con biotecnología, medicamentos que deben distribuirse a través de farmacias especializadas, medicamentos que requieren instrucciones especiales para su autoadministración o medicamentos que requieren el control de atención periódico de una farmacia.

Terapia Escalonada: Es un proceso que especifica la secuencia en que deben recetarse diferentes medicamentos que requieren receta médica para una afección específica y medicamento adecuados para un paciente en particular. El plan de salud puede exigir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de cubrir un medicamento en particular para dicha afección conforme a una solicitud de terapia escalonada. Si el proveedor que emite la receta del afiliado presenta una solicitud de excepción de la terapia escalonada, el plan de salud deberá otorgar dicha excepción, siempre que se cumpla con los criterios.

¿Necesita más información?

Si quiere obtener más información sobre sus beneficios de farmacia, revise el Manual del Afiliado o comuníquese con el Departamento de Servicios al Afiliado al 1-800-675-6110.

Health Net Medi-Cal

Listahan ng Piniling Gamot

Kasama sa Listahan ng Piniling Gamot (PDL) ng Health Net Medi-Cal ang mga gamot na saklaw ng Health Net. Ina-update kada buwan at maaaring mabago ang listahan ng gamot. Upang makuha ang pinakabagong impormasyon o ang isang naka-print na kopya, tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110 (TTY: 711).

Makikita ang pinakabagong listahan ng gamot sa aming website sa https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Available din ito sa aming web site sa format na kayang basahin ng computer.

Pumunta sa “Listahan ng Gamot ng Medi-Cal”

Gamitin ang link na “Listahan ng Gamot ng Health Net Medi-Cal” upang makita ang listahan ng mga gamot na saklaw ng Health Net.

PAKITAPON ANG LAHAT NG DATING BERSYON NG LISTAHAN NG GAMOT



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Welcome sa Health Net

Ano ang Health Net Medi-Cal PDL?

Kasama sa listahan ng gamot ang mga gamot na ginagamit upang gamutin ang mga karaniwang sakit o problema sa kalusugan. Regular na nagpupulong ang isang pangkat ng mga doktor at parmasyutiko upang pagpasyahan kung aling mga gamot ang dapat isama sa listahan ng gamot. Sinusuri ng pangkat ang mga kasalukuyan at bagong gamot, at pinipili ang mga gamot na pinakamabisa at ligtas. Ina-update ang listahan ng gamot na ito kada buwan. Maaaring kasama sa mga pagbabagong ito ang anyo ng gamot (ibig sabihin, kung tableta o kapsula) o kung may limitasyon ang isang gamot sa dami ng puwedeng makuha nang sabay-sabay. Maaaring kasama rin sa mga pagbabago ang kung kailangan ng paunang pahintulot o step therapy para sa isang gamot, o kung hindi na saklaw sa listahan ng gamot ang isang gamot.

Paano ko gagamitin ang Health Net Medi-Cal PDL?

Hanapin ang inyong gamot sa index sa dulo ng booklet na ito. Nakalista sa index ang lahat ng gamot sa listahan ng gamot. Nakalista sa index ang mga branded at generic na gamot. Sa tabi ng inyong gamot, makikita ninyo ang bilang ng pahina kung saan ninyo makikita ang inyong gamot.

May mga paglalarawan ang talahanayan sa ibaba tungkol sa mga limitasyong maaaring lumabas sa listahan ng gamot:

<i>Abbreviation</i>	<i>Termino</i>	<i>Ang ibig nitong sabihin</i>
AL	Limitasyon sa Edad	Ang ilang gamot ay nasasaklawan lang para sa ilang partikular na edad.
CO	Inalis	Inalis ng Departamento ng mga Serbisyo sa Pangangalagang Pangkalusugan ang mga gamot na ito. Ibig sabihin, sinasaklaw ang mga gamot na ito ng programang Fee-for-Service ng Medi-Cal at maaaring singilin ang mga ito ng parmasya sa Estado.
F	Pormularyo	Sinasaklaw ang mga gamot na ito sa Listahan ng Gamot.
NF	Hindi Pormularyo	Hindi sinasaklaw ang mga gamot na ito sa Listahan ng Gamot. Kung sa tingin ng inyong doktor ay kailangan ninyo ng gamot na hindi saklaw, maaari siyang humiling sa amin ng eksepsiyon.
PA	Paunang Pahintulot	Kailangang humingi ng inyong doktor ng pag-apruba mula sa Health Net bago masaklaw ang ilang gamot.
QL	Limitasyon sa Dami	May ilang partikular na dami lang ang sinasaklaw sa ilang gamot.
RX/OTC	Inirereseta at OTC	Ginagawa ang mga gamot na ito sa parehong anyong inirereseta at anyong Over-the-counter (OTC).
ST	Step Therapy	Sa ilang sitwasyon, kailangan muna ninyong subukan ang ilang partikular na gamot bago masaklaw ng Health Net ang ibang gamot para sa kondisyon ng inyong kalusugan. Halimbawa, kung ang Gamot A at Gamot B ay parehong gamot para sa inyong medikal na kondisyon, maaaring hindi saklawin ng Health Net ang Gamot B maliban kung susubukan muna ninyo ang Gamot A.

<i>Abbreviation</i>	<i>Termino</i>	<i>Ang ibig nitong sabihin</i>
SP	Programa sa Espesyalidad na Parmasya	Ang mga gamot na ito ay mga espesyalidad na gamot. Makukuha lang ninyo ang mga gamot na ito sa isang espesyalidad na parmasya. Kailangang kunin sa nakalistang espesyalidad na parmasya ang lahat ng reseta.

Paano ako maghahanap ng gamot sa Listahan ng Gamot?

Maaari kayong maghanap ng gamot sa pamamagitan ng paggamit sa tool para sa paghahanap. Makikita ang mga gamot nang naka-alphabetical order o ayon sa medikal na kondisyon. May tatlong paraan para malaman kung sinasaklaw ang inyong gamot.

Tool para sa Paghahanap: Buksan ang Listahan ng mga Gamot (PDF). Pindutin nang matagal ang “Control” (Ctrl) at “F” key. Kapag lumabas na ang box para sa paghahanap, i-type ang pangalan ng inyong gamot. Pindutin ang “Enter” key.

Alphabetical na Index: Nakalista sa index sa dulo ng PDF ang mga pangalan ng mga generic at branded na gamot mula A hanggang Z. Kapag may nahanap na kayong pangalan ng gamot, pumunta sa nakalistang bilang ng pahina upang alamin kung sinasaklaw ang gamot.

Therapeutic na Kategoriya: Nakapangkat ang mga gamot ayon sa mga kategoriya. Maaari ding ipangkat ang mga kategoriya ayon sa klaseng kinabibilangan ng gamot. Kung alam ninyo kung nasa aling kategoriya ang inyong gamot, tingnan ang listahan upang hanapin ang kategoriya. Pagkatapos ay maaari ninyong hanapin ang inyong gamot sa kategoryang iyon.

Hindi lalabas sa listahan ang isang gamot kung walang iniaalok na generic na katumbas para sa isang branded na gamot. Maaaring hindi makita ang isang gamot kung hindi ito saklaw. Kahit na nasa listahan ng gamot ang isang gamot, hindi ibig sabihin ay ireresta ng inyong doktor ang gamot para sa inyong medikal na kondisyon.

Paano inilista ang mga gamot sa nakakategoryang listahan?

Inilista ang isang gamot nang alphabetical ayon sa brand at generic na pangalan nito sa kategoriya at klase nito.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Ang generic na pangalan ng gamot para sa isang branded na gamot ay inilalagay pagkatapos ng pangalan ng brand sa loob ng panaklong sa mga titik na naka-**bold lowercase** at *italicized*.

Halimbawa ng Branded na Gamot: EPOGEN (*epoetin alfa*)

Kung nasa listahan at sinasaklaw ang isang generic na katumbas ng isang branded na gamot, inilalagay sa listahan ang generic na gamot bukod pa sa branded na gamot. Inilalagay ito gamit ang mga titik na naka-**bold lowercase** at *italicized*.

Halimbawa ng Generic na Gamot: *esomeprazole magnesium cap delayed release*

Kung mina-market ang isang generic na gamot gamit ang pangalan ng brand na protektado ng trademark, ilalagay sa MALALAKING titik ang pangalan ng brand sa listahan. Lalabas ito pagkatapos ng generic na pangalan sa loob ng panaklong. Ilalagay ito gamit ang regular na typeface nang naka-capitalize ang unang titik ng bawat salita.

Halimbawa ng Generic na Gamot na Mina-market Gamit ang Isang Pangalan ng Brand: (Levothyroxine Sodium) LEVOXYL

Paano kung wala sa Health Net Medi-Cal PDL ang aking gamot?

Kung wala sa listahan ng gamot ang inyong gamot, tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110 at tanungin kung sinasaklaw ang inyong gamot. Kung wala sa listahan ang inyong gamot, maaari ninyong tanungin ang inyong doktor kung may gamot sa listahan na may kaparehong bisa nito. Kung gusto ng inyong doktor ang isang gamot na wala sa listahan, maaaring humiling sa amin ang inyong doktor ng eksepsiyon. Tingnan ang seksiyong “Paano ako makakakuha ng eksepsiyon sa mga panuntunan para sa pagsaklaw sa gamot?” para sa higit pang impormasyon.

Maaari ba akong pumunta sa ibang parmasya?

Kailangang gumamit ng mga miyembro ng parmasyang nasa retail network. May kontrata sa Health Net ang mga parmasyang ito. Upang humanap ng parmasya, tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110. Maaari din ninyong bisitahin ang aming website sa www.healthnet.com.

Sinasaklaw lang ang ilang gamot kapag nanggaling ang mga ito sa isang espesyalidad na parmasya. Ginagamit ang mga espesyalidad na gamot upang gamutin ang mga kasalukuyan o kumplikadong kondisyon. Maaaring kailangan din ng mga ito ng espesyal na pangangasiwa o pagsasanay upang tiyakin ang ligtas na paggamit. Ang espesyalidad na parmasya ay magpapadala ng mga gamot sa inyong bahay, sa inyong trabaho, o sa iba pang address na pipiliin ninyo. Ang mga espesyalidad na gamot ay maaari ding ipadala sa tanggapan ng inyong doktor. Nakalista ang mga espesyalidad na gamot sa column na Mga Kinakailangan/Limitasyon sa listahan ng gamot. Ang mga gamot na walang nakalistang espesyalidad na parmasya sa column na Mga Kinakailangan/Limitasyon sa listahan ng gamot ay maaaring kunin sa kahit anong parmasyang nasa network.

Maaari kayong humiling ng eksepsiyon upang kumuha ng espesyalidad na gamot sa isang parmasyang nasa retail network kung:

- Nagbago ang paraan kung paano ninyo ginagamit ang gamot at kailangan na ninyong makuha ang gamot ngayon.
- Maaantala ang pagdating ng inyong gamot o palaging atrasado ang pagdating nito.
- Agaran ang pangangailangan ninyo sa isang gamot at hindi ninyo maunawaan kung paano makuha ang gamot sa espesyalidad na parmasya.

- Mayroon kayong emergency at hindi na ninyo mahihintay ang gamot na manggagaling sa espesyalidad na parmasya.

Kung hindi kayo makakagamit ng espesyalidad na parmasya, maaari kayong humiling ng eksepsiyon upang makuha ang lahat ng inyong gamot sa isang parmasyang nasa retail network kung:

- Wala kayong address na mapapadalhan o paraan upang makuha ang inyong mga gamot sa pamamagitan ng koreo.
- Ibinibigay sa inyo ang mga gamot mula sa tanggapan ng inyong doktor.
- Nahihirapan kayong gamitin ang espesyalidad na parmasya.

Kung kailangan ninyo ng eksepsiyon, kailangan ninyo itong hilingin sa amin. Maaari ding humiling ng eksepsiyon ang inyong doktor o ang inyong parmasya. Upang humiling sa amin ng eksepsiyon, mangyaring tumawag sa Mga Serbisyo para sa Miyembro ng Health Net sa 1-800-675-6110 (TTY: 711). Available kami sa loob ng 24 na oras sa isang araw, pitong araw sa isang linggo.

May kahit ano bang limitasyon sa pagsaklaw ang aking gamot?

May limitasyon sa pagsaklaw ang ilang gamot. Nakatala ang mga limitasyong ito sa column na Mga Kinakailangan/Limitasyon sa listahan ng gamot.

May mga limitasyon ba sa mga gamot na opioid na panlaban sa pananakit?

Hindi kailangan ng Paunang Pahintulot para sa panandaliang paggamit sa karamihan ng gamot na opioid na panlaban sa pananakit. Makakakuha kayo ng supply na pang-7 araw ng mga gamot na ito sa unang pagkakataon na iatas sa inyo ng doktor ninyo ang mga ito. May mga limitasyon sa dami ang lahat ng gamot na opioid na panlaban sa pananakit batay sa Morphine Milligram Equivalents (MME). Maaaring kailanganin ninyo ng paunang pahintulot kung kailangan ninyo ng supply na para sa higit sa 7 araw. Hindi nalalapat ang limitasyong ito kung ginagamot kayo para sa cancer o sickle cell.

Ano ang Morphine Milligram Equivalent (MME) Dosing?

Ang MME dosing ay isang tool na ginagamit upang tiyaking magkakaroon kayo ng ligtas na dosis ng mga gamot na opioid na panlaban sa pananakit. Tumutulong ang tool na ito na sukatin ang dami ng gagamitin ninyong gamot na opioid na panlaban sa pananakit kada araw. Ang inirerekomandang limitasyon para sa karamihan ng gamot na opioid na panlaban sa pananakit ay 90 MME kada araw. Ang mga limitasyon sa dami na nakalagay sa listahan ng gamot ay mas kaunti o katumbas ng 90 MME kada araw. Maaaring humiling ang inyong doktor ng paunang pahintulot kung mas marami sa 90 MME kada araw ang kailangan ninyong dosis. Hindi nalalapat ang limitasyong ito kung ginagamot kayo para sa cancer o sickle cell.

Paano ako makakakuha ng eksepsiyon sa mga panuntunan para sa pagsaklaw sa gamot?

Maaaring humiling ang inyong doktor ng eksepsiyon sa aming mga panuntunan para sa pagsaklaw sa gamot.

- Maaaring hilingin ng inyong doktor na saklawin ang isang gamot kung wala ito sa listahan ng gamot.
- Maaaring humiling ang inyong doktor ng eksepsiyon sa mga limitasyon ng isang gamot. Halimbawa, kung may limitasyon ang isang gamot na 1 tableta kada araw, maaaring hilingin sa amin ng inyong doktor na dagdagan pa ang saklaw.

Upang humiling ng eksepsiyon, maaaring mag-fax sa amin ang inyong doktor ng kahilingan para sa paunang pahintulot sa 1-800-977-8226. Pagkatapos naming matanggap ang kahilingan, gagawa kami ng pasya at aabisuhan namin ang inyong doktor sa loob ng 24 na oras. Kung tatanggihan namin ang kahilingan, magpapadala kami sa inyo at sa inyong doktor ng liham at ipapaalam namin sa inyo ang paraan kung paano maghain ng apela. Kung hindi kami makatugon sa isang kahilingan sa loob ng 24 na oras, maaaprubahan ang kahilingan. Kung aaprubahan namin ang isang gamot para sa inyo, patuloy ninyong makukuha ang gamot sa Health Net Medi-Cal hangga't may bisa ang gamot sa inyo at gusto ng inyong doktor na patuloy ninyong gamitin ang gamot.

Paano kung bago akong miyembro?

Kung bago kayong miyembro ng aming plano, maaaring gumagamit kayo ng mga gamot na wala sa aming listahan ng gamot. Maaaring gumagamit din kayo ng gamot na nasa aming listahan ng gamot, ngunit may mga limitasyon na ito ngayon. Dapat kayong makipag-usap sa inyong doktor upang alamin kung maaari kayong lumipat sa ibang gamot na nasa listahan. Maaaring humiling ang inyong doktor ng eksepsiyon upang saklawin ang ginagamit ninyong gamot. Tingnan ang seksiyong “Paano ako makakakuha ng eksepsiyon sa mga panuntunan para sa pagsaklaw sa gamot?” para sa higit pang impormasyon.

Ano ang mga over-the-counter na gamot?

Ang mga over-the-counter (OTC) na gamot ay mga gamot na mabibili ninyo nang walang reseta. Sinasaklaw ng Health Net Medi-Cal PDL ang mga OTC na gamot gaya ng mga nasa Listahan ng mga Nakakontratang Gamot sa Medi-Cal ng Estado. Kung gusto ninyong saklawin ng Health Net ang isang OTC na gamot na nasa listahan ng gamot, kailangang magsulat ng inyong doktor ng reseta para sa gamot na iyon.

Sinasaklaw ba ang mga branded na gamot?

Hindi saklaw ng inyong benepisyong sa parmasya ang mga branded na gamot kapag may available na generic na gamot. Maaaring saklawin ang isang branded na gamot kung walang available na generic na gamot. Maaari ding hilingin sa amin ng inyong doktor na saklawin ang isang branded na gamot kung sa tingin niya ay ito ang pinakamabisa para sa inyo.

Ano ang generic na gamot?

Ang generic na gamot ay may kaparehong aktibong sangkap at may kaparehong bisa ng sa branded na gamot. Ligtas at mabisa ang mga generic na gamot.

Bibigyan ba ako ng parmasyutiko ng generic na gamot kung may available na ganito?

Oo. Maaari kayong bigyan ng parmasya ng generic na gamot maliban kung sabihin ng inyong doktor na ang branded na gamot ang talagang kailangan ninyo.

Mayroon bang kahit anong hindi kasali o inalis na gamot?

Mga hindi kasaling gamot

Ang Health Net Medi-Cal PDL ay katulad ng Listahan ng mga Nakakontratang Gamot sa Medi-Cal ng Estado. Ang mga sumusunod na uri ng gamot ay hindi saklaw na benepisyong at wala sa PDL:

- Multivitamins
- Mga gamot para sa pagpapatigas ng ari o seksuwal na dysfunction
- Mga gamot na ginagamit para sa pagpapaganda o pagpapatubo ng buhok
- Mga gamot na itinuturing na pang-eksperimento

- Mga gamot na ginagamit bilang panggamot sa pagkabaog
- Mga OTC na gamot sa ubo at sipon
- OTC na acetaminophen na para sa nasa hustong gulang

Drug Efficacy Study and Implementation Drugs (DESI)

Ang mga produktong DESI at iba pang kaugnay na gamot ay hindi saklaw ng Health Net Medi-Cal. Tinukoy ng Food and Drug Administration ang mga ito bilang hindi mabisa. Walang patunay na ang mga gamot na ito ay ligtas at mabisa.

Mga inalis na gamot

Inalis ng Departamento ng mga Serbisyo sa Pangangalagang Pangkalusugan ang ilang gamot. Ibig sabihin, saklaw ang mga gamot ng programang Fee-for-Service ng Medi-Cal. Inalis ang mga sumusunod na uri ng gamot:

- Mga piling psychiatric na gamot
- Mga piling gamot para sa HIV AIDS
- Mga piling gamot para sa pag-detoxify at paggamot sa pagkalulong sa alak at heroin
- Mga piling gamot para sa hemophilia

Ano ang Mga Serbisyo para sa mga Bata ng California?

Ang Mga Serbisyo para sa mga Bata ng California (CCS) ay isang programa ng estado para sa mga bata (na hanggang 21 taong gulang) na may ilang partikular na problema sa kalusugan. Ang ilang gamot para sa mga problema sa kalusugan na saklaw ng CCS ay hindi saklaw ng Health Net.

Ang mga doktor na inaprubahan lang ng CCS ang makakapag-atas ng mga gamot na ginagamit upang gamutin ang mga problema sa kalusugan na saklaw ng CCS. Hindi saklaw ng Health Net ang mga gamot na ito. Kailangang singilin ng Parmasya ang CCS para sa mga gamot na ito. Kung kayo ay nasa parmasya at wala kayo sa CCS system, tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110. Maaari kayong tulungan ng Mga Serbisyo para sa Miyembro na magpatala sa CCS. Maaari din silang tumulong sa inyo na makakuha ng pang-emergency na supply ng inyong gamot.

Paano ang mga gamot na nakukuha ko sa aking doktor o sa tanggapan ng aking doktor?

Ang ilang gamot na ibinibigay sa inyo ng doktor ninyo ay maaaring saklaw sa ilalim ng inyong medikal na benepisyo. Maaari ninyong makuha ang mga gamot na ito sa isang retail na parmasya. Maaari ding ibigay sa inyo ng doktor ninyo ang mga ito sa tanggapan. Makikipagtulungan kami sa inyong doktor upang malaman ang pinakamainam na paraan upang makuha ninyo ang mga gamot na ito. Kung may tanong kayo tungkol sa mga gamot na ito, mangyaring tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110.

Mga Kahulugan

Branded na Gamot: Isang gamot na mina-market gamit ang pangalang proprietary at protektado ng trademark. Ang branded na gamot ay nakalista sa pormularyong ito gamit ang MALALAKING titik.

Kahilingan sa Eksepsiyon: Isang kahilingan para sa pagsaklaw ng inireresetang gamot. Kung ang isang nakatala, ang kanyang itinalaga, o ang tagaresetang provider ng pangangalagang pangkalusugan ay magsusumite ng kahilingan sa eksepsiyon para sa pagsaklaw ng isang inireresetang gamot, kailangang saklawin ng planong pangkalusugan ang inireresetang gamot kapag napagpasyahan ang gamot bilang medikal na kinakailangan upang gamutin ang kondisyon ng nakatala.

Pormularyo: Itinuturing din bilang Listahan ng Piniling Gamot, ang kumpletong listahan ng mga inireresetang gamot na piniling gamitin at kuwalipikado para sa pagsaklaw ayon sa isang planong pangkalusugan, at kinabibilangan ng lahat ng gamot na saklaw ayon sa benepisyong sa inireresetang gamot ng outpatient ng planong pangkalusugan.

Generic na Gamot: Isang gamot na kapareho ng katumbas nitong branded na gamot pagdating sa dosis, kaligtasan, bisa, kung paano ito gamitin, kalidad, epekto at nilalayong gamit. Ang isang generic na gamot ay nakalista sa listahan ng gamot nang naka-**bold** at **italicized** na maliliit na titik.

Medikal na Kinakailangan: Ang mga benepisyong pangangalagang pangkalusugan na kailangan upang i-diagnose, gamutin, o pigilan ang isang medikal na kondisyon o ang mga sintomas nito, at nakakatugon sa mga tinatanggap na pamantayan sa medisina. Karaniwang hindi saklaw ng mga plano ang mga benepisyong pangangalagang pangkalusugan na hindi medikal na kinakailangan.

Miyembro: Isang taong nakatala sa isang planong pangkalusugan na kuwalipikadong tumanggap ng mga serbisyo mula sa plano.

Hindi Pormularyo na Gamot: Isang inireresetang gamot na hindi nakalista sa Listahan ng Piniling Gamot.

Listahan ng Piniling Gamot: Tinutukoy rin bilang Pormularyo, ang kumpletong listahan ng mga inireresetang gamot na piniling gamitin at kuwalipikado para sa pagsaklaw ayon sa isang planong pangkalusugan, at kinabibilangan ng lahat ng gamot na saklaw ayon sa benepisyong sa inireresetang gamot ng outpatient ng planong pangkalusugan.

Tagaresetang Provider: Isang provider ng pangangalagang pangkalusugan na awtorisadong magsulat ng reseta upang gamutin ang isang medikal na kondisyon para sa isang miyembro ng planong pangkalusugan.

Reseta: Isang binanggit, nakasulat o electronic na utos ng isang tagaresetang provider para sa isang partikular na miyembro kung saan kasama ang pangalan ng inireresetang gamot, dami ng inireresetang gamot, petsa ng pag-isyu, pangalan at impormasyon sa pakikipag-ugnayan ng tagaresetang provider, lagda ng tagaresetang provider kung nakasulat ang reseta, at kung hihilingin ng miyembro, ang medikal na kondisyon o layunin kung para saan inirereseta ang gamot.

Inireresetang Gamot: Isang gamot na inirereseta ng tagaresetang provider ng nagpatala at nangangailangan ng reseta ayon sa naaangkop na batas.

Paunang Pahintulot: Isang pangangailangan ng planong pangkalusugan na dapat makuha ng miyembro o ng tagaresetang provider ng miyembro, ang pahintulot mula sa planong pangkalusugan para sa isang inireresetang gamot bago masaklaw ng planong pangkalusugan ang gamot. Magbibigay ang planong pangkalusugan ng paunang pahintulot kapag medikal itong kinakailangan ng miyembro upang makuha ang gamot.

Limitasyon sa Dami: Isang paghihigpit sa bilang ng dosis o anupamang ibang limitasyon sa bilang ng inireresetang gamot na sasaklawin ng planong pangkalusugan sa loob ng partikular na yugto ng panahon.

Mga Espesyalidad na Gamot: Ang mga Espesyalidad na Gamot ay kinabibilangan ng mga gamot na ginagawa gamit ang biotechnology, mga gamot na kailangang ipamahagi sa pamamagitan ng espesyalidad na parmasya, mga gamot na nangangailangan ng espesyal na pagsasanay para magamit nang mag-isa, o mga gamot na nangangailangan ng regular na pagsubaybay sa pangangalaga ng isang parmasya.

Step Therapy: Isang prosesong tumutukoy sa pagkakasunod-sunod ng pagreseta sa iba't ibang inireresetang gamot para sa isang medikal na kondisyon at medikal na naaangkop para sa isang partikular na pasyente. Maaaring atasan ng planong pangkalusugan ang miyembro na sumubok ng isa o higit pang gamot upang gamutin ang medikal na kondisyon ng miyembro bago masaklaw ng planong pangkalusugan ang isang partikular na gamot para sa kondisyon alinsunod sa isang kahilingan sa step therapy. Kung ang tagaresetang provider ng miyembro ay magsusumite ng kahilingan para sa eksepsiyon sa step therapy, gagawa ang mga planong pangkalusugan ng mga eksepsiyon sa step therapy kapag natugunan ang mga pamantayan.

Kailangan ba ninyo ng higit pang impormasyon?

Para sa higit pang impormasyon tungkol sa inyong mga benepisyo sa parmasya, mangyaring suriin ang inyong Handbook ng Miyembro o tumawag sa Mga Serbisyo para sa Miyembro sa 1-800-675-6110.

Health Net Medi-Cal

Danh Sách Thuốc Ưu Tiên

Danh Sách Thuốc Ưu Tiên (Preferred Drug List, PDL) của Health Net Medi-Cal bao gồm các loại thuốc được Health Net đài thọ. Danh sách thuốc này được cập nhật mỗi tháng và có thể thay đổi. Để nhận được thông tin cập nhật nhất hoặc bản sao in trên giấy, vui lòng gọi điện thoại đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110 (TTY: 711).

Quý vị có thể tìm thấy danh sách thuốc mới nhất trên trang web của chúng tôi tại https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_shp.action. Danh sách này cũng có trên trang web của chúng tôi ở định dạng đọc được trên máy.

Truy cập “Danh Sách Thuốc Medi-Cal”

Sử dụng liên kết “Danh Sách Thuốc Health Net Medi-Cal” để xem danh sách các loại thuốc được Health Net đài thọ.

VUI LÒNG BỎ QUA TẤT CẢ CÁC PHIÊN BẢN TRƯỚC ĐÂY CỦA DANH SÁCH THUỐC NÀY



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Chào mừng quý vị đến với Health Net

Health Net Medi-Cal PDL là gì?

Danh sách thuốc này bao gồm các loại thuốc được sử dụng để điều trị các bệnh hoặc vấn đề sức khỏe thông thường. Nhóm bác sĩ và dược sĩ hợp thường xuyên để quyết định nên đưa loại thuốc nào vào danh sách thuốc. Nhóm xem xét các loại thuốc mới cập nhật và chọn loại thuốc phát huy tác dụng tốt nhất và an toàn. Danh sách thuốc này được cập nhật mỗi tháng. Những thay đổi này có thể bao gồm dạng thuốc (tức là viên nén hay viên nang) hoặc nếu một loại thuốc có giới hạn về số lượng mà quý vị chỉ có thể mua tại một thời điểm nào đó. Thay đổi cũng có thể được cập nhật nếu một loại thuốc nào đó cần phải có sự chấp thuận trước, trị liệu từng bước, hoặc một loại thuốc nào đó không còn nằm trong danh sách thuốc.

Tôi sử dụng Health Net Medi-Cal PDL bằng cách nào?

Tìm kiếm loại thuốc của quý vị trong chỉ mục ở phần cuối của tập sách này. Chỉ mục liệt kê tất cả các loại thuốc có trong danh sách thuốc. Biệt dược và thuốc gốc được liệt kê trong chỉ mục. Bên cạnh tên thuốc, quý vị sẽ nhìn thấy số trang để quý vị có thể tìm thấy thuốc của mình.

Bảng dưới đây mô tả về các giới hạn có thể xuất hiện trong danh sách thuốc:

<i>Từ viết tắt</i>	<i>Thuật ngữ</i>	<i>Ý nghĩa</i>
AL	Giới Hạn Độ Tuổi	Một số loại thuốc chỉ được đài thọ cho một số độ tuổi.
CO	Tách Biệt	Những loại thuốc này được Cơ Quan Dịch Vụ Chăm Sóc Sức Khỏe tách biệt. Điều này có nghĩa là các loại thuốc này được chương trình Trả Phí theo Dịch Vụ của Medi-Cal đài thọ và có thể được nhà thuốc lập hóa đơn cho Tiểu Bang.
F	Danh Mục Thuốc	Những loại thuốc này được bao gồm trong Danh Sách Thuốc.
NF	Không Thuộc Danh Mục Thuốc	Những loại thuốc này không được bao gồm trong Danh Sách Thuốc. Nếu bác sĩ của quý vị cảm thấy quý vị cần một loại thuốc nào đó mà không được đài thọ, họ có thể yêu cầu chúng tôi cung cấp trường hợp ngoại lệ.
PA	Sự Chấp Thuận Trước	Bác sĩ của quý vị phải yêu cầu Health Net chấp thuận trước khi một số loại thuốc sẽ được đài thọ.
QL	Giới Hạn Số Lượng	Một số loại thuốc chỉ được đài thọ ở một số lượng nhất định.
RX/OTC	Thuốc Theo Toa và Thuốc Không Theo Toa	Những loại thuốc này được cung cấp ở cả dạng thuốc theo toa và thuốc không theo toa (Over-the-counter, OTC).
ST	Trị Liệu Từng Bước	Trong một số trường hợp, trước tiên quý vị phải thử dùng một số loại thuốc trước khi Health Net đài thọ cho một loại thuốc khác để điều trị bệnh trạng của quý vị. Ví dụ: nếu cả Thuốc A và Thuốc B đều dùng để điều trị tình trạng y tế của quý vị, Health Net có thể không đài thọ cho Thuốc B trừ khi quý vị thử dùng Thuốc A trước.
SP	Chương Trình Nhà Thuốc Chuyên Khoa	Những loại thuốc này là thuốc chuyên khoa. Quý vị chỉ có thể nhận được những loại thuốc này từ một nhà thuốc chuyên khoa. Tất cả các thuốc theo toa phải được bán bởi nhà thuốc chuyên khoa có trong danh sách.

Tôi có thể tìm thấy một loại thuốc trong Danh Sách Thuốc bằng cách nào?

Quý vị có thể tìm kiếm một loại thuốc bằng cách sử dụng công cụ tìm kiếm. Quý vị có thể tìm kiếm thuốc theo thứ tự bảng chữ cái hoặc theo bệnh trạng. Có ba cách để tìm hiểu xem thuốc của quý vị có được đài thọ hay không.

Công Cụ Tìm Kiếm: Mở Danh Sách Thuốc (định dạng PDF). Nhấn và giữ phím “Control” (Ctrl) và “F”. Khi hộp tìm kiếm xuất hiện, nhập tên thuốc quý vị muốn tìm. Nhấn phím “Enter”.

Chỉ Mục Theo Thứ Tự Bảng Chữ Cái: Chỉ mục ở phần cuối bản PDF liệt kê tên của các loại thuốc gốc và biệt dược từ A đến Z. Sau khi quý vị tìm thấy tên thuốc, chuyển đến số trang được liệt kê để xem thuốc có được đài thọ hay không.

Hạng Mục Trị Liệu: Các loại thuốc được phân nhóm thành các hạng mục. Các hạng mục cũng có thể được phân nhóm theo loại thuốc. Nếu quý vị biết thuốc của quý vị thuộc hạng mục nào, vui lòng xem danh sách để tìm hạng mục. Sau đó quý vị có thể tìm loại thuốc của quý vị trong hạng mục đó.

Một loại thuốc sẽ không nằm trong danh sách nếu một loại thuốc gốc tương đương với biệt dược không được cung cấp. Quý vị có thể không tìm thấy một loại thuốc nào đó nếu thuốc đó không được đài thọ. Ngay cả khi một loại thuốc nằm trong danh sách thuốc nhưng điều đó không có nghĩa là bác sĩ của quý vị sẽ kê toa thuốc đó để điều trị bệnh trạng của quý vị.

Các loại thuốc được liệt kê trong danh sách theo hạng mục như thế nào?

Một loại thuốc được liệt kê theo thứ tự bảng chữ cái theo tên biệt dược và tên thuốc gốc trong hạng mục và loại thuốc.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Tên thuốc gốc của một loại biệt dược được đưa vào sau tên biệt dược trong ngoặc đơn bằng chữ cái thường **in đậm** và **in nghiêng**.

Ví Dụ về Biệt Dược: EPOGEN (*epoetin alfa*)

Nếu một loại thuốc gốc tương đương một loại biệt dược nằm trong danh sách và được đài thọ, thuốc gốc sẽ có trong danh sách ngoài biệt dược. Thuốc đó sẽ viết bằng chữ cái **thường in đậm** và **in nghiêng**.

Ví Dụ về Thuốc Gốc: viên nang *esomeprazole magnesium giải phóng chậm*

Nếu một loại thuốc gốc được bán trên thị trường dưới tên nhãn hiệu được bảo hộ thương hiệu, tên nhãn hiệu sẽ nằm trong danh sách được VIẾT IN HOA tất cả các chữ cái. Tên nhãn hiệu sẽ xuất hiện sau tên thuốc gốc trong ngoặc đơn. Tên nhãn hiệu sẽ có kiểu chữ thông thường viết hoa chữ cái đầu tiên của mỗi từ.

Ví Dụ về Thuốc Gốc Được Bán Trên Thị Trường Dưới Tên Nhãn Hiệu: (Levothyroxine Natri) LEVOXYL

Điều gì sẽ xảy ra nếu thuốc của tôi không có trong Health Net Medi-Cal PDL?

Nếu thuốc của quý vị không có trong danh sách thuốc, vui lòng gọi điện thoại đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110 và hỏi xem thuốc của quý vị có được đài thọ hay không. Nếu thuốc của quý vị không nằm trong danh sách, quý vị có thể hỏi bác sĩ xem có loại thuốc nào trong danh sách sẽ có tác dụng tương tự không. Nếu bác sĩ muốn quý vị dùng một loại thuốc không có trong danh sách, bác sĩ có thể yêu cầu chúng tôi cung cấp trường hợp ngoại lệ. Xem mục “Làm thế nào để tôi có thể có trường hợp ngoại lệ từ quy tắc đài thọ thuốc?” để biết thêm thông tin.

Tôi có thể đi đến bất kỳ nhà thuốc nào không?

Hội viên phải sử dụng một nhà thuốc trong mạng lưới bán lẻ. Những nhà thuốc này có hợp đồng với Health Net. Để tìm một nhà thuốc, vui lòng gọi điện thoại đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110. Quý vị cũng có thể truy cập trang web của chúng tôi tại www.healthnet.com.

Một số loại thuốc chỉ được đài thọ khi được mua từ một nhà thuốc chuyên khoa. Thuốc chuyên khoa được sử dụng để điều trị các bệnh trạng đang mắc hoặc phức tạp. Các loại thuốc này cũng có thể cần được xử lý đặc biệt hoặc đào tạo để đảm bảo sử dụng an toàn. Nhà thuốc chuyên khoa sẽ gửi thuốc qua đường bưu điện đến nhà, nơi làm việc của quý vị hoặc đến một địa chỉ khác theo lựa chọn của quý vị. Thuốc chuyên khoa cũng có thể được gửi đến văn phòng bác sĩ của quý vị. Thuốc chuyên khoa được liệt kê trong cột Yêu Cầu/Giới Hạn trong danh sách thuốc. Các loại thuốc không có nhà thuốc chuyên khoa được liệt kê trong cột Yêu Cầu/Giới Hạn trong danh sách thuốc có thể được mua tại bất kỳ nhà thuốc nào trong mạng lưới.

Quý vị có thể yêu cầu trường hợp ngoại lệ để mua thuốc chuyên khoa tại nhà thuốc trong mạng lưới bán lẻ nếu:

- Cách quý vị dùng thuốc đã thay đổi và quý vị cần phải mua thuốc ngay bây giờ.
- Thuốc của quý vị sẽ được giao đến muộn hoặc luôn luôn được giao đến muộn.
- Quý vị có nhu cầu khẩn cấp về thuốc và không biết cách nhận thuốc từ nhà thuốc chuyên khoa.
- Quý vị gặp trường hợp cấp cứu và không thể chờ thuốc được nhà thuốc chuyên khoa giao đến.

Nếu quý vị không thể sử dụng nhà thuốc chuyên khoa, quý vị có thể yêu cầu trường hợp ngoại lệ để mua tất cả các thuốc của quý vị tại nhà thuốc trong mạng lưới bán lẻ nếu:

- Quý vị không có địa chỉ nhận thư hoặc cách thức nhận thuốc qua đường bưu điện.
- Văn phòng bác sĩ của quý vị cung cấp thuốc cho quý vị.
- Việc sử dụng một nhà thuốc chuyên khoa là điều rất khó khăn đối với quý vị.

Nếu quý vị cần trường hợp ngoại lệ, quý vị phải hỏi chúng tôi. Bác sĩ hoặc nhà thuốc của quý vị cũng có thể yêu cầu trường hợp ngoại lệ. Để yêu cầu chúng tôi cung cấp trường hợp ngoại lệ, vui lòng gọi điện thoại đến Ban Dịch Vụ Hội Viên của Health Net theo số 1-800-675-6110 (TTY: 711). Chúng tôi phục vụ quý vị 24 giờ một ngày, bảy ngày một tuần.

Có bất kỳ giới hạn nào về khoản đài thọ thuốc của tôi không?

Một số loại thuốc có giới hạn về khoản đài thọ. Những giới hạn này được ghi chú trong cột Yêu Cầu/Giới Hạn trong danh sách thuốc.

Có giới hạn về thuốc giảm đau opioid không?

Không bắt buộc phải có Sự Chấp Thuận Trước để sử dụng hầu hết các loại thuốc giảm đau opioid trong thời gian ngắn. Quý vị có thể được cung cấp những loại thuốc này đủ dùng trong 7 ngày khi bác sĩ của quý vị chỉ định cho quý vị lần đầu tiên. Có giới hạn về số lượng của tất cả các thuốc giảm đau opioid dựa trên Định Lượng Moóc-phin Tương Đương theo Milligram (Morphine Milligram Equivalent, MME). Quý vị có thể cần được chấp thuận trước nếu quý vị cần được cung cấp nhiều hơn 7 ngày. Giới hạn này không được áp dụng nếu quý vị đang được điều trị ung thư hoặc bệnh tế bào hình liềm.

Định Lượng Moóc-phin Tương Đương theo Milligram (Morphine Milligram Equivalent, MME) là gì?

Định lượng MME là công cụ được sử dụng để đảm bảo quý vị dùng liều thuốc giảm đau opioid an toàn. Công cụ này giúp đo lường thuốc giảm đau opioid mà quý vị dùng mỗi ngày. Giới hạn được khuyến dùng cho hầu hết các loại thuốc giảm đau opioid là 90 MME mỗi ngày. Giới hạn số lượng trong danh sách thuốc ít hơn hoặc tương đương 90 MME mỗi ngày. Bác sĩ của quý vị có thể yêu cầu có sự chấp thuận trước nếu liều lượng quý vị cần nhiều hơn 90 MME mỗi ngày. Giới hạn này không được áp dụng nếu quý vị đang được điều trị ung thư hoặc bệnh tế bào hình liềm.

Tôi có thể có trường hợp ngoại lệ từ quy tắc đòi hỏi thuốc bằng cách nào?

Bác sĩ của quý vị có thể yêu cầu trường hợp ngoại lệ từ quy tắc đòi hỏi thuốc của chúng tôi.

- Bác sĩ của quý vị có thể yêu cầu chúng tôi đòi hỏi cho một loại thuốc nếu thuốc đó không nằm trong danh sách thuốc.
- Bác sĩ của quý vị có thể yêu cầu chúng tôi cung cấp trường hợp ngoại lệ đối với giới hạn của một loại thuốc. Ví dụ: nếu một loại thuốc có giới hạn là 1 viên nén mỗi ngày, bác sĩ của quý vị có thể yêu cầu chúng tôi đòi hỏi nhiều hơn.

Để yêu cầu trường hợp ngoại lệ, bác sĩ của quý vị có thể gửi yêu cầu chấp thuận trước cho chúng tôi bằng fax theo số 1-800-977-8226. Sau khi nhận được yêu cầu, chúng tôi sẽ đưa ra quyết định và thông báo cho bác sĩ của quý vị trong vòng 24 giờ. Nếu chúng tôi từ chối yêu cầu, chúng tôi sẽ gửi thư cho quý vị và bác sĩ của quý vị và cho quý vị biết cách nộp đơn kháng cáo. Nếu chúng tôi không phản hồi yêu cầu trong vòng 24 giờ, yêu cầu sẽ được phê duyệt. Nếu chúng tôi phê duyệt một loại thuốc cho quý vị, quý vị có thể tiếp tục nhận thuốc từ Health Net Medi-Cal miễn là loại thuốc đó có tác dụng với quý vị và bác sĩ của quý vị muốn quý vị tiếp tục dùng thuốc đó.

Nếu tôi là hội viên mới thì sao?

Nếu quý vị là hội viên mới trong chương trình của chúng tôi, quý vị có thể đang dùng các loại thuốc không nằm trong danh sách thuốc của chúng tôi. Quý vị cũng có thể đang dùng một loại thuốc nằm trong danh sách thuốc của chúng tôi nhưng loại thuốc này hiện đang bị giới hạn. Quý vị nên nói chuyện với bác sĩ của mình để xem liệu quý vị có thể đổi sang một loại thuốc trong danh sách được không. Bác sĩ của quý vị có thể yêu cầu chúng tôi cung cấp trường hợp ngoại lệ để đòi hỏi cho một loại thuốc quý vị đang dùng. Xem mục “Làm thế nào để tôi có thể có trường hợp ngoại lệ từ quy tắc đòi hỏi thuốc?” để biết thêm thông tin.

Thuốc không theo toa là gì?

Thuốc không theo toa (Over-the-counter, OTC) là các loại thuốc quý vị có thể mua mà không cần toa thuốc. Health Net Medi-Cal PDL chỉ đòi hỏi các loại thuốc OTC giống các loại thuốc có trong Danh Sách Thuốc Hợp Đồng Medi-Cal của Tiểu Bang. Nếu quý vị muốn Health Net đòi hỏi cho một loại thuốc OTC nằm trong danh sách thuốc, bác sĩ của quý vị phải kê toa cho loại thuốc đó.

Biệt dược có được đài thọ không?

Quyền lợi từ nhà thuốc của quý vị không đài thọ biệt dược khi có sẵn thuốc gốc. Một loại biệt dược có thể được đài thọ nếu không có sẵn thuốc gốc. Bác sĩ của quý vị cũng có thể yêu cầu chúng tôi đài thọ một loại biệt dược nếu bác sĩ cho rằng thuốc đó sẽ có tác dụng tốt nhất cho quý vị.

Thuốc gốc là gì?

Một loại thuốc gốc có cùng thành phần hoạt tính và có hiệu quả tương tự với biệt dược. Thuốc gốc an toàn và hiệu quả.

Dược sĩ sẽ cung cấp thuốc gốc cho tôi nếu có sẵn không?

Đúng. Nhà thuốc có thể cung cấp thuốc gốc cho quý vị trừ khi bác sĩ nói rằng quý vị phải có biệt dược.

Có bất kỳ loại thuốc nào bị loại trừ hoặc tách biệt không?

Thuốc bị loại trừ

Health Net Medi-Cal PDL tương tự như Danh Sách Thuốc Hợp Đồng Medi-Cal của Tiểu Bang. Các loại thuốc sau đây không phải là quyền lợi được đài thọ và không thuộc PDL:

- Vitamin tổng hợp
- Thuốc điều trị rối loạn cương dương hoặc tình dục
- Thuốc được sử dụng làm mỹ phẩm hoặc để mọc tóc
- Thuốc được xem là mang tính thử nghiệm
- Thuốc dùng để điều trị vô sinh
- Thuốc OTC điều trị ho và cảm lạnh
- Acetaminophen OTC dành cho người lớn

Thuốc trong Triển Khai và Nghiên Cứu Hiệu Quả Thuốc (Drug Efficacy Study and Implementation, DESI)

Các sản phẩm DESI và các loại thuốc liên quan khác không được Health Net Medi-Cal đài thọ.

Cục Quản Lý Thực Phẩm và Dược Phẩm đã xác định chúng kém hiệu quả. Không có bằng chứng về độ an toàn và hiệu quả của những loại thuốc này.

Tách biệt thuốc

Một số loại thuốc được Cơ Quan Dịch Vụ Chăm Sóc Sức Khỏe tách biệt. Điều này có nghĩa là các loại thuốc này được chương trình Trả Phí theo Dịch Vụ của Medi-Cal đài thọ. Những loại thuốc sau đây được tách biệt:

- Thuốc dành riêng để điều trị bệnh tâm thần
- Thuốc dành riêng để điều trị HIV AIDS
- Thuốc dành riêng để điều trị nghiện rượu, cai nghiện heroin và các tình trạng nghiện khác
- Thuốc dành riêng để điều trị bệnh ưa chảy máu

Chương Trình Dịch Vụ Trẻ Em California là gì?

Chương Trình Dịch Vụ Trẻ Em California (California Children's Services, CCS) là chương trình của tiểu bang dành cho trẻ em (đến 21 tuổi) điều trị một số vấn đề sức khỏe. Một số loại thuốc điều trị vấn đề sức khỏe được CCS đài thọ không được Health Net đài thọ.

Chỉ các bác sĩ được CCS phê duyệt mới có thể chỉ định các loại thuốc dùng để điều trị các vấn đề sức khỏe do CCS đòi hỏi. Những loại thuốc này không được Health Net đòi hỏi. Nhà Thuốc phải gửi hóa đơn cho CCS về những loại thuốc này. Nếu quý vị đang ở nhà thuốc và không thuộc hệ thống CCS, vui lòng gọi điện thoại đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110. Ban Dịch Vụ Hội Viên có thể giúp quý vị ghi danh vào CCS. Họ cũng có thể giúp quý vị được cung cấp thuốc trong trường hợp cấp cứu.

Còn về các thuốc tôi nhận được từ bác sĩ của tôi hoặc tại văn phòng bác sĩ của tôi?

Một số loại thuốc được bác sĩ của quý vị cấp cho quý vị có thể được đòi hỏi theo quyền lợi y tế của quý vị. Quý vị có thể có được những loại thuốc này từ một nhà thuốc bán lẻ. Bác sĩ của quý vị cũng có thể cung cấp thuốc cho quý vị tại văn phòng. Chúng tôi sẽ làm việc với bác sĩ của quý vị để tìm ra cách tốt nhất giúp quý vị có được những loại thuốc này. Nếu quý vị có thắc mắc về những loại thuốc này, vui lòng gọi đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110.

Định Nghĩa

Biệt Dược: Là loại thuốc được bán trên thị trường dưới tên độc quyền, được bảo hộ thương hiệu. Một loại biệt dược được liệt kê trong danh mục thuốc này được VIẾT IN HOA tất cả các chữ cái.

Yêu Cầu Trường Hợp Ngoại Lệ: Là yêu cầu đòi hỏi thuốc theo toa. Nếu một người ghi danh, người được chỉ định của họ, hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe kê toa nộp đơn yêu cầu trường hợp ngoại lệ về đòi hỏi thuốc theo toa, chương trình bảo hiểm y tế phải đòi hỏi cho thuốc theo toa khi thuốc được xác định là cần thiết về mặt y tế để điều trị bệnh trạng của người ghi danh.

Danh Mục Thuốc: Còn được gọi là Danh Sách Thuốc Ưu Tiên, là danh sách đầy đủ các loại thuốc theo toa được ưu tiên sử dụng và đủ điều kiện được đòi hỏi theo chương trình bảo hiểm y tế, và bao gồm tất cả các thuốc được đòi hỏi theo quyền lợi thuốc theo toa dành cho bệnh nhân ngoại trú của chương trình bảo hiểm y tế.

Thuốc Gốc: Là loại thuốc giống như biệt dược tương đương về liều lượng, độ an toàn, nồng độ, cách dùng, chất lượng, tác dụng và mục đích sử dụng. Thuốc gốc được liệt kê trong danh sách thuốc viết bằng chữ **in đậm** và **in nghiêng**.

Cần Thiết Về Mặt Y Tế: Là quyền lợi chăm sóc sức khỏe cần thiết để chẩn đoán, điều trị hoặc phòng ngừa bệnh trạng hoặc các triệu chứng và đáp ứng tiêu chuẩn thuốc được chấp nhận. Các chương trình thường không đòi hỏi cho các quyền lợi chăm sóc sức khỏe không cần thiết về mặt y tế.

Hội Viên: Là người ghi danh vào một chương trình bảo hiểm y tế có quyền nhận các dịch vụ từ chương trình.

Thuốc Không Thuộc Danh Mục Thuốc: Là thuốc theo toa không được liệt kê trong Danh Sách Thuốc Ưu Tiên.

Danh Sách Thuốc Ưu Tiên: Còn được gọi là Danh Mục Thuốc, là danh sách đầy đủ các loại thuốc theo toa được ưu tiên sử dụng và đủ điều kiện được đòi hỏi theo chương trình bảo hiểm y tế, và bao gồm tất cả các loại thuốc được đòi hỏi theo quyền lợi thuốc theo toa dành cho bệnh nhân ngoại trú của chương trình bảo hiểm y tế.

Nhà Cung Cấp Kê Toa: Là nhà cung cấp dịch vụ chăm sóc sức khỏe được ủy quyền kê toa thuốc để điều trị bệnh trạng cho hội viên trong chương trình bảo hiểm y tế.

Toa Thuốc: Là chỉ định bằng miệng, bằng văn bản hoặc định dạng điện tử của nhà cung cấp kê toa cho một hội viên cụ thể chứa tên thuốc theo toa, số lượng thuốc theo toa, ngày phát, tên và thông tin liên hệ của nhà cung cấp kê toa, chữ ký của nhà cung cấp kê toa nếu toa thuốc được lập thành văn bản, và nếu hội viên yêu cầu, bệnh trạng hoặc mục đích thuốc được kê toa.

Thuốc Theo Toa: Là một loại thuốc được kê toa bởi nhà cung cấp kê toa của người ghi danh và yêu cầu phải có toa thuốc tuân theo luật hiện hành.

Sự Chấp Thuận Trước: Là yêu cầu của chương trình bảo hiểm y tế mà hội viên hoặc nhà cung cấp kê toa của hội viên đó phải có sự chấp thuận của chương trình bảo hiểm y tế đối với một loại thuốc theo toa trước khi chương trình bảo hiểm y tế sẽ đài thọ cho thuốc đó. Chương trình bảo hiểm y tế sẽ chấp thuận trước khi cần thiết về mặt y tế để hội viên lấy thuốc.

Giới Hạn Số Lượng: Là hạn chế số lượng liều hoặc bất kỳ hạn chế nào khác về số lượng thuốc theo toa mà chương trình bảo hiểm y tế sẽ đài thọ trong khoảng thời gian cụ thể.

Thuốc Chuyên Khoa: Thuốc Chuyên Khoa bao gồm các loại thuốc được sản xuất bằng công nghệ sinh học, các thuốc phải được phân phối thông qua nhà thuốc chuyên khoa, các thuốc cần được hướng dẫn đặc biệt để tự dùng, hoặc các thuốc yêu cầu nhà thuốc theo dõi chăm sóc thường xuyên.

Trị Liệu Từng Bước: Là quá trình nêu rõ trình tự kê toa các loại thuốc theo toa khác nhau dùng để điều trị một bệnh trạng nhất định và phù hợp về mặt y tế đối với một bệnh nhân cụ thể. Chương trình bảo hiểm y tế có thể yêu cầu hội viên thử dùng một hoặc nhiều loại thuốc để điều trị bệnh trạng của hội viên trước khi chương trình bảo hiểm y tế sẽ đài thọ cho một loại thuốc cụ thể để điều trị bệnh trạng theo yêu cầu trị liệu từng bước. Nếu nhà cung cấp kê toa của hội viên nộp đơn yêu cầu trường hợp trị liệu từng bước ngoại lệ, các chương trình bảo hiểm y tế sẽ cung cấp trường hợp ngoại lệ đối với trị liệu từng bước khi đáp ứng các tiêu chí.

Quý vị cần thêm thông tin?

Để biết thêm thông tin về các quyền lợi của nhà thuốc, vui lòng xem lại Sổ Tay Hội Viên của quý vị hoặc gọi điện thoại đến Ban Dịch Vụ Hội Viên theo số 1-800-675-6110.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	F	QL(3 ea daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	F	
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	F	QL(1 ea daily)
<i>amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg,</i>	F	
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	F	
<i>dextroamphetamine sulfate tabs 10 mg</i>	F	QL(3 ea daily)
<i>dextroamphetamine sulfate tabs 5 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG <i>(lisdexamfetamine dimesylate)</i>	F	PA; QL(1 ea daily)
Analeptics		
<i>caffeine citrate soln</i>	F	QL(45 ml per fill retail)
Anorexiants Non-Amphetamine		
<i>benzphetamine hcl tabs 25 mg</i>	F	PA
<i>diethylpropion hcl tabs</i>	F	PA
<i>diethylpropion hcl tb24</i>	F	PA
LOMAIRA TABS <i>(phentermine hcl)</i>	F	PA
<i>phentermine hcl caps</i>	F	PA
<i>phentermine hcl tabs</i>	F	PA
QSYMIA CP24 <i>(phentermine hcl-topiramate)</i>	F	PA
Anti-Obesity Agents		
ALLI CAPS (<i>orlistat</i>)	F	PA
BELVIQ TABS <i>(lorcaserin hcl)</i>	F	PA
BELVIQ XR TB24 <i>(lorcaserin hcl)</i>	F	PA
CONTRAVE TB12 <i>(naltrexone hcl-bupropion hcl)</i>	F	PA
SAXENDA SOPN <i>(liraglutide (weight management))</i>	F	PA
XENICAL CAPS (<i>orlistat</i>)	F	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps</i>	F	
<i>clonidine hcl (adhd) tb12</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd) tb24</i>	F	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	F	PA
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg, 5 mg</i>	F	
<i>methylphenidate hcl tb24 18 mg, 27 mg</i>	F	QL(1 ea daily)
<i>methylphenidate hcl tb24 36 mg, 54 mg</i>	F	
<i>methylphenidate hcl tbcr 10 mg, 20 mg</i>	F	
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg</i>	F	QL(1 ea daily)
<i>methylphenidate hcl tbcr 36 mg</i>	F	QL(2 ea daily)
<i>modafinil tabs</i>	F	PA; QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP (<i>amikacin sulfate liposome</i>)	F	PA
<i>gentamicin in saline soln</i>	F	PA
KITABIS PAK NEBU (<i>tobramycin</i>)	F	PA; SP
<i>neomycin sulfate tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate caps</i>	F	QL(160 ea per fill retail)1 rti MAX fill,30 rti day(s) supply,
TOBI PODHALER CAPS (<i>tobramycin</i>)	F	AL(At least 21 yrs old); SP
<i>tobramycin nebu 300 mg/4ml</i>	F	AL(At least 21 yrs old)
<i>tobramycin nebu 300 mg/5ml</i>	F	PA; SP
<i>tobramycin sulfate soln</i>	F	PA
<i>tobramycin sulfate solr</i>	F	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
HUMIRA PEN PNKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
HUMIRA PEN-CD/UC/HS STARTER PNKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
HUMIRA PEN-PS/UV STARTER PNKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
HUMIRA PSKT (<i>adalimumab</i>)	F	PA; SP- AcariaHealth;S P
SIMPONI ARIA SOLN (<i>golimumab</i>)	F	PA; SP- AcariaHealth;S P
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 10 MG, 5 MG (<i>tofacitinib citrate</i>)	F	PA; SP- Acaria Health;SP
XELJANZ XR TB24 11 MG (<i>tofacitinib citrate</i>)	F	PA; SP- Acaria Health;SP

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22 MG (<i>tofacitinib citrate</i>)	F	PA; SP-AcariaHealth;S P
Antirheumatic Antimetabolites		
METHOTREXATE TABS (<i>methotrexate sodium</i> (<i>antirheumatic</i>))	F	
Gold Compounds		
RIDAURA CAPS (<i>auranofin</i>)	F	
Interleukin-1beta Blockers		
ILARIS SOLN (<i>canakinumab</i>)	F	PA; SP-AcariaHealth;S P
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	F	PA; SP-AcariaHealth;S P
KEVZARA SOAJ (<i>sarilumab</i>)	F	PA; SP-AcariaHealth
KEVZARA SOSY (<i>sarilumab</i>)	F	PA; SP-AcariaHealth
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Diclofenac Potassium) CATAFLAM TABS	F	

Drug Name	Drug Tier	Requirements/Limits
(Ibuprofen) ADDAPRIN, ADVIL JUNIOR STRENGTH, CVS IBUPROFEN, CVS IBUPROFEN IB, DYSPEL, EQ IBUPROFEN, EQL IBUPROFEN, GNP IBUPROFEN, GOODSENSE IBUPROFEN, HM IBUPROFEN, HM IBUPROFEN IB, IBU, IBU- 200, KLS IBUPROFEN, KLS IBUPROFEN IB, MEDI-PROFEN, MEIJER IBUPROFEN, MOTRIN IB, PROVIL, PX IBUPROFEN, QC IBUPROFEN, QC IBUPROFEN IB, RA PAIN RELIEF IBUPROFEN, SB IBUPROFEN, SM IBUPROFEN, SM IBUPROFEN IB, SM IBUPROFEN JR, TGT IBUPROFEN, WAL- PROFEN TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) ADVIL JUNIOR STRENGTH, CVS IBUPROFEN JUNIOR STRENGTH, EQ IBUPROFEN JUNIOR STRENGTH, EQL IBUPROFEN JUNIOR STRENGTH, GNP IBUPROFEN CHILDRENS, GNP IBUPROFEN JUNIOR STRENGTH, GOODSENSE IBUPROFEN JUNIOR STRENGTH, HM IBUPROFEN, HM IBUPROFEN IB/JUNIOR STRENGTH, IBUPROFEN 100 JUNIOR STRENGTH, IBUPROFEN JUNIOR STRENGTH, PX IBUPROFEN JUNIOR STRENGTH, RA IBUPROFEN JUNIOR STRENGTH, SM IBUPROFEN IB, SM IBUPROFEN IB CHILDRENS, TGT IBUPROFEN JUNIOR STRENGTH CHEW	F		(Ibuprofen) CHILDRENS IBUPROFEN, CHILDRENS IBUPROFEN 100, CHILDRENS MEDI-PROFEN, CVS CHILDRENS IBUPROFEN, CVS IBUPROFEN INFANTS, EQ IBUPROFEN CHILDRENS, EQ IBUPROFEN INFANTS, EQL CHILDRENS IBUPROFEN, EQL CHILDRENS IBUPROFEN, GNP CHILDRENS IBUPROFEN, GNP IBUPROFEN INFANTS, GOODSENSE IBUPROFEN CHILDRENS, GOODSENSE IBUPROFEN INFANTS, HM IBUPROFEN CHILDRENS, HM IBUPROFEN INFANTS, HYVEE IBUPROFEN CHILDRENS, IBUPROFEN CHILDRENS, IBUPROFEN INFANTS, IBUPROFEN INFANTS DROPS, INFANTS IBUPROFEN, MEDI-PROFEN, PX CHILDRENS PROFEN IB, PX INFANTS PROFEN IB, QC CHILDRENS IBUPROFEN, QC IBUPROFEN INFANTS, RA IBUPROFEN CHILDRENS, RA IBUPROFEN INFANTS, SB INFANTS IBUPROFEN, SM CHILDRENS IBUPROFEN, SM INFANTS IBUPROFEN, TGT CHILDRENS IBUPROFEN, TGT IBUPROFEN CHILDRENS, TGT INFANTS IBUPROFEN SUSP	F	RX/OTC
(Ibuprofen) ADVIL LIQUIGELS MINIS, CVS IBUPROFEN, CVS IBUPROFEN LIQUID FILLED, EQ IBUPROFEN, EQL IBUPROFEN, GNP IBUPROFEN, GOODSENSE IBUPROFEN, HM IBUPROFEN, KS IBUPROFEN, MEDI-PROFEN, MOTRIN IB, QC IBUPROFEN, SM IBUPROFEN, TGT IBUPROFEN, WAL-PROFEN CAPS	F				

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Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) CHILDRENS IBUPROFEN, CHILDRENS IBUPROFEN 100, CHILDRENS MEDI-PROFEN, CVS CHILDRENS IBUPROFEN, CVS IBUPROFEN CHILDRENS, CVS IBUPROFEN INFANTS, EQ IBUPROFEN CHILDRENS, EQ IBUPROFEN INFANTS, EQL CHILDRENS IBUPROFEN, EQL IBUPROFEN INFANTS, GNP CHILDRENS IBUPROFEN, GNP IBUPROFEN INFANTS, GOODSENSE IBUPROFEN CHILDRENS, GOODSENSE IBUPROFEN INFANTS, HM IBUPROFEN CHILDRENS, HM IBUPROFEN INFANTS, HYVEE IBUPROFEN CHILDRENS, IBUPROFEN CHILDRENS, IBUPROFEN INFANTS, IBUPROFEN INFANTS DROPS, INFANTS IBUPROFEN, MEDI-PROFEN, PX CHILDRENS PROFEN IB, PX INFANTS PROFEN IB, QC CHILDRENS IBUPROFEN, QC IBUPROFEN INFANTS, RA IBUPROFEN CHILDRENS, RA IBUPROFEN INFANTS, SB INFANTS IBUPROFEN, SM CHILDRENS IBUPROFEN, SM INFANTS IBUPROFEN, TGT CHILDRENS IBUPROFEN, TGT IBUPROFEN CHILDRENS, TGT INFANTS IBUPROFEN SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) RA IBUPROFEN CAPS 200 MG	F	
(Ibuprofen) RA IBUPROFEN SUSP 100 MG/5ML	F	RX/OTC
(Ibuprofen) RA IBUPROFEN TABS 200 MG	F	
(Nabumetone) RELAFEN TABS	F	
(Naproxen Sodium) ALL DAY PAIN RELIEF, ALL DAY RELIEF, CVS ALL DAY PAIN RELIEF, CVS NAPROXEN SODIUM, EQ ALL DAY PAIN RELIEF, EQ NAPROXEN SODIUM, EQL NAPROXEN SODIUM, FLANAX PAIN RELIEF, GNP ALL DAY PAIN RELIEF, GNP NAPROXEN, GNP NAPROXEN SODIUM, GOODSENSE NAPROXEN SODIUM, HM NAPROXEN SODIUM, HY-VEE ALL DAY RELIEF, KLS NAPROXEN SODIUM, MEDIPROXEN, PAMPRIN ALL DAY MAXIMUM STRENGTH, PX ALL DAY RELIEF, QC NAPROXEN SODIUM, RA NAPROXEN SODIUM, SB NAPROXEN SODIUM, SM NAPROXEN SODIUM, TGT NAPROXEN SODIUM TABS	F	
(Naproxen Sodium) CVS NAPROXEN SODIUM, EQ NAPROXEN SODIUM, EQL NAPROXEN SODIUM, GNP NAPROXEN SODIUM, HM NAPROXEN SODIUM, SM NAPROXEN SODIUM, TGT NAPROXEN SODIUM CAPS	F	

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Drug Name	Drug Tier	Requirements/Limits
(Naproxen) EC-NAPROXEN TBEC	F	
<i>celecoxib caps</i>	F	PA
<i>diclofenac potassium tabs</i>	F	
<i>diclofenac sodium tb24</i>	F	
<i>diclofenac sodium tbec</i>	F	
<i>etodolac caps</i>	F	
<i>etodolac tabs</i>	F	
<i>etodolac tb24</i>	F	
<i>fenoprofen calcium tabs 600 mg</i>	F	
<i>flurbiprofen tabs</i>	F	
<i>ibuprofen caps 200 mg</i>	F	
<i>ibuprofen susp 100 mg/5ml</i>	F	RX/OTC
<i>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</i>	F	
INDOCIN SUPP (<i>indomethacin</i>)	F	
INDOCIN SUSP (<i>indomethacin</i>)	F	
<i>indomethacin caps 25 mg, 50 mg</i>	F	
<i>indomethacin cpcr 75 mg</i>	F	
<i>ketoprofen caps or 50 mg, 75 mg</i>	F	
<i>ketoprofen cp24 or 200 mg</i>	F	
<i>ketorolac tromethamine tabs or 10 mg</i>	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium caps</i>	F	
<i>meloxicam tabs 15 mg, 7.5 mg</i>	F	
<i>nabumetone tabs</i>	F	
<i>naproxen sodium caps 220 mg</i>	F	
<i>naproxen sodium tabs 220 mg, 275 mg, 550 mg</i>	F	
<i>naproxen susp</i>	F	
<i>naproxen tabs</i>	F	
<i>naproxen tbec</i>	F	
<i>oxaprozin tabs</i>	F	
<i>piroxicam caps</i>	F	
<i>sulindac tabs</i>	F	
<i>tolmetin sodium caps</i>	F	
<i>tolmetin sodium tabs</i>	F	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS (<i>apremilast</i>)	F	PA; SP
OTEZLA TBPB (<i>apremilast</i>)	F	PA; SP
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs</i>	F	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ (<i>abatacept</i>)	F	PA; SP-AcariaHealth;SP
ORENCIA SOLR (<i>abatacept</i>)	F	PA; SP-AcariaHealth;SP
ORENCIA SOSY (<i>abatacept</i>)	F	PA; SP-AcariaHealth;SP

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Drug Name	Drug Tier	Requirements/ Limits
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT (<i>etanercept</i>)	F	PA; SP- AcariaHealth;S P
ENBREL SOLR 25 MG (<i>etanercept</i>)	F	PA; SP- AcariaHealth;S P
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	F	PA; SP- AcariaHealth;S P
ENBREL SURECLICK SOAJ (<i>etanercept</i>)	F	PA; SP- AcariaHealth;S P
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) TENCON TABS	F	
(Butalbital-Acetaminophen- Caffeine) BAC TABS	F	
(Butalbital-Acetaminophen- Caffeine) ESGIC, ZEBUTAL CAPS	F	
butalbital- acetaminophen tabs 50 mg-325 mg	F	
butalbital- acetaminophen- caffeine caps 40 mg-50 mg-325 mg	F	
butalbital- acetaminophen- caffeine tabs 40 mg-50 mg-325 mg	F	
butalbital-aspirin- caffeine caps	F	
BUTALBITAL/ASPIRIN/CA FFEINE TABS (butalbital-aspirin- caffeine)	F	
Analgesics Other		

Drug Name	Drug Tier	Requirements/ Limits
(Acetaminophen) ACETAMINOPHEN JUNIOR STRENGTH, ACETAMINOPHEN RAPID TABSCHILDRENS, CHILDRENS PAIN RELIEVER, EQ ACETAMINOPHEN CHILDRENS, EQL ACETAMINOPHEN, EQL ACETAMINOPHEN RAPID TABS, GNP CHILDRENS EASY-MELTS, QC NON- ASPIRIN JR STRENGTH, SB CHILDRENS NON- ASPIRIN, SB NON- ASPIRIN JR STRENGTH, SM RAPID MELTS JUNIOR TBDP	F	AL(Up to 21 yrs old)
(Acetaminophen) APRA, CHILDRENS ASPIRIN FREE, MEDI-TABS CHILDRENS, PAIN RELIEF CHILDRENS ELIX	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Acetaminophen) AUROPHEN CHILDRENS, BETATEMP CHILDRENS, CVS INFANTS PAIN RELIEF, CVS PAIN & FEVER CHILDRENS, CVS PAIN & FEVER INFANTS, EQ PAIN & FEVER INFANTS, EQL ACETAMINOPHEN CHILDRENS, EQL ACETAMINOPHEN INFANTS, EQL CHILDRENS PAIN RELIEF, GNP INFANTS PAIN RELIEF, GNP INFANTS PAIN/FEVER, GNP PAIN & FEVER CHILDRENS, GNP PAIN & FEVER INFANTS, GOODSENSE PAIN & FEVER CHILDRENS, GOODSENSE PAIN & FEVER INFANTS, HM PAIN & FEVER CHILDRENS, HM PAIN & FEVER INFANTS, HM PAIN RELIEVER CHILDRENS, HM PAIN RELIEVER CHILDRENS DYE-FREE, HM PAIN RELIEVER INFANTS, INFANTS PAIN & FEVER, NON-ASPIRIN CHILDRENS, NORTEMP, PAIN & FEVER CHILDRENS/DYE-FREE, PAIN & FEVER INFANTS, PAIN RELIEF CHILDRENS, PANADOL CHILDRENS, PANADOL INFANT, PEDIACARE CHILDREN, PEDIACARE FEVER REDUCER/PAIN RELIEVER/INFANT, PEDIACARE INFANTS, PX CHILDRENS PAIN RELIEF, QC PAIN RELIEF CHILDRENS, QC PAIN RELIEF INFANTS, RA CHILDRENS FEVER REDUCER & PAIN	F	

Drug Name	Drug Tier	Requirements/ Limits
RELIEVER, RA CHILDRENS NON- ASPIRIN, RA FEVER REDUCER & PAIN RELIEVER INFANTS, RA FEVER REDUCER/PAIN RELIEVER CHILDRENS, RA FEVER REDUCER/PAIN RELIEVER INFANTS, SB PAIN RELIEVER CHILDRENS, SM PAIN & FEVER CHILDRENS, SM PAIN & FEVER INFANTS, SM PAIN RELIEVER CHILDRENS, TGT ACETAMINOPHEN CHILDRENS, TGT CHILDRENS ACETAMINOPHEN SUSP		
(Acetaminophen) CHILDRENS ACETAMINOPHEN TBP 80 MG	F	AL(Up to 21 yrs old)
(Acetaminophen) CHILDRENS ACETAMINOPHEN, CHILDRENS NON- ASPIRIN, CVS PAIN RELIEF CHILDRENS, EQ PAIN & FEVER CHILDRENS, PAIN & FEVER CHILDRENS, QC NON-ASPIRIN CHILDRENS SUSP 160 MG/5ML	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Acetaminophen) CHILDRENS APAP, CHILDRENS MEDI-TABS, CHILDRENS PAIN RELIEVER, CHILDRENS TACTINAL, CVS CHILDS NON-ASPIRIN, CVS NON-ASPIRIN CHILDRENS, GNP PAIN RELIEF, HM ACETAMINOPHEN CHILDRENS, MAPAP CHILDRENS, MEDI-TABS JUNIOR STRENGTH, MEIJER JR STRENGTH ASPIRIN FREE, NON-ASPIRIN JUNIOR STRENGTH, RA ACETAMINOPHEN CHILDRENS, SB NON-ASPIRIN CHEW	F	AL(Up to 21 yrs old)
(Acetaminophen) CHILDRENS NON-ASPIRIN CHEW 80 MG	F	AL(Up to 21 yrs old)
(Acetaminophen) CHILDRENS SILAPAP, ED-APAP, LIQUID ACETAMINOPHEN, LIQUID PAIN RELIEF, LITTLE REMEDIES FEVER/PAIN RELIEVER CHILDRENS, LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS, LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER INFANT, M-PAP LIQD	F	
(Acetaminophen) CVS FEVER REDUCING CHILDRENS, FEVER REDUCER CHILDRENS, FEVERALL CHILDRENS, PAIN RELIEVER/FEVER REDUCER CHILDRENS SUPP	F	

Drug Name	Drug Tier	Requirements/ Limits
(Acetaminophen) CVS PAIN RELIEF CHILDRENS, EQ PAIN & FEVER CHILDRENS, PAIN & FEVER CHILDRENS, QC NON-ASPIRIN CHILDRENS CHEW 160 MG	F	AL(Up to 21 yrs old)
<i>acetaminophen chew or 160 mg</i>	F	AL(Up to 21 yrs old)
<i>acetaminophen elix or 160 mg/5ml</i>	F	
<i>acetaminophen liqd or 160 mg/5ml</i>	F	
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	F	
<i>acetaminophen supp re 120 mg</i>	F	
<i>acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml</i>	F	
FEVERALL INFANTS SUPP (<i>acetaminophen</i>)	F	AL(Up to 21 yrs old)
NORTEMP INFANTS SUSP (<i>acetaminophen</i>)	F	
Salicylates		
(Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)) CVS BUFFERED ASPIRIN, SM ASPIRIN TRI-BUFFERED, TRI-BUFFERED ASPIRIN TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIR-LOW, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, BAYER ASPIRIN, BAYER ASPIRIN EC LOW DOSE, BAYER ASPIRIN REGIMEN, BAYER LOW DOSE, CVS ASPIRIN, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, ECIPRIN, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN EC, EQL ASPIRIN EC, EQL ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN, HM ASPIRIN EC, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN EC, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MEIJER ASPIRIN EC, MINIPRIN LOW DOSE, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ASPIRIN LOW DOSE, QC ENTERIC ASPIRIN, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN, SB ASPIRIN ADULT LOW STRENGTH, SB ASPIRIN EC, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW	F	

Drug Name	Drug Tier	Requirements/ Limits
STRENGTH, SM ASPIRIN ENTERIC COATED, ST JOSEPH ASPIRIN, TGT ASPIRIN, TGT ASPIRIN LOW DOSE, TGT ENTERIC-COATED ASPIRIN TBEC		
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, ASPIRIN LOW STRENGTH, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CHILDRENS ASPIRIN LOW STRENGTH, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, TGT ASPIRIN, TGT CHILDRENS ASPIRIN CHEW	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN ADULT, BAYER ADVANCED ASPIRIN REGULAR STRENGTH, BAYER ASPIRIN, CVS ASPIRIN, EQ ASPIRIN, EQL ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULTS, HM ADULT ASPIRIN, HM ASPIRIN, MEDIQUE ASPIRIN, NORWICH ASPIRIN, PX ASPIRIN, QC ASPIRIN, RA ASPIRIN, RA PAIN RELIEF ASPIRIN, SB ASPIRIN, SM ADULT ASPIRIN, SM ASPIRIN, TGT ASPIRIN TABS	F	
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	F	
<i>aspirin chew or 81 mg</i>	F	
ASPIRIN SUPP RE 300 MG, 600 MG (<i>aspirin</i>)	F	
<i>aspirin tabs or 325 mg</i>	F	
<i>aspirin tbec or 325 mg, 81 mg</i>	F	
BUFFERIN EXTRA STRENGTH TABS (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	F	
<i>diflunisal tabs</i>	F	
<i>salsalate tabs</i>	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	F	PA; QL(3 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
(Methadone Hcl) METHADOSE TBSO 40 MG	F	PA; QL(1 ea daily)
(Morphine Sulfate) DURAMORPH SOLN	F	PA; QL(10 ml daily)
CODEINE SULFATE TABS 15 MG, 60 MG (<i>codeine sulfate</i>)	F	QL(6 ea daily)
<i>codeine sulfate tabs 30 mg</i>	F	QL(6 ea daily)
<i>fentanyl pt72 td 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	F	QL(0.34 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	F	QL(20 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG (<i>hydromorphone hcl</i>)	F	QL(4 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	F	QL(6 ea daily)
<i>hydromorphone hcl tabs or 8 mg</i>	F	QL(3 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	F	QL(1 ea daily)
KADIAN CP24 200 MG (<i>morphine sulfate</i>)	F	QL(1 ea daily)
<i>meperidine hcl soln or 50 mg/5ml</i>	F	QL(16 ml daily)
<i>meperidine hcl tabs or 50 mg</i>	F	QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	F	PA; QL(3 ml daily)
<i>methadone hcl soln or 10 mg/5ml</i>	F	PA; QL(15 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	F	PA; QL(30 ml daily)
<i>methadone hcl tabs or 10 mg</i>	F	PA; QL(3 ea daily)
<i>methadone hcl tabs or 5 mg</i>	F	PA; QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
methadone hcl tbsc or 40 mg	F	PA; QL(1 ea daily)
morphine sulfate beads cp24	F	QL(1 ea daily)
morphine sulfate cp24 or 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	F	QL(1 ea daily)
MORPHINE SULFATE DEVI IM 10 MG/0.7ML (morphine sulfate)	F	PA; QL(6 ml daily)
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	F	PA; QL(10 ml daily)
MORPHINE SULFATE SOLN IJ 1 MG/ML (morphine sulfate)	F	PA; QL(10 ml daily)
MORPHINE SULFATE SOLN IJ 10 MG/ML (morphine sulfate)	F	PA; QL(9 ml daily)
MORPHINE SULFATE SOLN IJ 2 MG/ML (morphine sulfate)	F	PA; QL(24 ml daily)
MORPHINE SULFATE SOLN IJ 2 MG/ML (morphine sulfate)	F	PA; QL(25 ml daily)
MORPHINE SULFATE SOLN IJ 4 MG/ML (morphine sulfate)	F	PA; QL(22 ml daily)
MORPHINE SULFATE SOLN IJ 5 MG/ML (morphine sulfate)	F	PA; QL(18 ml daily)
MORPHINE SULFATE SOLN IJ 8 MG/ML (morphine sulfate)	F	PA; QL(11 ml daily)
MORPHINE SULFATE SOLN IV 0.5 MG/ML, 2 MG/ML (morphine sulfate)	F	PA; QL(10 ml daily)
morphine sulfate soln iv 1 mg/ml	F	PA; QL(30 ml daily)
morphine sulfate soln iv 10 mg/ml	F	PA; QL(9 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE SOLN IV 150 MG/30ML (morphine sulfate)	F	PA; QL(18 ml daily)
morphine sulfate soln iv 4 mg/ml	F	PA; QL(22 ml daily)
morphine sulfate soln iv 50 mg/ml	F	PA; QL(1 ml daily)
morphine sulfate soln iv 8 mg/ml	F	PA; QL(11 ml daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	F	QL(16 ml daily)
morphine sulfate soln or 100 mg/5ml, 20 mg/ml	F	QL(4 ml daily)
morphine sulfate supp re 10 mg, 5 mg	F	QL(6 ea daily)
morphine sulfate supp re 20 mg	F	QL(4 ea daily)
morphine sulfate supp re 30 mg	F	QL(3 ea daily)
morphine sulfate tabs or 15 mg	F	QL(6 ea daily)
morphine sulfate tabs or 30 mg	F	QL(3 ea daily)
morphine sulfate tbsc or 100 mg, 200 mg, 60 mg	F	QL(2 ea daily)
morphine sulfate tbsc or 15 mg, 30 mg	F	QL(3 ea daily)
NUCYNTA ER TB12 (tapentadol hcl)	F	PA; QL(2 ea daily)
OXAYDO TABS 5 MG (oxycodone hcl)	F	QL(6 ea daily)
oxycodone hcl caps 5 mg	F	QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	F	QL(3 ml daily)
oxycodone hcl soln 5 mg/5ml	F	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl t12a 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	F	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 5 mg</i>	F	QL(6 ea daily)
<i>oxycodone hcl tabs 15 mg</i>	F	QL(4 ea daily)
<i>oxycodone hcl tabs 20 mg</i>	F	QL(3 ea daily)
<i>oxycodone hcl tabs 30 mg</i>	F	QL(2 ea daily)
<i>tramadol hcl tabs 50 mg</i>	F	QL(8 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	F	QL(4 ea daily)
(Hydrocodone-Acetaminophen) LORCET, LORCET HD, LORCET PLUS TABS	F	QL(8 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG	F	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	F	QL(30 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg</i>	F	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	F	QL(90 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 10 mg-325 mg, 5 mg-300 mg, 5 mg-325 mg, 7.5 mg-300 mg, 7.5 mg-325 mg</i>	F	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	F	QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	F	QL(6 ea daily)
<i>tramadol-acetaminophen tabs</i>	F	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM (<i>buprenorphine hcl</i>)	CO	
BUNAVAIL FILM (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	CO	
BUPRENEX SOLN (<i>buprenorphine hcl</i>)	CO	
<i>buprenorphine hcl film</i>	CO	
<i>buprenorphine hcl soln</i>	CO	
<i>buprenorphine hcl subl</i>	CO	
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	CO	
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	CO	
<i>buprenorphine ptwk</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
BUTRANS PTWK (<i>buprenorphine</i>)	CO	
PROBUPHINE IMPLANT KIT IMPL (<i>buprenorphine hcl</i>)	CO	
SUBLOCADE SOSY (<i>buprenorphine</i>)	CO	
SUBOXONE FILM (<i>buprenorphine hcl- naloxone hcl dihydrate</i>)	CO	
ZUBSOLV SUBL (<i>buprenorphine hcl- naloxone hcl dihydrate</i>)	CO	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone tabs</i>	F	
Androgens		
ANDRODERM PT24 (<i>testosterone</i>)	F	QL(1 ea daily)
<i>danazol caps</i>	F	
METHITEST TABS (<i>methyltestosterone</i>)	F	
<i>methyltestosterone caps</i>	F	
<i>testosterone cypionate soln ij 200 mg/ml</i>	F	QL(0.134 ml daily)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML (<i>testosterone cypionate</i>)	F	QL(0.134 ml daily)
<i>testosterone cypionate soln im 100 mg/ml</i>	F	PA
<i>testosterone cypionate soln im 200 mg/ml</i>	F	QL(0.134 ml daily)
<i>testosterone gel 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
VOGELXO GEL (<i>testosterone</i>)	F	
VOGELXO PUMP GEL (<i>testosterone</i>)	F	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
(Hydrocortisone (Intrarectal)) COLOCORT ENEM	F	
CORTIFOAM FOAM (<i>hydrocortisone acetate (intrarectal)</i>)	F	
<i>hydrocortisone (intrarectal) enem</i>	F	
Rectal Combinations		
(Lidocaine-Hydrocortisone Acetate (Rectal)) LIDOCORT CREA	F	
(Phenylephrine-Shark Liver Oil-Cocoa Butter) HEMORRHOIDAL SUPPOSITORIES, PX HEMORRHOIDAL, RA HEMORRHOIDAL SUPP 0.25 %-3 %-85.5 %	F	
(Phenylephrine-Shark Liver Oil-Cocoa Butter) HEMORRHOIDAL SUPPOSITORIES, PX HEMORRHOIDAL, RA HEMORRHOIDAL SUPP RE 0.25 %-3 %-85.5 %	F	
(Phenylephrine-Shark Liver Oil-Mineral Oil-Petrolatum) PX HEMORRHOIDAL, RA HEMORRHOIDAL OINT RE 0.25 %-3 %-14 %-71.9 %	F	QL(60 gm per fill retail)
(Phenylephrine-Shark Liver Oil-Mineral Oil-Petrolatum) SB HEMORRHOID OINT RE	F	QL(60 gm per fill retail)
ANALPRAM-HC LOTN 1 %-2.5 % (<i>hydrocortisone acetate w/ pramoxine</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone acetate w/ pramoxine crea</i>	F	
<i>lidocaine-hydrocortisone acetate (rectal) crea ex 0.5 %-3 %</i>	F	
<i>lidocaine-hydrocortisone acetate (rectal) kit re 0.5 %-3 %, 1 %-3 %, 2.5 %-3 %</i>	F	QL(2 ea per fill retail)
PROCTOFOAM HC FOAM (<i>hydrocortisone acetate w/ pramoxine</i>)	F	
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) foam</i>	F	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTO-PAK, PROCTOSOL HC, PROCTOZONE-HC CREA	F	
<i>hydrocortisone (rectal) crea</i>	F	
Vasodilating Agents		
RECTIV OINT (<i>nitroglycerin (intra-anal)</i>)	F	
ANTACIDS		
Antacid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
(Alum & Mag Hydrox-Simethicone) ALMACONE, ALMACONE DOUBLE STRENGTH, ALUMINA/MAGNESIA/SIMETHICONE, ANTACID + ANTI-GAS LIQUID MAXIMUM STRENGTH, ANTACID ADVANCED, ANTACID ANTI-GAS, ANTACID ANTI-GAS MAXIMUMSTRENGTH, ANTACID ANTI-GAS REGULARSTRENGTH, ANTACID EXTRA STRENGTH ANTI-GAS, ANTACID FAST RELIEF, ANTACID I, ANTACID III, ANTACID LIQUID, ANTACID M, ANTACID MAXIMUM STRENGTH, ANTACID PLUS ANTI-GAS FAST ACTING, ANTACID PLUS ANTI-GAS RELIEF, ANTACID PLUS ANTI-GAS RELIEF MAXIMUM STRENGTH, ANTACID REGULAR STRENGTH, ANTACID/ANTI-GAS, ANTACID/ANTIGAS LIQUID, ANTACID/SIMETHICONE DOUBLE STRENGTH, COMFORT GEL, COMFORT GEL ANTACID ANTI-GAS, COMFORT GEL ANTACID ANTI-GAS MAXIMUM STRENGTH, COMFORT GEL ANTACID& ANTI-GAS, CVS ANTACID PLUS ANTIGAS, CVS ANTACID/ANTI-GAS, CVS ANTACID/ANTI-GAS LIQUID, EQ ANTACID, EQ ANTACID MAXIMUM STRENGTH, EQ ANTACID/ANTI-GAS, EQL ANTACID ADVANCED MAXIMUM STRENGTH, EQL ANTACID/ANTI-GAS, FAST ACTING ANTACID	F	

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Drug Name	Drug Tier	Requirements/ Limits
PLUSANTI-GAS MAXIMUM STRENGTH, GERI-LANTA, GERI-MOX, GNP ANTACID & ANTI- GAS/REGULAR STRENGTH, GNP ANTACID AND ANTI- GAS/MAXIMUM STRENGTH, GNP ANTACID ANTI-GAS, GNP ANTACID ANTI- GAS/MAXIMUM STRENGTH, GNP ANTACID/REGULAR STRENGTH, GOODSENSE ANTACID & GAS RELIEF REGULAR STRENGTH, HM ADVANCED ANTACID MAXIMUM STRENGTH, HM ANTACID, HM ANTACID ANTI-GAS EXTRASTRENGTH, HM ANTACID/ANTIGAS, MAALOX MULTI SYMPTOM MAXIMUM STRENGTH, MEIJER ANTACID ANTI-GAS, MEIJER ANTACID MAXIMUM STRENGTH, MI-ACID, MI-ACID MAXIMUM STRENGTH, MILANTEX, MILANTEX EXTRA STRENGTH, MINTOX MAXIMUM STRENGTH, MINTOX REGULAR STRENGTH, MYLANTA MAXIMUM STRENGTH, PX ANTACID REGULAR STRENGTH, QC ANTACID, QC ANTACID/ANTI-GAS, QC ANTACID/ANTI-GAS MAXIMUM STRENGTH, RA ANTACID/ANTI-GAS, RA ANTACID/ANTIGAS MAXIMUM STRENGTH, RA ANTACID/GAS RELIEF MAXIMUM STRENGTH, SB ANTACID ANTI-GAS, SM ANTACID, SM ANTACID ADVANCED, SM		

Drug Name	Drug Tier	Requirements/ Limits
ANTACID ADVANCED MAXIMUM STRENGTH, SM ANTACID ANTI-GAS, SM ANTACID MAXIMUM STRENGTH, SM ANTACID/ANTIGAS, TGT ANTACID ANTI-GAS REGULAR STRENGTH SUSP		
(Alum & Mag Hydrox- Simethicone) ANTACID SUSP 0.2 %-40 MG/10ML- 400 MG/10ML-400 MG/10ML, 20 MG/5ML-200 MG/5ML-200 MG/5ML, 40 MG/10ML-400 MG/10ML- 400 MG/10ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML	F	
(Alum & Mag Hydrox- Simethicone) MAALOX MAX SUSP 40 MG/5ML- 400 MG/5ML-400 MG/5ML, 400 MG/5ML-40 MG/5ML- 400 MG/5ML	F	
(Alum & Mag Hydrox- Simethicone) MAG-AL PLUS, MAG-AL PLUS XS LIQD	F	
(Alum & Mag Hydrox- Simethicone) MINTOX PLUS CHEW	F	
(Alum & Mag Hydrox- Simethicone) PX ANTACID MAXIMUM STRENGTH SUSP 40 MG/5ML-400 MG/5ML-400 MG/5ML	F	
alum & mag hydrox- simethicone susp	F	
SM FOAMING ANTACID CHEW (aluminum hydroxide-mag trisil)	F	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP (aluminum hydroxide gel)	F	
Antacids - Bicarbonate		

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Drug Name	Drug Tier	Requirements/ Limits
<i>sodium bicarbonate (antacid) tabs</i>	F	
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate (Antacid)) ANTACID CALCIUM EXTRA STRENGTH, ANTACID CALCIUM REGULAR STRENGTH, ANTACID CALCIUM RICH, ANTACID FLAVOR CHEWS, CALGEST ANTACID, CALCIUM ANTACID, CALCIUM ANTACID EXTRA STRENGTH, CVS ANTACID EXTRA, CVS ANTACID EXTRA STRENGTH, CVS ANTACID KIDS, CVS CHEWY NOT CHALKY FLAVOR CHEWS, CVS SMOOTH ANTACID EXTRASTRENGTH, EQ ANTACID, EQ ANTACID EXTRA STRENGTH, EQL ANTACID, EQL ANTACID EXTRA STRENGTH, GNP ANTACID, GOODSENSE ANTACID/EXTRA STRENGTH, GOODSENSE ANTACID/REGULAR STRENGTH, HEALTHY MAMA TAME THE FLAME, HM ANTACID EXTRA STRENGTH, HM ANTACID REGULAR STRENGTH, HM CALCIUM ANTACID, HM CALCIUM ANTACID EXTRASTRENGTH, HM CALCIUM ANTACID SMOOTHDISSOLVE, HM CALCIUM ANTACID SMOOTHDISSOLVE EXTRA STRENGTH, LONG LASTING ANTACID, PX ANTACID EXTRA STRENGTH, PX CALCIUM ANTACID REGULAR STRENGTH, QC ANTACID, QC ANTACID EXTRA STRENGTH, RA ANTACID, RA ANTACID EXTRA STRENGTH, SB	F	

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Drug Name	Drug Tier	Requirements/Limits
ANTACID, SB ANTACID EXTRA STRENGTH, SM ANTACID, SM CALCIUM ANTACID, SM CALCIUM ANTACID EXTRASTRENGTH, SM SMOOTH ANTACID EXTRA STRENGTH, TUMS SMOOTHIES CHEW		
(Calcium Carbonate (Antacid)) ANTACID CHEW 500 MG, 750 MG	F	
(Calcium Carbonate (Antacid)) ANTACID EXTRA STRENGTH, GNP ANTACID EXTRA STRENGTH, TGT ANTACID EXTRA STRENGTH CHEW 750 MG	F	
<i>calcium carbonate (antacid) chew</i>	F	
<i>calcium carbonate (antacid) susp</i>	F	
CALCIUM CARBONATE TABS 648 MG (<i>calcium carbonate (antacid)</i>)	F	
MAALOX CHEW (<i>calcium carbonate (antacid)</i>)	F	
Antacids - Magnesium Salts		
(Magnesium Oxide) HM MAGNESIUM TABS 400 MG	F	
<i>magnesium oxide tabs 400 mg</i>	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
(Pyrantel Pamoate) CVS PINWORM TREATMENT, PIN-AWAY, PINWORM MEDICINE, REESES PINWORM MEDICINE SUSP	F	

Drug Name	Drug Tier	Requirements/Limits
<i>albendazole tabs</i>	F	QL(12 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
EMVERM CHEW (<i>mebendazole</i>)	F	QL(2 ea per fill retail)
<i>praziquantel tabs</i>	F	QL(20 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO CAPS (<i>miltefosine</i>)	F	
<i>metronidazole caps or 375 mg</i>	F	
<i>metronidazole in nacl soln</i>	F	PA
METRONIDAZOLE SOLN IV 5 MG/ML (<i>metronidazole</i>)	F	PA
<i>metronidazole tabs or 250 mg, 500 mg</i>	F	
<i>trimethoprim tabs</i>	F	
Anti-infective Misc. - Combinations		
(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URETRON D/S, URIN D/S, UTIRA-C TABS	F	
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	F	
<i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml, 80 mg/5ml-400 mg/5ml</i>	F	PA
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml, 40 mg/5ml-200 mg/5ml</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg, 80 mg-400 mg, 800 mg-160 mg</i>	F	
Antiprotozoal Agents		
<i>atovaquone susp</i>	F	QL(10 ml daily)
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	F	PA
Glycopeptides		
FIRVANQ SOLR (<i>vancomycin hcl</i>)	F	QL(300 ml per fill retail)
<i>vancomycin hcl caps or 125 mg</i>	F	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	F	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg, 500 mg</i>	F	
<i>vancomycin hcl solr iv 10 gm, 100 gm, 5 gm, 750 mg</i>	F	PA
VANCOMYCIN HYDROCHLORIDE SOLN IV 1000 MG/10ML, 1250 MG/12.5ML, 1500 MG/15ML, 1750 MG/17.5ML, 2000 MG/20ML, 750 MG/7.5ML (<i>vancomycin hcl</i>)	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 1.5 GM, 250 MG (<i>vancomycin hcl</i>)	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML (<i>vancomycin hcl</i>)	F	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
Lincosamides		
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	F	PA
<i>clindamycin hcl caps</i>	F	
<i>clindamycin palmitate hydrochloride solr</i>	F	
<i>clindamycin phosphate soln</i>	F	PA
Oxazolidinones		
SIVEXTRO TABS (<i>tedizolid phosphate</i>)	F	PA; QL(6 ea per fill retail)
Urinary Anti-infectives		
<i>methenamine mandelate tabs</i>	F	
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	
<i>nitrofurantoin susp</i>	F	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
(Nitroglycerin) MINITRAN PT24	F	
(Nitroglycerin) NITRO-TIME CPR	F	
DILATRATE SR CPR (<i>isosorbide dinitrate</i>)	F	
<i>isosorbide dinitrate tabs</i>	F	
<i>isosorbide dinitrate tbc</i>	F	
<i>isosorbide mononitrate tabs</i>	F	
<i>isosorbide mononitrate tb24</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT (<i>nitroglycerin</i>)	F	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	F	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	F	
<i>hydroxyzine hcl syr</i>	F	
<i>hydroxyzine hcl tabs</i>	F	
<i>hydroxyzine pamoate caps</i>	F	
<i>meprobamate tabs</i>	F	
Benzodiazepines		
(Lorazepam) LORAZEPAM INTENSOL CONC	F	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	
<i>chlordiazepoxide hcl caps</i>	F	
<i>clorazepate dipotassium tabs</i>	F	
<i>diazepam soln 5 mg/5ml</i>	F	
<i>diazepam tabs 10 mg, 2 mg, 5 mg</i>	F	
<i>lorazepam conc</i>	F	
<i>lorazepam tabs</i>	F	
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS (<i>disopyramide phosphate</i>)	F	
NORPACE CR CP12 (<i>disopyramide phosphate</i>)	F	
<i>procainamide hcl soln</i>	F	PA
<i>quinidine gluconate tbc</i>	F	
<i>quinidine sulfate tabs</i>	F	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	F	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	F	
<i>propafenone hcl cp12</i>	F	
<i>propafenone hcl tabs</i>	F	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	F	
<i>amiodarone hcl tabs</i>	F	
<i>dofetilide caps</i>	F	
MULTAQ TABS (<i>dronedarone hcl</i>)	F	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	
Antiasthmatic - Monoclonal Antibodies		

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Drug Name	Drug Tier	Requirements/Limits
CINQAIR SOLN (<i>reslizumab</i>)	F	PA; SP-AcariaHealth;S P
FASENRA SOSY (<i>benralizumab</i>)	F	PA; SP-AcariaHealth;S P
NUCALA SOLR 100 MG (<i>mepolizumab</i>)	F	PA; SP-AcariaHealth;S P
XOLAIR SOLR (<i>omalizumab</i>)	F	PA; SP-AcariaHealth;S P
XOLAIR SOSY (<i>omalizumab</i>)	F	PA; SP-AcariaHealth;S P
Asthma and Bronchodilator Agent Combinations		
(Dyphylline-Guaifenesin) DIFIL-G FORTE LIQD	F	
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS (<i>ipratropium bromide hfa</i>)	F	
INCRUSE ELLIPTA AEPB (<i>umeclidinium bromide</i>)	F	
<i>ipratropium bromide soln</i>	F	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	F	QL(1 ea daily)
SPIRIVA RESPIMAT AERS (<i>tiotropium bromide monohydrate</i>)	F	QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB (<i>aclidinium bromide</i>)	F	
Leukotriene Modulators		
<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tabs</i>	F	
Steroid Inhalants		
ARNUITY ELLIPTA AEPB (<i>fluticasone furoate inhalation</i>)	F	Limit 1 inhaler per month;QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate inhalation</i>)	F	Limit 1 inhaler per month;QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB (<i>mometasone furoate inhalation</i>)	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 14 METERED DOSES AEPB (<i>mometasone furoate inhalation</i>)	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB (<i>mometasone furoate inhalation</i>)	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB (<i>mometasone furoate inhalation</i>)	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB (<i>mometasone furoate inhalation</i>)	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	F	QL(8 ml daily)
<i>budesonide inhalation susp 0.5 mg/2ml, 1 mg/2ml</i>	F	QL(4 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST (<i>fluticasone propionate inhalation</i>)	F	QL(2 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST (<i>fluticasone propionate inhalation</i>)	F	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	F	
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	F	QL(12 gm per fill retail,12 gm per 25 days retail)
FLOVENT HFA AERO 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	F	
PULMICORT FLEXHALER AEPB (<i>budesonide (inhalation)</i>)	F	
QVAR REDIHALER AERB 40 MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	F	QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	F	QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	F	QL(2 ea daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	F	PA; QL(0.4 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.45 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(1.2 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.57 gm daily)
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	F	
ALBUTEROL SULFATE NEBU IN 0.5 % (<i>albuterol sulfate</i>)	F	
<i>albuterol sulfate syrps or 2 mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB (<i>umeclidinium-vilanterol</i>)	F	QL(2 ea daily)
BEVESPI AEROSPHERE AERO (<i>glycopyrrolate-formoterol fumarate</i>)	F	QL(0.36 gm daily)
BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	F	PA; Limit 1 inhaler per month;QL(2 ea daily)
BREO ELLIPTA AEPB 25 MCG/INH-200 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	F	PA
<i>budesonide-formoterol fumarate dihydrate aero</i>	F	
COMBIVENT RESPIMAT AERS (<i>ipratropium-albuterol</i>)	F	
DULERA AERO (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	F	PA
<i>fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	F	QL(2 ea daily)
<i>fluticasone-salmeterol aepb 14 mcg/act-113 mcg/act, 14 mcg/act-232 mcg/act, 14 mcg/act-55 mcg/act</i>	F	QL(0.04 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol soln</i>	F	
SEREVENT DISKUS AEPB (<i>salmeterol xinafoate</i>)	F	QL(2 ea daily)
STIOLTO RESPIMAT AERS (<i>tiotropium bromide-olodaterol hcl</i>)	F	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS (<i>olodaterol hcl</i>)	F	QL(0.14 gm daily)
<i>terbutaline sulfate tabs</i>	F	
TRELEGY ELLIPTA AEPB (<i>fluticasone-umeclidinium-vilanterol</i>)	F	QL(2 ea daily)
Xanthines		
<i>aminophylline soln</i>	F	PA
ELIXOPHYLLIN ELIX (<i>theophylline</i>)	F	
THEO-24 CP24 (<i>theophylline</i>)	F	
<i>theophylline soln 80 mg/15ml</i>	F	QL(475 ml per fill retail)
<i>theophylline tb12 300 mg, 450 mg</i>	F	
<i>theophylline tb24 400 mg, 600 mg</i>	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	F	
COUMADIN TABS (<i>warfarin sodium</i>)	F	
<i>warfarin sodium tabs</i>	F	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS (<i>betrixaban maleate</i>)	F	QL(42 ea per fill retail,42 ea per 42 days retail)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPK (<i>apixaban</i>)	F	
ELIQUIS TABS (<i>apixaban</i>)	F	
XARELTO STARTER PACK TBPK (<i>rivaroxaban</i>)	F	
XARELTO TABS 10 MG (<i>rivaroxaban</i>)	F	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG, 20 MG (<i>rivaroxaban</i>)	F	
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	F	QL(14 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply,
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	F	QL(12 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply,
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	QL(5 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply,
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	QL(6 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply,
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	QL(9 ml per 7 days retail)3 rti MAX fill,180 rti day(s) supply,
<i>heparin sod (porcine) in d5w soln</i>	F	PA
<i>heparin sodium (porcine) soln</i>	F	
HEPARIN SODIUM/DEXTROSE SOLN (<i>heparin sod (porcine)</i> in d5w)	F	PA
Thrombin Inhibitors		
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP (<i>perampanel</i>)	F	
FYCOMPA TABS (<i>perampanel</i>)	F	
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs</i>	F	
<i>clonazepam tbdp</i>	F	
<i>diazepam (anticonvulsant) gel</i>	F	
NAYZILAM SOLN (<i>midazolam (anticonvulsant)</i>)	F	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	F	
(Lamotrigine) SUBVENITE TABS	F	
(Levetiracetam) ROWEEPRA TABS	F	
(Levetiracetam) ROWEEPRA XR TB24	F	ST
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	
<i>carbamazepine tb12</i>	F	
<i>gabapentin caps</i>	F	
<i>gabapentin soln</i>	F	
<i>gabapentin tabs</i>	F	
<i>lamotrigine chew 25 mg, 5 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	F	
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	F	ST
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	F	
<i>levetiracetam tabs 1000 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>levetiracetam tb24 500 mg, 750 mg</i>	F	ST
<i>oxcarbazepine susp</i>	F	
<i>oxcarbazepine tabs</i>	F	
<i>primidone tabs</i>	F	
<i>rufinamide susp</i>	F	SP
<i>rufinamide tabs</i>	F	SP
TEGRETOL SUSP (<i>carbamazepine</i>)	F	
TEGRETOL TABS (<i>carbamazepine</i>)	F	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	F	
<i>topiramate cpsp or 15 mg, 25 mg</i>	F	
<i>topiramate tabs or 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
VIMPAT SOLN (<i>lacosamide</i>)	F	
VIMPAT TABS (<i>lacosamide</i>)	F	
<i>zonisamide caps</i>	F	
Carbamates		
<i>felbamate susp</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate tabs</i>	F	
GABA Modulators		
(Vigabatrin) VIGADRONE PACK	F	SP-Caremark;SP
GABITRIL TABS 4 MG (<i>tiagabine hcl</i>)	F	
<i>tiagabine hcl tabs</i>	F	
<i>vigabatrin pack</i>	F	SP-Caremark;SP
<i>vigabatrin tabs</i>	F	SP-Accredo;SP
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS CHEW	F	
DILANTIN CAPS 100 MG (<i>phenytoin sodium extended</i>)	F	
DILANTIN CAPS 30 MG (<i>phenytoin sodium extended</i>)	F	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	F	
DILANTIN-125 SUSP (<i>phenytoin</i>)	F	
<i>phenytoin chew</i>	F	
<i>phenytoin sodium extended caps</i>	F	
<i>phenytoin susp</i>	F	
Succinimides		
CELONTIN CAPS (<i>methsuximide</i>)	F	
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS (<i>ethosuximide</i>)	F	
ZARONTIN SOLN (<i>ethosuximide</i>)	F	
Valproic Acid		

Drug Name	Drug Tier	Requirements/ Limits
DEPAKENE CAPS (<i>valproic acid</i>)	F	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec</i>	F	
<i>valproate sodium soln</i>	F	
<i>valproic acid caps</i>	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	F	
<i>mirtazapine tbdp</i>	F	
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	F	
<i>bupropion hcl tb12 100 mg, 150 mg</i>	F	
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	F	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	F	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 (<i>selegiline</i>)	CO	
MARPLAN TABS (<i>isocarboxazid</i>)	CO	
NARDIL TABS (<i>phenelzine sulfat</i>)	CO	
PARNATE TABS (<i>tranylcypromine sulfat</i>)	CO	
<i>phenelzine sulfat tabs</i>	CO	

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate tabs</i>	CO	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	F	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	F	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	F	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate soln</i>	F	
<i>escitalopram oxalate tabs</i>	F	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	F	
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	F	
<i>fluvoxamine maleate cp24</i>	F	
<i>fluvoxamine maleate tabs</i>	F	
<i>paroxetine hcl susp</i>	F	
<i>paroxetine hcl tabs</i>	F	
<i>paroxetine hcl tb24</i>	F	
<i>sertraline hcl conc</i>	F	
<i>sertraline hcl tabs</i>	F	
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tabs</i>	F	
VIIBRYD TABS (<i>vilazodone hcl</i>)	F	PA
Serotonin-Norepinephrine Reuptake Inhibitors		
DESVENLAFAXINE ER TB24 (<i>desvenlafaxine</i>)	F	ST
<i>desvenlafaxine succinate tb24</i>	F	
<i>desvenlafaxine tb24</i>	F	ST
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	F	QL(2 ea daily)
KHEDEZLA TB24 (<i>desvenlafaxine</i>)	F	ST
<i>venlafaxine hcl cp24 150 mg, 37.5 mg, 75 mg</i>	F	
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	F	
<i>venlafaxine hcl tb24 150 mg, 225 mg, 75 mg</i>	F	
<i>venlafaxine hcl tb24 37.5 mg</i>	F	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	F	
<i>amoxapine tabs</i>	F	
<i>clomipramine hcl caps</i>	F	
<i>desipramine hcl tabs</i>	F	
<i>doxepin hcl caps</i>	F	
<i>doxepin hcl conc</i>	F	
<i>imipramine hcl tabs</i>	F	
<i>nortriptyline hcl caps</i>	F	
<i>nortriptyline hcl soln</i>	F	

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<i>protriptyline hcl tabs</i>	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	F	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN (<i>pramlintide acetate</i>)	F	PA
SYMLINPEN 60 SOPN (<i>pramlintide acetate</i>)	F	PA
Antidiabetic Combinations		
<i>alogliptin-metformin hcl tabs</i>	F	
<i>alogliptin-pioglitazone tabs</i>	F	
<i>glipizide-metformin hcl tabs</i>	F	
<i>glyburide-metformin tabs</i>	F	
INVOKAMET TABS (<i>canagliflozin-metformin hcl</i>)	F	PA
INVOKAMET XR TB24 (<i>canagliflozin-metformin hcl</i>)	F	PA
JANUMET TABS (<i>sitagliptin-metformin hcl</i>)	F	PA
JANUMET XR TB24 (<i>sitagliptin-metformin hcl</i>)	F	PA
JENTADUETO TABS (<i>linagliptin-metformin hcl</i>)	F	PA; AL(At least 18 yrs old)
KOMBIGLYZE XR TB24 (<i>saxagliptin-metformin hcl</i>)	F	PA
<i>pioglitazone hcl-glimepiride tabs</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin hcl tabs</i>	F	
SEGLUROMET TABS (<i>ertugliflozin-metformin hcl</i>)	F	QL(2 ea daily)
SOLQUA 100/33 SOPN (<i>insulin glargine-lixisenatide</i>)	F	PA
SYNJARDY TABS (<i>empagliflozin-metformin hcl</i>)	F	PA
SYNJARDY XR TB24 (<i>empagliflozin-metformin hcl</i>)	F	PA
XULTOPHY 100/3.6 SOPN (<i>insulin degludec-liraglutide</i>)	F	PA
Biguanides		
<i>metformin hcl tabs 1000 mg, 500 mg, 850 mg</i>	F	
<i>metformin hcl tb24 500 mg, 750 mg</i>	F	
Diabetic Other		
BAQSIMI ONE PACK POWD (<i>glucagon</i>)	F	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD (<i>glucagon</i>)	F	QL(0.069 ea daily)
BD GLUCOSE CHEW (<i>dextrose (diabetic use)</i>)	F	
CVS GLUCOSE CHEW 4 GM (<i>dextrose (diabetic use)</i>)	F	
CVS SOFT GLUCOSE CHEW (<i>dextrose (diabetic use)</i>)	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW (<i>dextrose (diabetic use)</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN HYPOKIT SOLR (<i>glucagon hcl (rdna)</i>)	F	
<i>glucagon (rdna) kit</i>	F	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM (<i>dextrose (diabetic use)</i>)	F	
GNP GLUCOSE CHEW 4 GM (<i>dextrose (diabetic use)</i>)	F	
GNP QUICK DISSOLVE GLUCOSE CHEW (<i>dextrose (diabetic use)</i>)	F	
GVOKE PFS SOSY (<i>glucagon</i>)	F	QL(0.02 ml daily)
KORLYM TABS (<i>mifepristone (hyperglycemia)</i>)	F	PA; SP
LEADER QUICK DISSOLVE GLUCOSE CHEW (<i>dextrose (diabetic use)</i>)	F	
SM GLUCOSE CHEW 4 GM (<i>dextrose (diabetic use)</i>)	F	
WALGREENS GLUCOSE CHEW 4 GM (<i>dextrose (diabetic use)</i>)	F	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	F	
JANUVIA TABS (<i>sitagliptin phosphate</i>)	F	PA
ONGLYZA TABS (<i>saxagliptin hcl</i>)	F	PA
TRADJENTA TABS (<i>linagliptin</i>)	F	PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS (<i>bromocriptine mesylate (diabetes)</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
Incretin Mimetic Agents (GLP-1 Receptor)		
ADLYXIN SOPN (<i>lixisenatide</i>)	F	PA
ADLYXIN STARTER PACK PNKT (<i>lixisenatide</i>)	F	PA
BYDUREON BCISE AUIJ (<i>exenatide</i>)	F	PA
BYDUREON PEN PEN (<i>exenatide</i>)	F	PA
BYETTA SOPN (<i>exenatide</i>)	F	PA
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	F	PA
VICTOZA SOPN (<i>liraglutide</i>)	F	PA
Insulin Sensitizing Agents		
AVANDIA TABS (<i>rosiglitazone maleate</i>)	F	
<i>pioglitazone hcl tabs</i>	F	
Insulin		
ADMELOG SOLN (<i>insulin lispro</i>)	F	QL(1.67 ml daily)
ADMELOG SOLOSTAR SOPN (<i>insulin lispro</i>)	F	QL(1.67 ml daily)
BASAGLAR KWIKPEN SOPN (<i>insulin glargine</i>)	F	Limit 50mls per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	F	
HUMALOG MIX 50/50 SUSP (<i>insulin lispro protamine & lispro</i>)	F	
HUMALOG MIX 75/25 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 SUSP (<i>insulin lispro protamine & lispro</i>)	F	
HUMULIN 70/30 KWIKPEN SUPN (<i>insulin nph isophane & reg (human)</i>)	F	
HUMULIN 70/30 SUSP (<i>insulin nph isophane & reg (human)</i>)	F	
HUMULIN N KWIKPEN SUPN (<i>insulin nph (human)</i> (isophane))	F	
HUMULIN N SUSP (<i>insulin nph (human)</i> (isophane))	F	
HUMULIN R SOLN (<i>insulin regular (human)</i>)	F	
HUMULIN R U-500 (CONCENTRATED) SOLN (insulin regular (human))	F	Limit 20 per month; QL(0.67 ml daily)
HUMULIN R U-500 KWIKPEN SOPN (<i>insulin regular (human)</i>)	F	Limit 20 per month; QL(0.67 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(30 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(40 ml per 30 days retail)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 FLEXPEN RELION SUPN (<i>insulin nph isophane & reg (human)</i>)	F	
NOVOLIN 70/30 FLEXPEN SUPN (<i>insulin nph isophane & reg (human)</i>)	F	
NOVOLIN 70/30 RELION SUSP (<i>insulin nph isophane & reg (human)</i>)	F	
NOVOLIN 70/30 SUSP (<i>insulin nph isophane & reg (human)</i>)	F	
NOVOLIN N FLEXPEN RELION SUPN (<i>insulin nph (human)</i> (isophane))	F	
NOVOLIN N FLEXPEN SUPN (<i>insulin nph (human)</i> (isophane))	F	
NOVOLIN N RELION SUSP (<i>insulin nph (human)</i> (isophane))	F	
NOVOLIN N SUSP (<i>insulin nph (human)</i> (isophane))	F	
NOVOLIN R RELION SOLN (<i>insulin regular (human)</i>)	F	
NOVOLIN R SOLN (<i>insulin regular (human)</i>)	F	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(30 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUSP (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP (<i>insulin aspart protamine & aspart (human)</i>)	F	QL(40 ml per 30 days retail)
Meglitinide Analogues		
<i>nateglinide tabs</i>	F	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS (<i>canagliflozin</i>)	F	PA
JARDIANCE TABS (<i>empagliflozin</i>)	F	PA
STEGLATRO TABS (<i>ertugliflozin l-pyroglutamic acid</i>)	F	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	F	
<i>glimepiride tabs</i>	F	
<i>glipizide tabs</i>	F	
<i>glipizide tb24</i>	F	
<i>glyburide micronized tabs</i>	F	
<i>glyburide tabs</i>	F	
<i>tolbutamide tabs</i>	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
(Bismuth Subsalicylate) BISMATROL, BISMATROL MAXIMUM STRENGTH, CVS STOMACH RELIEF, CVS STOMACH RELIEF MAXIMUM STRENGTH, DIARRHEA, DIOTAME INSTYDOSE, EQ STOMACH RELIEF, EQL STOMACH RELIEF, EQL STOMACH RELIEF MAXIMUM STRENGTH, GERI-PECTATE, GNP STOMACH RELIEF, GNP STOMACH RELIEF MAXIMUM STRENGTH, GNP ULTRA STOMACH RELIEF, GOODSENSE STOMACH RELIEF, GOODSENSE STOMACH RELIEF/MAXIMUM STRENGTH, HM STOMACH RELIEF, HM STOMACH RELIEF MAXIMUMSTRENGTH, HM STOMACH RELIEF ULTRA, KAOPECTATE, KAOPECTATE EXTRA STRENGTH, PINK BISMUTH, PINK BISMUTH MAXIMUM STRENGTH, PX STOMACH RELIEF, PX STOMACH RELIEF MAXIMUM STRENGTH, QC DIARRHEA RELIEF, QC PINK BISMUTH, RA STOMACH RELIEF, RA STOMACH RELIEF MAXIMUM STRENGTH, SM STOMACH RELIEF, SM STOMACH RELIEF LIQUID, SM STOMACH RELIEF MAXIMUMSTRENGTH, SOOTHE MAXIMUM STRENGTH, STOMACH RELIEF, STOMACH RELIEF EXTRA STRENGTH, STOMACH RELIEF MAXIMUM STRENGTH, STOMACH RELIEF PLUS, STOMACH	F	

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RELIEF ULTRA SUSP		
(Bismuth Subsalicylate) BISMATROL, CVS BISMUTH, CVS STOMACH RELIEF, EQ PINK-BISMUTH, EQL STOMACH RELIEF, GNP PINK BISMUTH, GOODSENSE STOMACH RELIEF, HM STOMACH RELIEF, MEDI-BISMUTH, PEPTIC RELIEF, PX STOMACH RELIEF, QC PINK BISMUTH, RA PINK BISMUTH, SM STOMACH RELIEF, STOMACH RELIEF CHEW	F	
(Bismuth Subsalicylate) CVS ANTI-DIARRHEAL SUSP 262 MG/15ML	F	
(Bismuth Subsalicylate) CVS BISMUTH, CVS STOMACH RELIEF, EQL STOMACH RELIEF, GNP PINK BISMUTH, KAOPECTATE, QC PINK BISMUTH, SB BISMUTH, SM STOMACH RELIEF, TGT STOMACH RELIEF TABS	F	
(Bismuth Subsalicylate) SOOTHE CHEW OR 262 MG	F	
(Bismuth Subsalicylate) SOOTHE SUSP OR 262 MG/15ML, 525 MG/30ML	F	
(Bismuth Subsalicylate) SOOTHE TABS OR 262 MG	F	
bismuth subsalicylate chew	F	
bismuth subsalicylate susp	F	
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Loperamide Hcl) ANTI- DIARRHEAL, CVS ANTI- DIARRHEAL, HM ANTI- DIARRHEAL, HM LOPERAMIDE HCL, SM ANTI-DIARRHEAL CAPS 2 MG	F	QL(8 ea daily); RX/OTC
(Loperamide Hcl) ANTI- DIARRHEAL, CVS ANTI- DIARRHEAL, HM ANTI- DIARRHEAL, SM ANTI- DIARRHEAL TABS 2 MG	F	QL(8 ea daily)
(Loperamide Hcl) DIAMODE, EQ ANTI- DIARRHEAL, EQL ANTI- DIARRHEAL, GNP ANTI- DIARRHEAL, KLS ANTI- DIARRHEAL, MEIJER ANTI-DIARRHEAL, MM ANTI-DIARRHEAL, PX ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, RA ANTI-DIARRHEAL, SB ANTI-DIARRHEAL, SR ANTI-DIARRHEAL, TGT ANTI-DIARRHEAL TABS	F	QL(8 ea daily)
(Loperamide Hcl) EQ ANTI- DIARRHEAL, GNP ANTI- DIARRHEAL, QC ANTI- DIARRHEAL, RA ANTI- DIARRHEAL, TGT LOPERAMIDE HCL CAPS	F	QL(8 ea daily); RX/OTC
ANTI-DIARRHEAL LIQD 1 MG/5ML (loperamide hcl)	F	QL(40 ml daily)
diphenoxylate w/ atropine liqd	F	
diphenoxylate w/ atropine tabs	F	
loperamide hcl caps 2 mg	F	QL(8 ea daily); RX/OTC
loperamide hcl tabs 2 mg	F	QL(8 ea daily)
paregoric tinc	F	

ANTIDOTES AND SPECIFIC ANTAGONISTS

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Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET CAPS (<i>succimer</i>)	F	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	F	PA; SP-AcariaHealth;S P
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	F	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK (<i>uridine triacetate (emergency treatment)</i>)	F	
Opioid Antagonists		
EVZIO SOAJ (<i>naloxone hcl</i>)	CO	
<i>naloxone hcl soaj</i>	CO	
<i>naloxone hcl soct</i>	CO	
<i>naloxone hcl soln</i>	CO	
<i>naloxone hcl sosy</i>	CO	
<i>naltrexone hcl tabs</i>	CO	
NALTREXONE IMPL (<i>naltrexone-triamcinolone</i>)	CO	
NARCAN LIQD (<i>naloxone hcl</i>)	CO	
VIVITROL SUSR (<i>naltrexone</i>)	CO	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl soln</i>	F	PA
<i>granisetron hcl tabs</i>	F	PA
<i>ondansetron hcl soln 4 mg/5ml</i>	F	QL(50 ml per fill retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	F	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron tbdp</i>	F	QL(20 ea per 30 days retail)
Antiemetics - Anticholinergic		
(Dimenhydrinate) CVS MOTION SICKNESS, DRIMINATE, EQ MOTION SICKNESS RELIEF, GOODSENSE MOTION SICKNESS, HM MOTION SICKNESS, QC MOTION SICKNESS RELIEF, SB MOTION SICKNESS, SM MOTION SICKNESS RELIEF, TRAV-TABS, WAL-DRAM TABS	F	
(Dimenhydrinate) GNP MOTION SICKNESS RELIEF, HM MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, RA MOTION SICKNESS RELIEF, SM MOTION SICKNESS, TRAVEL SICKNESS TABS 50 MG	F	
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE CHEW	F	RX/OTC
(Meclizine Hcl) CVS MOTION SICKNESS II, CVS MOTION SICKNESS LESSDROWSY FORMULA, DRAMAMINE LESS DROWSY, EQL MOTION SICKNESS RELIEF, HM MOTION RELIEF, TRAVEL-EASE, WAL-DRAM II TABS	F	RX/OTC
(Meclizine Hcl) GNP MOTION SICKNESS RELIEF, HM MOTION SICKNESS RELIEF, SM MOTION SICKNESS TABS 25 MG	F	RX/OTC
(Meclizine Hcl) MOTION SICKNESS RELIEF, RA MOTION SICKNESS RELIEF, TRAVEL SICKNESS CHEW 25 MG	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DRAMAMINE CHEW (<i>dimenhydrinate</i>)	F	
<i>meclizine hcl chew</i>	F	RX/OTC
<i>meclizine hcl tabs</i>	F	RX/OTC
<i>trimethobenzamide hcl caps</i>	F	
Antiemetics - Miscellaneous		
BONJESTA TBCR (<i>doxylamine-pyridoxine</i>)	F	Limit 2 fills per year; QL(1 ea daily)2 rtl MAX fill, 365 rtl day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	F	Limit 2 fills per year; QL(2 ea daily)2 rtl MAX fill, 365 rtl day(s) supply,
<i>dronabinol caps</i>	F	PA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	F	1 rtl pack lmt per fill,
<i>aprepitant caps 125 mg</i>	F	QL(1 ea per fill retail)
<i>aprepitant caps 40 mg</i>	F	
<i>aprepitant caps 80 mg</i>	F	QL(2 ea per fill retail)
<i>aprepitant misc</i>	F	1 rtl pack lmt per fill,
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	
<i>nystatin tabs</i>	F	
<i>terbinafine hcl tabs</i>	F	QL(90 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
<i>fluconazole susr</i>	F	
<i>fluconazole tabs</i>	F	
<i>itraconazole caps 100 mg</i>	F	PA
<i>ketoconazole tabs</i>	F	
<i>voriconazole susr</i>	F	
<i>voriconazole tabs</i>	F	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Chlorpheniramine Maleate) ALLER-CHLOR, ALLERGY TABLETS, ALLERGY-TIME, CHLORHIST, EQ CHLORTABS, EQL ALLERGY, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, PHARBECHLOR, QC ALLERGY RELIEF 4-HOUR, QC CHLORPHENIRAMINE, RA ALLERGY RELIEF, RA CHLORPHENIRAMINE MALEATE, SB CHLORPHENIRAMINE, SM ALLERGY 4 HOUR, WAL-FINATE TABS	F	
(Chlorpheniramine Maleate) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF TABS 4 MG	F	
(Chlorpheniramine Maleate) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF TABS OR 4 MG	F	

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(Chlorpheniramine Maleate) DIABETIC TUSSIN ALLERGY, ED CHLORPED JR SYRP	F	
(Dexchlorpheniramine Maleate) RYCLORA SOLN	F	
chlorpheniramine maleate tabs 4 mg	F	
dexchlorpheniramine maleate soln	F	
Antihistamines - Ethanolamines		
(Clemastine Fumarate) DAYHIST ALLERGY 12 HOUR RELIEF, GNP DAYHIST ALLERGY, PX DAYHIST ALLERGY, SM ALLERGY RELIEF TABS	F	
(Diphenhydramine Hcl) ALER-CAP, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, DIPHENHIST, EQL ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, HM ALLERGY RELIEF, HM ALLGERY MULTI SYMPTOM, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, RA ALLERGY MEDICATION, RA ALLERGY RELIEF, SB ALLERGY, SM ALLERGY RELIEF, TGT ALLERGY RELIEF, WAL-DRYL ALLERGY CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) ALERTAB, ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA, ANTI-HIST ALLERGY, COMPLETE ALLERGY MEDICINE, COMPLETE ALLERGY RELIEF, DIPHEN, EQL ALLERGY, EQL ALLERGY RELIEF, GERI-DRYL ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, HM ALLERGY, HM ALLERGY RELIEF, KLS ALLERGY MEDICINE, PX ALLERGY, QC COMPLETE ALLERGY MEDICINE, QLEARQUIL NIGHTTIME ALLEGY RELIEF, RA ALLERGY, RA ALLERGY MEDICATION, RA COMPLETE ALLERGY, SB ALLERGY MEDICINE, SM ALLERGY RELIEF, TGT ALLERGY RELIEF, TOTAL ALLERGY, WAL-DRYL ALLERGY TABS	F	

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(Diphenhydramine Hcl) ALLERGY CHILDRENS, AURODRYL ALLERGY CHILDRENS, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, DYE- FREE ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, GERI-DRYL, GNP ALLERGY ANTI HISTAMINE, GNP ALLERGY ANTI HISTAMINE CHILDRE NS, GNP ALLERGY CHILDRENS, GNP CHILDRENS ALLERGY, H- E-B CHILDRENS ALLERGY, HM ALLERGY RELIEF CHILDRENS, LIQUID ALLERGY RELIEF, M-DRYL, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF, SM ALLERGY RELIEF CHILDRENS, TGT ALLERGY RELIEF CHILDRENS, TGT ALLERGY RELIEF CHILDRENS DYE FREE, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-FREE CHILDRENS LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) ALLERGY RELIEF CHILDRENS, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS LIQD 12.5 MG/5ML	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, BANOPHEN, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS 25 MG	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, BANOPHEN, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS OR 25 MG	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF CAPS 25 MG	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF CAPS OR 25 MG	F	
(Diphenhydramine Hcl) BANOPHEN CAPS OR 25 MG, 50 MG	F	
(Diphenhydramine Hcl) CVS ALLERGY RELIEF CHILDRENS CHEW 12.5 MG	F	
(Diphenhydramine Hcl) CVS ALLERGY RELIEF LIQD 25 MG/10ML	F	
(Diphenhydramine Hcl) DI- PHEN, DIPHEN ELIX	F	
(Diphenhydramine Hcl) GNP ALLERGY RELIEF CHEW	F	

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Drug Name	Drug Tier	Requirements/ Limits
ALER-DRYL TABS (<i>diphenhydramine hcl</i>)	F	
<i>clemastine fumarate tabs</i>	F	
<i>diphenhydramine hcl caps</i>	F	
<i>diphenhydramine hcl chew</i>	F	
<i>diphenhydramine hcl elix</i>	F	
<i>diphenhydramine hcl liqd</i>	F	
<i>diphenhydramine hcl tabs</i>	F	
Antihistamines - Non-Sedating		

Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, EQL ALL DAY ALLERGY CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, HM CETIRIZINE HCL CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, TGT ALL DAY ALLERGY RELIEF CHILDRENS, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS SOLN	F	QL(240 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) ALL DAY ALLERGY, ALLERGY 24HOUR INDOOR/OUTDOOR, ALLERGY RELIEF/INDOOR/OUTDOOR, CVS INDOOR/OUTDOOR ALLERGY RELIEF, EQL ALL DAY ALLERGY, GNP ALL DAY ALLERGY, GOODSENSE ALL DAY ALLERGY, HM ALL DAY ALLERGY, HM ALLERGY RELIEF, HM CETIRIZINE HYDROCHLORIDE, KLS ALLER-TEC, KP CETIRIZINE HCL, KP CETIRIZINE HYDROCHLORIDE, PX ALLERGY RELIEF, QC ALL DAY ALLERGY, RA ALLERGY RELIEF, SB ALLERGY, SM ALL DAY ALLERGY, TGT ALL DAY ALLERGY RELIEF TABS	F	
(Cetirizine Hcl) ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS, WAL-ZYR CHILDRENS SOLN 1 MG/ML, 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF, WAL-ZYR TABS 10 MG	F	
(Cetirizine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF, WAL-ZYR TABS OR 10 MG	F	
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, EQ ALLERGY RELIEF SOLN 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, EQ ALLERGY RELIEF SOLN OR 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, WAL-ZYR CHILDRENS CHEW 10 MG, 5 MG	F	
(Cetirizine Hcl) CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF CHILDRENS, WAL-ZYR SOLN 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) EQ CETIRIZINE HYDROCHLORIDE CHILDRENS CHEW	F	
(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS SYRP 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) RA ALLERGY RELIEF CHILDRENS SYRP 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Fexofenadine Hcl) 24HR ALLERGY RELIEF, ALLER-EASE, ALLERGY 24-HR, ALLERGY RELIEF 24HR/INDOOR/OUTDOOR , EQL ALLER-EASE, GNP ALLERGY RELIEF, GOODSENSE ALLER-EASE, HM ALLERGY RELIEF, HM FEXOFENADINE HYDROCHLORIDE, KLS ALLER-FEX, KP FEXOFENADINE HCL, MM FEXOFENADINE HYDROCHLORIDE, PX ALLERGY RELIEF, QC FEXOFENADINE HYDROCHLORIDE, RA ALLERGY RELIEF, RA ALLERGY RELIEF 24 HOUR, SM FEXOFENADINE HCL, SM FEXOFENADINE HYDROCHLORIDE, TGT ALLERGY RELIEF, WAL-FEX, WAL-FEX 24 HOUR ALLERGY, WAL-FEX ALLERGY, WAL-FEX ALLERGY 12 HOUR TABS	F	
(Fexofenadine Hcl) ALLERGY RELIEF 24HR, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS 180 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF 24HR, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS OR 180 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF TABS 180 MG, 60 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF TABS OR 180 MG, 60 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF TABS 5 MG	F	RX/OTC
(Levocetirizine Dihydrochloride) GNP ALLERGY RELIEF 24 HOUR TABS	F	RX/OTC
(Loratadine) ALAVERT, EQ LORATADINE, GNP LORATADINE, HM ALLERGY RELIEF, MEIJER ALLERGY RELIEF, PX ALLERGY RELIEF, SB ALLERGY RELIEF, SM ALLERGY RELIEF, SM LORATADINE ALLERGY RELIEF, TGT ALLERGY RELIEF, TRIAMINIC ALLERCHEWS, WAL-ITIN, WAL-ITIN ALLER-MELTS, WAL-ITIN ALLERGY RELIEF REDITABS, WAL-VERT TBDP	F	
(Loratadine) ALLERGY CHILDRENS, ALLERGY RELIEF CHILD, CHILDRENS LORATADINE, CLARITIN ALLERGY CHILDRENS, EQ ALLERGY CHILDRENS, GNP LORATADINE, HM LORATADINE CHILDRENS, MEIJER LORATADINE, RA LORATADINE, SB LORATADINE, SM ALLERGY CHILDRENS, SM CHILDRENS LORATADINE, SM LORATADINE, TGT LORATADINE CHILDRENS, WAL-ITIN SYRP	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Loratadine) ALLERGY RELIEF CHILDRENS, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF CHILDRENS, LORATADINE CHILDRENS, QC ALLERGY RELIEF CHILDRENS SYRP 5 MG/5ML	F	
(Loratadine) ALLERGY RELIEF CHILDRENS, GNP LORATADINE CHILDRENS SOLN 5 MG/5ML	F	
(Loratadine) ALLERGY RELIEF LORATADINE, EQ LORATADINE, EQL ALLERGY RELIEF, GNP LORATADINE, GOODSENSE ALLERGY RELIEF, HM LORATADINE, KLS ALLERCLEAR, KP LORATADINE, LORADAMED, MEIJER ALLERGY RELIEF, PX ALLERGY RELIEF, QC LORATADINE ALLERGY RELIEF, QLEARQUIL ALL DAY & ALLNIGHT 24 HOUR ALLERGY RELIEF, RA ALLERGY RELIEF 24 HOUR, RA LORATADINE, SB LORATADINE, SB LORATADINE ALLERGY RELIEF, SM LORATADINE, TGT ALLERGY RELIEF, WAL-ITIN TABS	F	
(Loratadine) ALLERGY RELIEF, CVS ALLERGY RELIEF, QC ALLERGY RELIEF TBDP 10 MG	F	
(Loratadine) ALLERGY RELIEF, CVS ALLERGY RELIEF, QC ALLERGY RELIEF TBDP OR 10 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Loratadine) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF TABS 10 MG	F	
(Loratadine) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF TABS OR 10 MG	F	
(Loratadine) CHILDRENS LORATADINE, WAL-ITIN CHILDRENS SOLN	F	
<i>cetirizine hcl chew 10 mg, 5 mg</i>	F	
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs 10 mg, 5 mg</i>	F	
CLARITIN REDITABS TBDP 5 MG (<i>loratadine</i>)	F	
<i>fexofenadine hcl tabs</i>	F	
<i>levocetirizine dihydrochloride tabs 5 mg</i>	F	RX/OTC
<i>loratadine syrp 5 mg/5ml</i>	F	
<i>loratadine tabs 10 mg</i>	F	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PHENADOZ, PROMETHEGAN SUPP	F	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	
<i>promethazine hcl suppre 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	F	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	ST; QL(1 ea daily)
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	F	
(Cholestyramine Light) PREVALITE POWD	F	
<i>cholestyramine light pack</i>	F	
<i>cholestyramine light powd</i>	F	
<i>cholestyramine pack</i>	F	
<i>cholestyramine powd</i>	F	
<i>colestipol hcl gran 5 gm</i>	F	
<i>colestipol hcl tabs 1 gm</i>	F	
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 130 mg, 43 mg</i>	F	
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily)
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily)
FENOFIBRATE TABS 160 MG (<i>fenofibrate</i>)	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily)
<i>gemfibrozil tabs</i>	F	
TRIGLIDE TABS (<i>fenofibrate</i>)	F	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	F	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	F	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	F	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	F	QL(1.5 ea daily)
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily)
<i>pravastatin sodium tabs</i>	F	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	F	ST; QL(1 ea daily)
<i>simvastatin tabs 10 mg, 20 mg, 40 mg, 5 mg</i>	F	QL(1 ea daily)
<i>simvastatin tabs 80 mg</i>	F	PA
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	F	ST
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	F	
<i>niacin (antihyperlipidemic) tabs</i>	F	
<i>niacin (antihyperlipidemic) tbc</i>	F	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs</i>	F	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	F	
<i>fosinopril sodium tabs</i>	F	
<i>lisinopril tabs</i>	F	
<i>moexipril hcl tabs</i>	F	
<i>quinapril hcl tabs</i>	F	
<i>ramipril caps</i>	F	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	F	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	F	QL(2 ea daily)
Agents for Pheochromocytoma		
<i>metyrosine caps</i>	F	SP-AcariaHealth;S P
<i>phenoxybenzamine hcl caps</i>	F	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs</i>	F	
<i>irbesartan tabs</i>	F	
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	F	
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	
<i>valsartan tabs</i>	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl tabs</i>	F	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tabs</i>	F	
METHYLDOPA TABS (<i>methyldopa</i>)	F	
<i>prazosin hcl caps</i>	F	
<i>terazosin hcl caps</i>	F	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps</i>	F	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	F	ST
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST
<i>atenolol & chlorthalidone tabs</i>	F	
<i>benazepril & hydrochlorothiazide tabs</i>	F	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE TABS (<i>benazepril & hydrochlorothiazide</i>)	F	
<i>bisoprolol & hydrochlorothiazide tabs</i>	F	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	
<i>captopril & hydrochlorothiazide tabs</i>	F	
DUTOPROL TB24 12.5 MG-50 MG (<i>metoprolol & hydrochlorothiazide</i>)	F	

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Drug Name	Drug Tier	Requirements/Limits
enalapril maleate & hydrochlorothiazide tabs	F	
EXFORGE HCT TABS (amlodipine-valsartan-hydrochlorothiazide)	F	ST
fosinopril sodium & hydrochlorothiazide tabs	F	
irbesartan-hydrochlorothiazide tabs	F	
lisinopril & hydrochlorothiazide tabs	F	
losartan potassium & hydrochlorothiazide tabs	F	
methyldopa & hydrochlorothiazide tabs	F	
metoprolol & hydrochlorothiazide tabs	F	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5 MG-100 MG, 12.5 MG-25 MG (metoprolol & hydrochlorothiazide)	F	QL(1 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5 MG-50 MG (metoprolol & hydrochlorothiazide)	F	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	F	ST

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tabs	F	ST
propranolol & hydrochlorothiazide tabs	F	
quinapril-hydrochlorothiazide tabs	F	
telmisartan-amlodipine tabs	F	
telmisartan-hydrochlorothiazide tabs	F	
trandolapril-verapamil hcl tbc	F	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR (trandolapril-verapamil hcl)	F	
valsartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
Vasodilators		
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	F	
minoxidil tabs	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	F	QL(1 ea daily)
COARTEM TABS (artemether-lumefantrine)	F	QL(24 ea per fill retail)
Antimalarials		
chloroquine phosphate tabs 250 mg	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(8 ea per 56 days retail)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	F	
KRINTAFEL TABS (<i>tafenoquine succinate</i>)	F	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
<i>pyridostigmine bromide tabs 60 mg</i>	F	
<i>pyridostigmine bromide tbcr 180 mg</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	F	
<i>isoniazid syrp or 50 mg/5ml</i>	F	
<i>isoniazid tabs or 100 mg, 300 mg</i>	F	
PRIFTIN TABS (<i>rifapentine</i>)	F	
<i>pyrazinamide tabs</i>	F	
<i>rifabutin caps</i>	F	
<i>rifampin caps</i>	F	
TRECTOR TABS (<i>ethionamide</i>)	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
GLEOSTINE CAPS (<i>lomustine</i>)	F	
LEUKERAN TABS (<i>chlorambucil</i>)	F	
<i>melphalan tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
MYLERAN TABS (<i>busulfan</i>)	F	
<i>temozolomide caps 100 mg, 20 mg, 250 mg, 5 mg</i>	F	SP-AcariaHealth;S P
<i>temozolomide caps 140 mg, 180 mg</i>	F	SP-AcariaHealth
YONDELIS SOLR (<i>trabectedin</i>)	F	PA; SP-AcariaHealth;S P
Antimetabolites		
<i>capecitabine tabs 150 mg</i>	F	SP-AcariaHealth
<i>capecitabine tabs 500 mg</i>	F	SP-AcariaHealth;S P
<i>decitabine solr</i>	F	PA; SP
<i>mercaptopurine tabs or</i>	F	
<i>methotrexate sodium soln</i>	F	
<i>methotrexate sodium tabs</i>	F	
PURIXAN SUSP (<i>mercaptopurine</i>)	F	
TABLOID TABS (<i>thioguanine</i>)	F	SP-AcariaHealth;S P
TREXALL TABS (<i>methotrexate sodium</i>)	F	
XATMEP SOLN (<i>methotrexate</i>)	F	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN (<i>bevacizumab</i>)	F	PA; SP-AcariaHealth;S P
CYRAMZA SOLN (<i>ramucirumab</i>)	F	PA; SP-AcariaHealth;S P
INLYTA TABS (<i>axitinib</i>)	F	PA; SP-AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP
LENVIMA 14 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP
LENVIMA 18 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP-Biologics;SP
LENVIMA 20 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP
LENVIMA 24 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP
LENVIMA 8 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	F	PA; SP-Biologics;SP
ZALTRAP SOLN (<i>ziv-aflibercept</i>)	F	PA; SP-AcariaHealth;SP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN SOLR (<i>trastuzumab</i>)	F	PA; SP-AcariaHealth;SP
PERJETA SOLN (<i>pertuzumab</i>)	F	PA; SP-AcariaHealth;SP
Antineoplastic - Antibodies		
DARZALEX SOLN 100 MG/5ML (<i>daratumumab</i>)	F	PA; SP-AcariaHealth;SP
DARZALEX SOLN 400 MG/20ML (<i>daratumumab</i>)	F	PA; SP-AcariaHealth
EMPLICITI SOLR (<i>elotuzumab</i>)	F	PA; SP-AcariaHealth;SP
KADCYLA SOLR (<i>ado-trastuzumab emtansine</i>)	F	PA; SP-AcariaHealth;SP
OPDIVO SOLN 100 MG/10ML, 240 MG/24ML, 40 MG/4ML (<i>nivolumab</i>)	F	PA; SP-AcariaHealth;SP

Drug Name	Drug Tier	Requirements/Limits
RITUXAN SOLN (<i>rituximab</i>)	F	PA; SP-AcariaHealth;SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK (<i>venetoclax</i>)	F	PA
VENCLEXTA TABS (<i>venetoclax</i>)	F	PA
Antineoplastic - Cellular Immunotherapy		
KYMRIAH SUSP (<i>tisagenlecleucel</i>)	F	PA; SP
PROVENGE SUSP (<i>sipuleucel-t</i>)	F	PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl tabs 100 mg, 25 mg</i>	F	PA; SP-AcariaHealth;SP
<i>erlotinib hcl tabs 150 mg</i>	F	PA; SP
GILOTRIF TABS (<i>afatinib dimaleate</i>)	F	PA; SP
IRESSA TABS (<i>gefitinib</i>)	F	PA; SP
TAGRISSO TABS (<i>osimertinib mesylate</i>)	F	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS (<i>vismodegib</i>)	F	PA; SP
ODOMZO CAPS (<i>sonidegib phosphate</i>)	F	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	F	PA; SP-AcariaHealth;SP
<i>anastrozole tabs</i>	F	
<i>bicalutamide tabs</i>	F	
ELIGARD KIT (<i>leuprolide acetate (3 month)</i>)	F	PA; SP-AcariaHealth;SP

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD KIT (<i>leuprolide acetate (4 month)</i>)	F	PA; SP-AcariaHealth;S P
ELIGARD KIT (<i>leuprolide acetate (6 month)</i>)	F	PA; SP-AcariaHealth;S P
ELIGARD KIT (<i>leuprolide acetate</i>)	F	PA; SP-AcariaHealth;S P
EMCYT CAPS (<i>estramustine phosphate sodium</i>)	F	SP-AcariaHealth;S P
ERLEADA TABS (<i>apalutamide</i>)	F	PA; SP-AcariaHealth;SP
<i>exemestane tabs</i>	F	
FIRMAGON SOLR 120 MG/VIAL (<i>degarelix acetate</i>)	F	PA; SP
FIRMAGON SOLR 80 MG (<i>degarelix acetate</i>)	F	PA; SP-AcariaHealth;S P
<i>flutamide caps</i>	F	
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	F	PA; SP
<i>letrozole tabs</i>	F	
<i>leuprolide acetate kit</i>	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT (1-MONTH) KIT 3.75 MG (leuprolide acetate)	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT (1-MONTH) KIT 7.5 MG (leuprolide acetate)	F	PA; SP-AcariaHealth
LUPRON DEPOT (3-MONTH) KIT (leuprolide acetate (3 month))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT (4-MONTH) KIT (leuprolide acetate (4 month))	F	PA; SP-AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) KIT (leuprolide acetate (6 month))	F	PA; SP-AcariaHealth;S P
LYSODREN TABS (<i>mitotane</i>)	F	SP-AcariaHealth;S P
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
<i>tamoxifen citrate tabs</i>	F	
<i>toremifene citrate tabs</i>	F	PA
TRELSTAR MIXJECT SUSR (<i>triptorelin pamoate</i>)	F	PA; SP-AcariaHealth;S P
VANTAS KIT (<i>histrelin acetate</i>)	F	PA; SP-AcariaHealth;S P
XTANDI CAPS 40 MG (<i>enzalutamide</i>)	F	PA; SP
YONSA TABS (<i>abiraterone acetate</i>)	F	PA
ZOLADEX IMPL (<i>goserelin acetate</i>)	F	PA; SP-AcariaHealth;S P
Antineoplastic - Immunomodulators		
POMALYST CAPS (<i>pomalidomide</i>)	F	PA; SP
Antineoplastic - PDGFR-alpha Inhibitors		
LARTRUVO SOLN (<i>olatumab</i>)	F	PA; SP-Accredo;SP
Antineoplastic Antibiotics		
(Doxorubicin Hcl) ADRIAMYCIN SOLN	F	PA
(Doxorubicin Hcl) ADRIAMYCIN, ADRIAMYCIN SOLR	F	PA
<i>bleomycin sulfate solr</i>	F	PA
<i>doxorubicin hcl soln 2 mg/ml, 200 mg/100ml</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl conc</i>	F	PA; SP-AcariaHealth;SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	F	PA; SP
KISQALI FEMARA 400 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	F	PA; SP
KISQALI FEMARA 600 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	F	PA; SP
LONSURF TABS (<i>trifluridine-tipiracil</i>)	F	PA; SP
RITUXAN HYCELA SOLN (<i>rituximab-hyaluronidase human</i>)	F	PA; SP-AcariaHealth;SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	F	PA; SP
AFINITOR TABS 10 MG (<i>everolimus</i>)	F	PA; SP-AcariaHealth;SP
ALECENSA CAPS (<i>alectinib hcl</i>)	F	PA; SP
ALUNBRIG TABS 180 MG, 90 MG (<i>brigatinib</i>)	F	PA; SP-Caremark;SP
ALUNBRIG TABS 30 MG (<i>brigatinib</i>)	F	PA; SP
ALUNBRIG TBP (<i>brigatinib</i>)	F	PA; SP-Caremark;SP
BOSULIF TABS 100 MG, 500 MG (<i>bosutinib</i>)	F	PA; SP-AcariaHealth;SP
BRAFTOVI CAPS (<i>encorafenib</i>)	F	PA
CABOMETYX TABS (<i>cabozantinib s-malate</i>)	F	PA; SP
CALQUENCE CAPS (<i>acalabrutinib</i>)	F	PA
CAPRELSA TABS 100 MG (<i>vandetanib</i>)	F	PA; SP-Biologics;SP

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 300 MG (<i>vandetanib</i>)	F	PA; SP
COMETRIQ KIT (<i>cabozantinib s-malate</i>)	F	PA; SP
COPIKTRA CAPS (<i>duvelisib</i>)	F	PA
COTELLIC TABS (<i>cobimetinib fumarate</i>)	F	PA; SP
<i>everolimus tabs</i>	F	PA; SP-AcariaHealth;SP
FARYDAK CAPS (<i>panobinostat lactate</i>)	F	PA; SP
IBRANCE CAPS (<i>palbociclib</i>)	F	PA; SP-AcariaHealth;SP
IBRANCE TABS (<i>palbociclib</i>)	F	PA; SP-AcariaHealth;SP
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	F	PA; QL(1 ea daily); SP
IDHIFA TABS (<i>enasidenib mesylate</i>)	F	PA; SP-Accredo;SP
<i>imatinib mesylate tabs</i>	F	PA; SP
IMBRUVICA CAPS 140 MG (<i>ibrutinib</i>)	F	PA; SP
IMBRUVICA CAPS 70 MG (<i>ibrutinib</i>)	F	PA; SP-Biologics;SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	F	PA; QL(1 ea daily)
JAKAFI TABS 10 MG, 15 MG, 20 MG, 5 MG (<i>ruxolitinib phosphate</i>)	F	SP
JAKAFI TABS 25 MG (<i>ruxolitinib phosphate</i>)	F	
KISQALI TBP (<i>ribociclib succinate</i>)	F	PA; SP
<i>lapatinib ditosylate tabs</i>	F	SP
LYNPARZA TABS (<i>olaparib</i>)	F	PA; SP-Biologics;SP

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS (<i>trametinib dimethyl sulfoxide</i>)	F	PA; SP
MEKTOVI TABS (<i>binimetinib</i>)	F	PA
NERLYNX TABS (<i>neratinib maleate</i>)	F	PA; SP
NEXAVAR TABS (<i>sorafenib tosylate</i>)	F	PA; SP
NINLARO CAPS (<i>ixazomib citrate</i>)	F	PA; SP
RUBRACA TABS (<i>rucaparib camsylate</i>)	F	PA; SP
RYDAPT CAPS (<i>midostaurin</i>)	F	PA; SP
SPRYCEL TABS (<i>dasatinib</i>)	F	PA; SP
STIVARGA TABS (<i>regorafenib</i>)	F	PA; SP- AcariaHealth;S P
<i>sunitinib malate caps</i>	F	PA; SP
TAFINLAR CAPS (<i>dabrafenib mesylate</i>)	F	PA; SP
TASIGNA CAPS 150 MG, 200 MG (<i>nilotinib hcl</i>)	F	PA; SP- AcariaHealth;S P
TIBSOVO TABS (<i>ivosidenib</i>)	F	PA; SP
VOTRIENT TABS (<i>pazopanib hcl</i>)	F	PA; SP
XALKORI CAPS (<i>crizotinib</i>)	F	PA; SP- AcariaHealth;S P
ZEJULA CAPS (<i>niraparib tosylate</i>)	F	PA; SP
ZELBORAF TABS (<i>vemurafenib</i>)	F	PA; SP
ZOLINZA CAPS (<i>vorinostat</i>)	F	PA; SP- AcariaHealth;S P
ZYDELIG TABS (<i>idelalisib</i>)	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics Misc.		
ACTIMMUNE SOLN (<i>interferon gamma-1b</i>)	F	PA; SP- Caremark
<i>bexarotene caps</i>	F	PA; SP
<i>hydroxyurea caps</i>	F	
MATULANE CAPS (<i>procarbazine hcl</i>)	F	
SYLATRON KIT (<i>peginterferon alfa-2b (antineoplastic)</i>)	F	PA; SP- AcariaHealth
<i>tretinoin (chemotherapy) caps</i>	F	SP- AcariaHealth
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	F	
Mitotic Inhibitors		
DOCETAXEL CONC 160 MG/8ML, 20 MG/ML, 200 MG/10ML, 80 MG/4ML (<i>docetaxel</i>)	F	PA; SP- AcariaHealth;S P
<i>docetaxel conc 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	F	PA; SP- AcariaHealth;S P
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML (<i>docetaxel</i>)	F	PA; SP- AcariaHealth;S P
<i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	F	PA; SP- AcariaHealth;S P
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (<i>docetaxel</i>)	F	PA; SP- AcariaHealth;S P
<i>etoposide caps or 50 mg</i>	F	SP- AcariaHealth;S P
HALAVEN SOLN (<i>eribulin mesylate</i>)	F	PA; SP- AcariaHealth;S P
IXEMPRA KIT SOLR (<i>ixabepilone</i>)	F	PA; SP- AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate soln</i>	F	PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG (<i>topotecan hcl</i>)	F	PA; SP-AcariaHealth
<i>irinotecan hcl soln</i>	F	PA; SP-AcariaHealth;S P
<i>topotecan hcl soln 4 mg/4ml</i>	F	PA; SP-AcariaHealth
TOPOTECAN HCL SOLN 4 MG/4ML (<i>topotecan hcl</i>)	F	PA; SP-AcariaHealth
<i>topotecan hcl solr 4 mg</i>	F	PA; SP-AcariaHealth
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	F	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	CO	
<i>benztropine mesylate tabs</i>	CO	
COGENTIN SOLN (<i>benztropine mesylate</i>)	CO	
<i>trihexyphenidyl hcl soln</i>	CO	
<i>trihexyphenidyl hcl tabs</i>	CO	
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	F	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	CO	
<i>amantadine hcl syrp</i>	CO	
<i>amantadine hcl tabs</i>	CO	
<i>bromocriptine mesylate caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	F	
<i>carbidopa-levodopa tbcr 25 mg-100 mg, 50 mg-200 mg</i>	F	
GOCOVRI CP24 (<i>amantadine hcl</i>)	CO	
OSMOLEX ER T4PK (<i>amantadine hcl</i>)	CO	
OSMOLEX ER TB24 (<i>amantadine hcl</i>)	CO	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	F	
<i>ropinirole hydrochloride tabs</i>	F	
<i>ropinirole hydrochloride tb24</i>	F	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl caps</i>	F	
<i>selegiline hcl tabs</i>	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	CO	
<i>lithium carbonate tabs</i>	CO	
<i>lithium carbonate tbcr</i>	CO	
LITHIUM SOLN (<i>lithium</i>)	CO	
LITHOBID TBCR (<i>lithium carbonate</i>)	CO	
Antipsychotics - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA CAPS (<i>lumateperone tosylate</i>)	CO	
GEODON CAPS (<i>ziprasidone hcl</i>)	CO	
GEODON SOLR (<i>ziprasidone mesylate</i>)	CO	
LATUDA TABS (<i>lurasidone hcl</i>)	CO	
NUPLAZID CAPS (<i>pimavanserin tartrate</i>)	CO	
NUPLAZID TABS (<i>pimavanserin tartrate</i>)	CO	
VRAYLAR CAPS (<i>cariprazine hcl</i>)	CO	
VRAYLAR CPPK (<i>cariprazine hcl</i>)	CO	
<i>ziprasidone hcl caps</i>	CO	
<i>ziprasidone mesylate solr</i>	CO	
Benzisoxazoles		
FANAPT TABS (<i>iloperidone</i>)	CO	
FANAPT TITRATION PACK TABS (<i>iloperidone</i>)	CO	
INVEGA SUSTENNA SUSY (<i>paliperidone palmitate</i>)	CO	
INVEGA TB24 (<i>paliperidone</i>)	CO	
INVEGA TRINZA SUSY (<i>paliperidone palmitate</i>)	CO	
<i>paliperidone tb24</i>	CO	
PERSERIS PRSY (<i>risperidone</i>)	CO	
RISPERDAL CONSTA SRER (<i>risperidone microspheres</i>)	CO	
RISPERDAL SOLN (<i>risperidone</i>)	CO	

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL TABS (<i>risperidone</i>)	CO	
<i>risperidone soln</i>	CO	
<i>risperidone tabs</i>	CO	
<i>risperidone tbdp</i>	CO	
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>haloperidol decanoate</i>)	CO	
HALDOL DECANOATE 50 SOLN (<i>haloperidol decanoate</i>)	CO	
HALDOL SOLN (<i>haloperidol lactate</i>)	CO	
<i>haloperidol decanoate soln</i>	CO	
<i>haloperidol lactate conc</i>	CO	
<i>haloperidol lactate soln</i>	CO	
<i>haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	CO	
Dibenzapines		
ADASUVE AEPB (<i>loxapine</i>)	CO	
<i>asenapine maleate subl</i>	CO	
<i>clozapine tabs</i>	CO	
<i>clozapine tbdp</i>	CO	
CLOZARIL TABS (<i>clozapine</i>)	CO	
FAZACLO TBDP (<i>clozapine</i>)	CO	
<i>loxapine succinate caps</i>	CO	
<i>olanzapine solr</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tabs</i>	CO	
<i>olanzapine tbdp</i>	CO	
<i>quetiapine fumarate tabs</i>	CO	
<i>quetiapine fumarate tb24</i>	CO	
SAPHRIS SUBL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	CO	
SAPHRIS SUBL 5 MG (<i>asenapine maleate</i>)	CO	
SECUADO PT24 (<i>asenapine</i>)	CO	
SEROQUEL TABS (<i>quetiapine fumarate</i>)	CO	
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	CO	
VERSACLOZ SUSP (<i>clozapine</i>)	CO	
ZYPREXA RELPREVV SUSR (<i>olanzapine pamoate</i>)	CO	
ZYPREXA SOLR (<i>olanzapine</i>)	CO	
ZYPREXA TABS (<i>olanzapine</i>)	CO	
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	CO	
Dihydroindolones		
<i>molindone hcl tabs</i>	CO	
Phenothiazines		
(Prochlorperazine) COMPRO SUPP	F	
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	CO	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine decanoate soln</i>	CO	
<i>fluphenazine hcl conc</i>	CO	
<i>fluphenazine hcl elix</i>	CO	
<i>fluphenazine hcl soln</i>	CO	
<i>fluphenazine hcl tabs</i>	CO	
<i>perphenazine tabs</i>	CO	
<i>prochlorperazine maleate tabs</i>	F	
<i>prochlorperazine supp</i>	F	
<i>thioridazine hcl tabs</i>	CO	
<i>trifluoperazine hcl tabs</i>	CO	
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY (<i>aripiprazole</i>)	CO	
ABILIFY MAINTENA SRER (<i>aripiprazole</i>)	CO	
ABILIFY MYCITE TABS (<i>aripiprazole</i>)	CO	
ABILIFY TABS (<i>aripiprazole</i>)	CO	
<i>aripiprazole soln</i>	CO	
<i>aripiprazole tabs</i>	CO	
<i>aripiprazole tbdp</i>	CO	
ARISTADA INITIO PRSY (<i>aripiprazole lauroxil</i>)	CO	
ARISTADA PRSY (<i>aripiprazole lauroxil</i>)	CO	
REXULTI TABS (<i>brexpiprazole</i>)	CO	
Thioxanthenes		
<i>thiothixene caps</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
ANTISEPTICS & DISINFECTANTS		
Antiseptic Combinations		
EXCEL AP SWAB (<i>povidone-iodine & isopropyl alcohol</i>)	F	
IV PREP WIPES PADS (<i>antiseptic products, misc.</i>)	F	
MICROCLENS WIPES PADS (<i>antiseptic products, misc.</i>)	F	
UNI-SOLVE PADS (<i>antiseptic products, misc.</i>)	F	
Antiseptics & Disinfectants		
(Hydrogen Peroxide) CVS HYDROGEN PEROXIDE, EQ HYDROGEN PEROXIDE, EQL HYDROGEN PEROXIDE, GNP HYDROGEN PEROXIDE, GOODSENSE HYDROGEN PEROXIDE, HM HYDROGEN PEROXIDE, MEIJER HYDROGEN PEROXIDE, PX HYDROGEN PEROXIDE, QC HYDROGEN PEROXIDE, RA HYDROGEN PEROXIDE, SM HYDROGEN PEROXIDE, TGT HYDROGEN PEROXIDE SOLN	F	
CETYLCIDE-G CONC (<i>glutaral</i>)	F	
DERMA CIDOL 2000 LIQD (<i>chloroxyleneol (antiseptic)</i>)	F	
<i>formaldehyde soln 10 %</i>	F	QL(90 ml per fill retail)
FORMALDEHYDE SOLN 37 % (<i>formaldehyde</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUTARALDEHYDE SOLN EX 25 % (<i>glutaral</i>)	F	
GNP HYDROGEN PEROXIDE WIPES MISC (<i>hydrogen peroxide</i>)	F	
<i>hydrogen peroxide soln ex 3 %</i>	F	
HYDROGEN PEROXIDE SOLN EX 3 % (<i>hydrogen peroxide</i>)	F	
<i>hydrogen peroxide soln xx 30 %</i>	F	
HYLAMEND FIRST AID ANTISEPTIC GEL (<i>hydrogen peroxide</i>)	F	
KERR TRIPLE DYE SWAB (<i>triple dye</i>)	F	
PHENOL EZ SWABS SWAB (<i>phenol</i>)	F	
PHENOL LIQD EX (<i>phenol</i>)	F	
Chlorine Antiseptics		
(Benzalkonium Chloride) ANTISEPTIC SPRAY, CVS MERTHIOLATE, EQL ANTIBACTERIAL HAND SOAP, EQL HAND SOAP, HANDCLENS 2 IN 1 FOAMINGSANITIZER/LOT ION, MERTHIOLATE LIQD	F	
(Benzalkonium Chloride) BZK ANTISEPTIC TOWELETTES, CARETOUCH SANITIZING WIPES, EQ ANTIBACTERIAL HANDS &FACE WIPES MISC	F	
(Benzethonium Chloride) MICROKLENZ LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Chlorhexidine Gluconate) ANTISEPTIC SKIN CLEANSER, CVS ANTISEPTIC SKIN CLEANSER, CVS HAND WASH ADVANCED ANTIBACTERIAL, DYNA- HEX 2, DYNA-HEX 4, GNP ADVANCED ANTIBACTERIAL HAND SOAP, GNP ANTISEPTIC SKIN CLEANSER, HM ANTISEPTIC SKIN CLEANSER, RA ANTISEPTIC SKIN CLEANSER, SM ANTISEPTIC SKIN CLEANSER SOLN	F	
(Chlorhexidine Gluconate) BETASEPT SURGICAL SCRUB LIQD	F	
(Chlorhexidine Gluconate) CHLORHEXIDINE GLUCONATE SOLN EX 2 %	F	
(Sodium Hypochlorite) H- CHLOR 12, HYSEPT SOLN	F	
(Triclosan) ANTIBACTERIAL LIQUID SOAP, RA RENEWAL ANTIBACTERIALHAND SOAP REFILL, SM ANTIBACTERIAL LIQUID SOAP LIQD	F	
AMERIWASH LOTN (<i>triclosan</i>)	F	
ANASEPT ANTIMICROBIAL SKIN & WOUND GEL GEL (<i>sodium hypochlorite</i>)	F	
ANASEPT LIQD (<i>sodium hypochlorite</i>)	F	
ANTISEPTIC WOUND & SKIN CLEANSER LIQD (<i>benzethonium chloride</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
BENZALKONIUM CHLORIDE CONC 50 % (<i>benzalkonium chloride</i>)	F	
<i>benzalkonium chloride misc 0.13 %</i>	F	
BENZALKONIUM CHLORIDE SOLN (<i>benzalkonium chloride</i>)	F	
BENZALKONIUM CHLORIDE SOLN 50 % (<i>benzalkonium chloride</i>)	F	RX/OTC
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/4MM HOLE MISC (<i>chlorhexidine gluconate</i>)	F	
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/7MM HOLE MISC (<i>chlorhexidine gluconate</i>)	F	
BIOPATCH ANTIMICROBIAL DRESSING/3/4" DISK/1.5MM HOLE MISC (<i>chlorhexidine gluconate</i>)	F	
BIOPATCH PROTECTIVE DISKWITH CHG/1"DISK/4MM HOLE MISC (<i>chlorhexidine gluconate</i>)	F	
CA-REZZ CREA 0.3 % (<i>triclosan</i>)	F	
CA-REZZ GENTLE LIQD (<i>triclosan</i>)	F	
CA-REZZ MOISTURE BARRIER CREA (<i>triclosan</i>)	F	
CA-REZZ NORISC CREAM CREA (<i>benzethonium chloride</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
CA-REZZ NORISC LIQD (<i>triclosan</i>)	F	
CARETOUCH FOAMING HAND SANITIZER FOAM (<i>benzalkonium chloride</i>)	F	
CAVILON SKIN CLEANSER LIQD (<i>benzalkonium chloride</i>)	F	
CHLORHEXIDINE GLUCONATE CLOTH PADS (<i>chlorhexidine gluconate</i>)	F	
CHLORHEXIDINE GLUCONATE LIQD EX 2 % (<i>chlorhexidine gluconate</i>)	F	
<i>chlorhexidine gluconate liqd ex 4 %</i>	F	
CHLORHEXIDINE GLUCONATE SOLN XX 20 % (<i>chlorhexidine gluconate</i>)	F	
CLORPACTIN WCS-90 POWD (<i>oxychlorosene sodium</i>)	F	
CURECHROME SOLN (<i>benzalkonium chloride</i>)	F	
CURX ANTIMICROBIAL GEL (<i>benzalkonium chloride</i>)	F	
DI-DAK-SOL SOLN (<i>sodium hypochlorite</i>)	F	
DIABET-X DAILY PREVENTIONS KIN THERAPY CREA (<i>triclosan</i>)	F	
DIABETIC BASICS HEALTHY FOOT LOTN (<i>benzalkonium chloride</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
EQL ANTIBACTERIAL DEODORANT SOAP BAR (<i>triclosan</i>)	F	
EQL ANTIBACTERIAL FOAMING HAND WASH LIQD (<i>benzalkonium chloride</i>)	F	
GERMBLOC HEALTH FOAM (<i>benzalkonium chloride</i>)	F	
GERMBLOC HEALTH HAND SANITIZER LOTN (<i>benzalkonium chloride</i>)	F	
GOLD BOND FIRST AID QUICK SPRAY LIQD (<i>benzethonium chloride-menthol</i>)	F	
GOLD BOND ULTIMATE HAND SANITIZER SHEER MOISTURE LIQD (<i>benzethonium chloride</i>)	F	
GOLD BOND ULTIMATE HAND SANITIZER/MOISTURIZE R LIQD (<i>benzethonium chloride</i>)	F	
H-CHLOR 6 SOLN (<i>sodium hypochlorite</i>)	F	
H-CHLOR WOUND GEL (<i>sodium hypochlorite</i>)	F	
MERTHIOLATE TINCTURE TINC (<i>benzalkonium chloride-alcohol</i>)	F	
OXYZAL WET DRESSING SOLN (<i>benzalkonium chloride w/ oxyquinoline sulfate</i>)	F	
REMEDY ANTIMICROBIAL CLEANSER LIQD (<i>benzalkonium chloride</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
TEGADERM CHG DRESSING/2-3/4"X3-3/8" MISC (<i>chlorhexidine gluconate</i>)	F	
TEGADERM CHG DRESSING/3-1/2"X4-1/2" MISC (<i>chlorhexidine gluconate</i>)	F	
TEGADERM CHG DRESSING/4"X4-3/4" MISC (<i>chlorhexidine gluconate</i>)	F	
TEGADERM CHG DRESSING/4"X6-1/8" MISC (<i>chlorhexidine gluconate</i>)	F	
<i>triclosan liqd</i>	F	
WALTZ FREE HAND SANITIZER LOTN (<i>benzalkonium chloride</i>)	F	
WALTZ FREE HAND SANITZER FOAM (<i>benzalkonium chloride</i>)	F	
Disinfectants		
CETYLCIDE II CONC (<i>disinfectant products, misc.</i>)	F	
CREOLIN LIQD (<i>disinfectant products, misc.</i>)	F	
Iodine Antiseptics		

Drug Name	Drug Tier	Requirements/ Limits
(Povidone-Iodine) APLICARE POVIDONE- IODINESCRUB, APLICARE POVIDONE/IODINE, CVS POVIDONE-IODINE, EQ FIRST AID ANTISEPTIC, EQ POVIDONE-IODINE, GNP POVIDONE-IODINE, HM POVIDONE-IODINE, PVP PREP, PVP SCRUB, QC POVIDONE IODINE, RA ANTISEPTIC, SB POVIDONE-IODINE, SCRUB CARE POVIDONE- IODINE/PAINT, SM POVIDONE-IODINE SOLN	F	
(Povidone-Iodine) CLOROX NASAL ANTISEPTIC SWABS SWAB	F	
APLICARE POVIDONE/IODINE GEL (<i>povidone-iodine</i>)	F	
BETADINE SOLN 5 % (<i>povidone-iodine</i>)	F	
BETADINE SURGICAL SCRUB SOLN (<i>povidone-iodine</i>)	F	
CVS IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
DECOLORIZED IODINE TINC (<i>iodine (topical)</i>)	F	RX/OTC
FIRST AID ANTISEPTIC OINTMENT OINT (<i>povidone-iodine</i>)	F	
GNP IODIDES TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
GNP IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
GOODSENSE IODINE TINC (<i>iodine (topical)</i>)	F	RX/OTC
HM IODIDES TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
HM IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
IODEX OINT (<i>iodine (topical)</i>)	F	
IODEX/METHYL SALICYLATE OINT (<i>iodine-methyl salicylate</i>)	F	
IODINE TINCTURE MILD TINC (<i>iodine (topical)</i>)	F	RX/OTC
IODINE TINCTURE STRONG DECOLORIZED TINC (<i>iodine (topical)</i>)	F	
IODINE TINCTURE STRONG TINC (<i>iodine (topical)</i>)	F	
IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
IODOFLEX PADS (<i>cadexomer iodine</i>)	F	
IODOSORB GEL (<i>cadexomer iodine</i>)	F	
KENDALL GEL SKIN SCRUB PACK/LARGE WINGED SPONGES KIT (<i>povidone-iodine</i>)	F	
KENDALL GEL SKIN SCRUB PACK/SMALL WINGED SPONGES KIT (<i>povidone-iodine</i>)	F	
KENDALL MINOR WET SKIN SCRUB PACK KIT (<i>povidone-iodine</i>)	F	
KENDALL SPONGE STICK/PVP MISC (<i>povidone-iodine</i>)	F	
KENDALL VAGINAL PREP PACK KIT (<i>povidone-iodine</i>)	F	
KENDALL VAGINAL PREP TRAY KIT (<i>povidone-iodine</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
KENDALL WET SKIN SCRUB PACK KIT (<i>povidone-iodine</i>)	F	
LUGOLS STRONG IODINE SOLN (<i>iodine (topical)</i>)	F	
<i>povidone-iodine oint 10 %</i>	F	
POVIDONE-IODINE PREP PAD PADS (<i>povidone-iodine</i>)	F	
POVIDONE-IODINE PREP PADS PADS (<i>povidone-iodine</i>)	F	
POVIDONE-IODINE SCRUB LARGE WINGED SPONGE MISC (<i>povidone-iodine</i>)	F	
POVIDONE-IODINE SCRUB SMALL WINGED SPONGE MISC (<i>povidone-iodine</i>)	F	
POVIDONE-IODINE SCRUB SPONGE STICKS MISC (<i>povidone-iodine</i>)	F	
<i>povidone-iodine soln 10 %</i>	F	
<i>povidone-iodine swab 10 %</i>	F	
POVIDONE-IODINE SWAB 7.5 % (<i>povidone-iodine</i>)	F	
QC IODIDES TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
QC IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
RA FIRST AID IODINE TINC (<i>iodine (topical)</i>)	F	RX/OTC
SM IODIDES TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC
SM IODINE TINCTURE TINC (<i>iodine (topical)</i>)	F	RX/OTC

ANTIVIRALS - Drugs to Treat Viral Infections

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Drug Name	Drug Tier	Requirements/ Limits
Antiretrovirals		
<i>abacavir sulfate soln</i>	CO	
<i>abacavir sulfate tabs</i>	CO	
<i>abacavir sulfate-lamivudine tabs</i>	CO	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	CO	
APTIVUS CAPS (<i>tipranavir</i>)	CO	
APTIVUS SOLN (<i>tipranavir</i>)	CO	
<i>atazanavir sulfate caps</i>	CO	
ATRIPLA TABS (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	CO	
BIKTARVY TABS (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	CO	
CIMDUO TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	CO	
COMBIVIR TABS (<i>lamivudine-zidovudine</i>)	CO	
COMPLERA TABS (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	CO	
CRIXIVAN CAPS (<i>indinavir sulfate</i>)	CO	
DELSTRIGO TABS (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	CO	
DESCOVY TABS (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>didanosine cpdr</i>	F	
DOVATO TABS (<i>dolutegravir sodium-lamivudine</i>)	CO	
EDURANT TABS (<i>rilpivirine hcl</i>)	CO	
<i>efavirenz caps</i>	CO	
<i>efavirenz tabs</i>	CO	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	CO	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	CO	
<i>emtricitabine caps</i>	CO	
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	CO	
EMTRIVA CAPS 200 MG (<i>emtricitabine</i>)	CO	
EMTRIVA SOLN 10 MG/ML (<i>emtricitabine</i>)	CO	
EPIVIR SOLN (<i>lamivudine</i>)	CO	
EPIVIR TABS (<i>lamivudine</i>)	CO	
EPZICOM TABS (<i>abacavir sulfate-lamivudine</i>)	CO	
<i>etravirine tabs</i>	CO	
EVOTAZ TABS (<i>atazanavir sulfate-cobicistat</i>)	CO	
<i>fosamprenavir calcium tabs</i>	CO	
FUZEON SOLR (<i>enfuvirtide</i>)	CO	

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Drug Name	Drug Tier	Requirements/ Limits
GENVOYA TABS (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	CO	
INTELENCE TABS 100 MG, 200 MG (<i>etravirine</i>)	CO	
INTELENCE TABS 25 MG (<i>etravirine</i>)	CO	
INVIRASE TABS (<i>saquinavir mesylate</i>)	CO	
ISENTRESS CHEW (<i>raltegravir potassium</i>)	CO	
ISENTRESS HD TABS (<i>raltegravir potassium</i>)	CO	
ISENTRESS PACK (<i>raltegravir potassium</i>)	CO	
ISENTRESS TABS (<i>raltegravir potassium</i>)	CO	
JULUCA TABS (<i>dolutegravir sodium-rilpivirine hcl</i>)	CO	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	CO	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	CO	
<i>lamivudine soln</i>	CO	
<i>lamivudine tabs</i>	CO	
<i>lamivudine-zidovudine tabs</i>	CO	
LEXIVA SUSP 50 MG/ML (<i>fosamprenavir calcium</i>)	CO	
LEXIVA TABS 700 MG (<i>fosamprenavir calcium</i>)	CO	
<i>lopinavir-ritonavir soln</i>	CO	
<i>lopinavir-ritonavir tabs</i>	CO	
<i>nevirapine susp</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine tabs</i>	CO	
<i>nevirapine tb24</i>	CO	
NORVIR PACK 100 MG (<i>ritonavir</i>)	CO	
NORVIR SOLN 80 MG/ML (<i>ritonavir</i>)	CO	
NORVIR TABS 100 MG (<i>ritonavir</i>)	CO	
ODEFSEY TABS (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	CO	
PIFELTRO TABS (<i>doravirine</i>)	CO	
PREZCOBIX TABS (<i>darunavir-cobicistat</i>)	CO	
PREZISTA SUSP (<i>darunavir ethanolate</i>)	CO	
PREZISTA TABS (<i>darunavir ethanolate</i>)	CO	
RESCRIPTOR TABS (<i>delavirdine mesylate</i>)	CO	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	CO	
REYATAZ PACK 50 MG (<i>atazanavir sulfate</i>)	CO	
<i>ritonavir tabs</i>	CO	
SELZENTRY SOLN (<i>maraviroc</i>)	CO	
SELZENTRY TABS (<i>maraviroc</i>)	CO	
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	CO	
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>stavudine</i>)	CO	

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Drug Name	Drug Tier	Requirements/ Limits
STRIBILD TABS (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	CO	
SUSTIVA CAPS (<i>efavirenz</i>)	CO	
SUSTIVA TABS (<i>efavirenz</i>)	CO	
SYMFI LO TABS (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO	
SYMFI TABS (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO	
SYMTUZA TABS (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	CO	
TEMIXYS TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	CO	
<i>tenofovir disoproxil fumarate tabs</i>	CO	
TIVICAY PD TBSO (<i>dolutegravir sodium</i>)	CO	
TIVICAY TABS (<i>dolutegravir sodium</i>)	CO	
TRIUMEQ TABS (<i>abacavir-dolutegravir-lamivudine</i>)	CO	
TRIZIVIR TABS (<i>abacavir sulfate-lamivudine-zidovudine</i>)	CO	
TROGARZO SOLN (<i>ibalizumab-uiyk</i>)	CO	
TRUVADA TABS (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	CO	
TYBOST TABS (<i>cobicistat</i>)	CO	

Drug Name	Drug Tier	Requirements/ Limits
VIDEX EC CPDR 125 MG (<i>didanosine</i>)	F	
VIDEXPEDIATRIC SOLR (<i>didanosine</i>)	F	
VIRACEPT TABS (<i>nelfinavir mesylate</i>)	CO	
VIRAMUNE SUSP (<i>nevirapine</i>)	CO	
VIRAMUNE TABS (<i>nevirapine</i>)	CO	
VIRAMUNE XR TB24 (<i>nevirapine</i>)	CO	
VIREAD POWD 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	CO	
VIREAD TABS 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	CO	
VIREAD TABS 300 MG (<i>tenofovir disoproxil fumarate</i>)	CO	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	CO	
ZIAGEN TABS (<i>abacavir sulfate</i>)	CO	
<i>zidovudine caps</i>	F	SP
<i>zidovudine syrup</i>	F	SP
<i>zidovudine tabs</i>	F	SP
CMV Agents		
<i>cidofovir soln</i>	F	PA
<i>valganciclovir hcl solr 50 mg/ml</i>	F	QL(21 ml daily); AL(At least 21 yrs old)
<i>valganciclovir hcl tabs 450 mg</i>	F	
Hepatitis Agents		

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Drug Name	Drug Tier	Requirements/Limits
(Ribavirin (Hepatitis C)) RIBASPHERE CAPS 200 MG	F	PA; SP-AcariaHealth;S P
(Ribavirin (Hepatitis C)) RIBASPHERE TABS 200 MG, 600 MG	F	PA; SP-AcariaHealth;S P
adefovir dipivoxil tabs	F	SP
BARACLUDGE SOLN 0.05 MG/ML (entecavir)	F	
entecavir tabs 0.5 mg	F	SP
entecavir tabs 1 mg	F	
EPIVIR HBV SOLN 5 MG/ML (lamivudine (hbv))	CO	
EPIVIR HBV TABS 100 MG (lamivudine (hbv))	CO	
lamivudine (hbv) tabs	CO	
PEGASYS PROCLICK SOLN (peginterferon alfa-2a)	F	PA; SP-AcariaHealth;S P
PEGASYS SOLN (peginterferon alfa-2a)	F	PA; SP-AcariaHealth;S P
PEGINTRON KIT (peginterferon alfa-2b)	F	PA; SP-AcariaHealth;S P
RIBASPHERE RIBAPAK TBPK (ribavirin (hepatitis c))	F	PA; SP-AcariaHealth;S P
RIBASPHERE TABS 400 MG (ribavirin (hepatitis c))	F	PA; SP-AcariaHealth;S P
ribavirin (hepatitis c) caps	F	PA; SP-AcariaHealth;S P
ribavirin (hepatitis c) tabs	F	PA; SP-AcariaHealth;S P
sofosbuvir-velpatasvir tabs	F	PA; SP- Acaria Health;SP

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY TABS (tenofovir alafenamide fumarate)	CO	
Herpes Agents		
acyclovir caps	F	
acyclovir susp	F	
acyclovir tabs	F	
famciclovir tabs	F	
valacyclovir hcl tabs	F	
Influenza Agents		
oseltamivir phosphate caps or 30 mg	F	QL(20 ea per 30 days retail)
oseltamivir phosphate caps or 45 mg, 75 mg	F	QL(10 ea per 30 days retail)
oseltamivir phosphate susr or 6 mg/ml	F	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB (zanamivir)	F	AL(At least 5 yrs old)
rimantadine hydrochloride tabs	F	
TAMIFLU CAPS 30 MG (oseltamivir phosphate)	F	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (oseltamivir phosphate)	F	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (oseltamivir phosphate)	F	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	F	QL(1 ea daily)
carvedilol tabs	F	
labetalol hcl tabs	F	
Beta Blockers Cardio-Selective		

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Drug Name	Drug Tier	Requirements/ Limits
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	F	
<i>metoprolol succinate tb24</i>	F	
<i>metoprolol tartrate tabs 100 mg, 25 mg, 50 mg</i>	F	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	F	
HEMANGEOL SOLN (<i>propranolol hcl</i>)	F	PA
<i>nadolol tabs</i>	F	
<i>pindolol tabs</i>	F	
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol hcl soln iv 1 mg/ml</i>	F	PA
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	F	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol hcl (afib/af) tabs</i>	F	
<i>sotalol hcl tabs</i>	F	
SOTYLIZE SOLN (<i>sotalol hcl</i>)	F	
<i>timolol maleate tabs</i>	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24	F	

Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	F	
(Diltiazem Hcl) DILT-XR CP24	F	
<i>amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg</i>	F	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	F	
<i>diltiazem hcl cp12 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl cp24 180 mg, 240 mg</i>	F	
<i>diltiazem hcl extended release beads cp24</i>	F	
<i>diltiazem hcl tabs 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>felodipine tb24</i>	F	
<i>nicardipine hcl caps</i>	F	
<i>nifedipine caps 10 mg, 20 mg</i>	F	
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily)
<i>nimodipine caps</i>	F	QL(12 ea daily, 252 ea per 21 days retail)
<i>nisoldipine tb24 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	F	
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML (<i>nimodipine</i>)	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	F	
<i>verapamil hcl soln iv 2.5 mg/ml</i>	F	PA
<i>verapamil hcl tabs or 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	F	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	F	
VERELAN PM CP24 (<i>verapamil hcl</i>)	F	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	F	
<i>digoxin soln or 0.05 mg/ml</i>	F	
<i>digoxin tabs or 0.125 mg, 125 mcg, 250 mcg</i>	F	
LANOXIN TABS OR 125 MCG, 250 MCG (<i>digoxin</i>)	F	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Prostaglandin Vasodilators		
<i>treprostinil soln</i>	F	PA; SP-Caremark
VENTAVIS SOLN (<i>iloprost</i>)	F	PA; SP-Caremark
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	F	PA; SP
<i>bosentan tabs 125 mg</i>	F	SP
<i>bosentan tabs 62.5 mg</i>	F	
TRACLEER TBSO 32 MG (<i>bosentan</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Phosphodiesterase		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	F	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	F	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	F	
<i>cefadroxil susr</i>	F	
<i>cefadroxil tabs</i>	F	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN (<i>cefazolin sodium in sodium chloride</i>)	F	PA
CEFAZOLIN/SODIUM CHLORIDE SOLN (<i>cefazolin sodium in sodium chloride</i>)	F	PA
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
<i>cephalexin tabs 250 mg, 500 mg</i>	F	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	F	
<i>cefaclor susr</i>	F	
<i>cefprozil susr</i>	F	
<i>cefprozil tabs</i>	F	
<i>cefuroxime axetil tabs</i>	F	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir susr</i>	F	
<i>cefpodoxime proxetil susr</i>	F	
<i>cefpodoxime proxetil tabs</i>	F	
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	F	
CEFTRIAXONE SODIUM SOLR IJ 100 GM (<i>ceftriaxone sodium</i>)	F	PA
<i>ceftriaxone sodium solr ij 2 gm</i>	F	PA
<i>ceftriaxone sodium solr iv 1 gm, 10 gm, 2 gm</i>	F	PA
CHEMICALS		
Bulk Chemicals - H's		
HALOPERIDOL POWD XX (<i>haloperidol (bulk)</i>)	CO	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	F	365 day supply allowed;
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	F	365 day supply allowed;
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT, VELIVET TABS	F	365 day supply allowed;

Drug Name	Drug Tier	Requirements/ Limits
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZARAH, ZUMANDIMINE TABS	F	365 day supply allowed;
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E TABS	F	365 day supply allowed;
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	F	365 day supply allowed;
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 TABS	F	365 day supply allowed;
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, SETLAKIN, SIMPESSA TABS	F	365 day supply allowed; QL(1 ea daily)
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, SETLAKIN, SIMPESSA TABS	F	365 day supply allowed;

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Drug Name	Drug Tier	Requirements/ Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS	F	365 day supply allowed;
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA TABS	F	365 day supply allowed;
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE CHEW	F	365 day supply allowed;
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	F	365 day supply allowed;

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	F	365 day supply allowed; QL(1 ea daily)
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	F	365 day supply allowed;
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 TABS	F	365 day supply allowed;
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO TABS	F	365 day supply allowed;
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA TABS	F	365 day supply allowed;
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, OGESTREL TABS	F	365 day supply allowed;
<i>desogestrel & ethinyl estradiol tabs</i>	F	365 day supply allowed;
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	F	365 day supply allowed;
<i>drospirenone-ethinyl estradiol tabs</i>	F	365 day supply allowed;

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Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacet & eth estrad tabs</i>	F	365 day supply allowed;
<i>levonorgestrel & eth estradiol tabs</i>	F	365 day supply allowed;
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	F	365 day supply allowed;
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	365 day supply allowed;
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	365 day supply allowed; QL (1 ea daily)
<i>norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>	F	365 day supply allowed;
<i>norethindrone & ethinyl estradiol-fe chew</i>	F	365 day supply allowed;
<i>norethindrone acet & eth estra tabs 1 mg-20 mcg</i>	F	365 day supply allowed; QL (1 ea daily)
<i>norethindrone acet & eth estra tabs 1.5 mg-30 mcg</i>	F	365 day supply allowed;
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	365 day supply allowed;
<i>norgestimate-ethinyl estradiol tabs</i>	F	365 day supply allowed;
TYBLUME CHEW (<i>levonorgestrel & eth estradiol</i>)	F	365 day supply allowed;
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE PTWK	F	365 day supply allowed;
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	F	365 day supply allowed;
<i>etonogestrel-ethinyl estradiol ring</i>	F	365 day supply allowed;
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel (Emergency Oc)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE-STEP, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PREVENTEZA, REACT, TAKE ACTION TABS	F	QL(6 ea per 365 days retail)
ELLA TABS (<i>ulipristal acetate</i>)	F	QL(6 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	F	QL(6 ea per 365 days retail)
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY (<i>medroxyprogesterone acetate (contraceptive)</i>)	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	F	365 day supply allowed;
<i>norethindrone (contraceptive) tabs</i>	F	365 day supply allowed;
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON ELIX	F	
(Dexamethasone) DECADRON TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide cpep 3 mg</i>	F	
<i>cortisone acetate tabs</i>	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC (<i>dexamethasone</i>)	F	
<i>dexamethasone sodium phosphate soln 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	F	QL(5 ml daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML (<i>dexamethasone sodium phosphate</i>)	F	QL(5 ml daily)
<i>dexamethasone soln 0.5 mg/5ml</i>	F	
<i>dexamethasone tabs 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	F	
<i>hydrocortisone tabs</i>	F	
MEDROL TABS 2 MG (<i>methylprednisolone</i>)	F	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED TABS (<i>prednisolone</i>)	F	
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	F	
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	F	QL(150 ml per fill retail)
<i>prednisolone soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISONE INTENSOL CONC (<i>prednisone</i>)	F	
<i>prednisone soln</i>	F	
<i>prednisone tabs</i>	F	
<i>prednisone tbpk</i>	F	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone W/ Homatropine) HYDROMET SYRP	F	
<i>benzonatate caps 100 mg, 200 mg</i>	F	
<i>hydrocodone w/ homatropine syrp</i>	F	
<i>hydrocodone w/ homatropine tabs</i>	F	
Cough/Cold/Allergy Combinations		
(Brompheniramine & Phenyleph) CHILDRENS COLD & ALLERGY, COLD & ALLERGY, COLD/ALLERGY CHILDRENS, DIMAPHEN CHILDRENS, GNP COLD & ALLERGY CHILDRENS, HM COLD & ALLERGY CHILDRENS, PX DIBROMM COLD/ALLERGY CHILDRENS, RYNEX PE, SB COLD & ALLERGY CHILDRENS, SM COLD & ALLERGY CHILDRENS ELIX	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Brompheniramine & Phenyleph) COLD & ALLERGY CHILDRENS, CVS COLD & ALLERGY CHILDRENS ELIX 1 MG/5ML-2.5 MG/5ML	F	
(Brompheniramine & Pseudoeph) RYNEX PSE LIQD	F	
(Brompheniramine & Pseudoeph) SM COLD & ALLERGY CHILDRENS, WAL-TAP COLD & ALLERGY ELIX	F	
(Cetirizine-Pseudoephedrine) 12 HOUR ALLERGY-D, ALL DAY ALLERGY D, ALL DAY ALLERGY D-12, ALL DAY ALLERGY-D, ALLERGY RELIEF D, ALLERGY RELIEF NASAL DECONGESTANT, ALLERGY RELIEF-D, CVS ALLERGY RELIEF-D, EQ ALLERGY RELIEF NASAL DECONGESTANT, EQL ALL DAY ALLERGY-D, GNP ALL DAY ALLERGY-D, GOODSENSE ALL DAY ALLERGY-D, HM ALLERGY COMPLETE-D, KLS ALLER-TEC D, PX ALLERGY RELIEF D, RA ALLERGY & CONGESTION RELIEF-D/EXTENDED-RELEASE/12HR, RA CETIRI-D, SHOPKO ALLERGY RELIEF-D, SM ALL DAY ALLERGY-D, SW ALLERGY RELIEF-D, WAL-ZYR D TB12	F	
(Cetirizine-Pseudoephedrine) TGT ALLERGY+ CONGESTION RELIEF-D TB12 120 MG-5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Chlorpheniramine & Phenylephrine) CVS SINUS & ALLERGY MAXIMUM STRENGTH, CVS SINUS PE & ALLERGY MAXIMUM STRENGTH, ED A-HIST, EQ SUPHEDRINE PE SINUS & ALLERGY, EQL SINUS & ALLERGY PE, GNP SINUS & ALLERGY RELIEF PE, RA SUPHEDRINE PE, SB ALLERFED COLD & ALLERGY, SB SINUS & ALLERGY MAXIMUM STRENGTH, SM COLD & ALLERGY PE, WAL-PHED PE SINUS/ALLERGY TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Dextromethorphan-Guaifenesin) BIOCOTRON, CVS TUSSIN DM, DIABETIC TUSSIN DM, DIABETIC TUSSIN FOR CHILDREN, GILTUSS COUGH & CHEST CONGESTION, GILTUSS COUGH & CHEST CONGESTION CHILDRENS, GILTUSS DIABETIC COUGH &COLD, GILTUSS HONEY COUGH & CHEST CONGESTION, GILTUSS HONEY COUGH & CHEST CONGESTION CHILDRENS, GNP TUSSIN DM, GNP TUSSIN DM COUGH, GUAIASORB DM, HM TUSSIN ADULT COUGH & CHEST CONGESTION DM, MAXI- TUSS G, PX TUSSIN DM, QC TUSSIN DM COUGH & CHEST CONGESTION/ADULT, RA TUSSIN COUGH, RA TUSSIN COUGH/CHEST CONGESTION DM, RA TUSSIN DM, ROBAFEN DM COUGH, ROBAFEN DM COUGH/CHEST CONGESTION, ROBAFEN DM PEAK COLD COUGH/CHEST CONGESTION, ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM, SAFE TUSSIN DM ADULT, SB COUGH CONTROL DM, SILTUSSIN DM DAS, SORBUGEN NR, TGT COUGH FORMULA DM, TUSNEL DIABETIC, TUSSIN DM, TUSSIN DM COUGH + CHEST CONGESTION, WAL- TUSSIN DM, WAL-TUSSIN DM COUGH & CHEST CONGESTION LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine-Phenylephrine) BENADRYL ALLERGY PLUS CONGESTION ULTRATABS, WAL-DRYL PE ALLERGY/SINUS TABS	F	
(Diphenhydramine-Phenylephrine) CVS ALLERGY/CONGESTION CHILDRENS SOLN	F	
(Diphenhydramine-Phenylephrine-Acetaminophen) GNP ALLERGY PLUS SINUS HEADACHE, MUCINEX FAST-MAX NIGHT TIME COLD & FLU MAXIMUM STRENGTH, QC ALLERGY/SINUS HEADACHE, SB ALLERGY & COLD PE, SB SEVERE COLD PE, THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME, WAL-DRYL ALLERGY/SINUS HEADACHE, WAL-PHED PE SEVERE COLD TABS	F	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN	F	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	F	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Loratadine & Pseudoephedrine) ALAVERT ALLERGY/SINUS, ALLERGY & CONGESTION RELIEF, ALLERGY RELIEF D-12, ALLERGY RELIEF-D, CVS ALLERGY RELIEF-D12, EQ ALLERGY & CONGESTION RELIEF, GNP LORATADINE-D 12HR, HM ALLERGY & CONGESTION, KLS ALLERCLEAR D-12 HR, KLS ALLERCLEAR D- 12HR, LORATADINE-D 12HR, MEIJER ALLERGY RELIEF-D, PX ALLERGY RELIEF D, RA ALLERGY/CONGESTION RELIEF, SHOPKO ALLERGY RELIEF-D, SM LORATADINE D 12HR, WAL-ITIN D TB12	F	

Drug Name	Drug Tier	Requirements/ Limits
(Loratadine & Pseudoephedrine) ALLERGY RELIEF D, ALLERGY RELIEF D-24, ALLERGY RELIEF-D, ALLERGY RELIEF/NASAL DECONGESTANT, ALLERGY-RELIEF-D, CVS ALLERGY RELIEF-D, EQL ALLERGY/CONGESTION RELIEF, GNP ALLERGY & CONGESTIONRELIEF, HM ALLERGY RELIEF & NASALDECONGESTANT, KLS ALLERCLEAR D- 24HR, KLS ALLERCLEAR- D 24HR, LORATADINE-D 24HR, PX ALLERGY RELIEF D, QC LORATADINE-D, RA ALLERGY RELIEF & NASALDECONGESTANT, RA ALLERGY RELIEF/NASAL DECONGESTANT/EXTEN DED-RELEASE/24 HR, RA LORATA-D, SB ALLERGY RELIEF/NASAL DECONGESTANT, SM LORATA-DINE D, TGT ALLERGY & CONGESTIONRELIEF, WAL-ITIN D 24 HOUR TB24	F	
(Pseudoephedrine- Ibuprofen) CVS COLD & SINUS RELIEF TABS 200 MG-30 MG	F	
(Pseudoephedrine- Ibuprofen) HM COLD & SINUS RELIEF, IBUPROFEN COLD & SINUS, PX IBUPROFEN COLD & SINUS, QC IBUPROFEN COLD/SINUS, RA COLD & SINUS RELIEF, RA IBU- PROFEN COLD/SINUS, SM COLD & SINUS RELIEF, WAL-PROFEN COLD & SINUS TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Triprolidine & Pseudoephedrine) APRODINE, EQL COLD & ALLERGY, WAL-ACT TABS	F	
ADVIL ALLERGY & CONGESTION TABS (<i>chlorpheniramine-phenylephrine-ibuprofen</i>)	F	
ADVIL MULTI-SYMPTOM COLD& FLU TABS (<i>chlorpheniramine-phenylephrine-ibuprofen</i>)	F	
<i>cetirizine-pseudoephedrine tb12</i>	F	
<i>dextromethorphan-guaifenesin liqd</i>	F	
DRIXORAL COLD/ALLERGY TB12 (<i>dexbrompheniramine & pseudoephedrine</i>)	F	
ED CHLORPED D LIQD (<i>chlorpheniramine & phenylephrine</i>)	F	
<i>guaifenesin-codeine soln</i>	F	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	F	AL(At least 6 yrs old)
MAXI-TUSS PE LIQD (<i>brompheniramine & phenyleph</i>)	F	
NEXAFED SINUS PRESSURE +PAIN TABS (<i>pseudoephedrine-acetaminophen</i>)	F	
<i>promethazine & phenylephrine syrup</i>	F	
<i>promethazine w/codeine soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine w/codeine syrup</i>	F	
<i>promethazine-dm syrup</i>	F	
<i>promethazine-phenylephrine-codeine syrup</i>	F	
RYMED TABS (<i>dexchlorpheniramine-phenylephrine</i>)	F	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	F	
(Sodium Chloride (Inhalant)) SIMPLY SALINE BABY AERS	F	
HYPERSAL NEBU 3.5 % (<i>sodium chloride (inhalant)</i>)	F	
<i>sodium chloride (inhalant) aers 0.9 %</i>	F	
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %</i>	F	
Mucolytics		
<i>acetylcysteine soln</i>	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT GEL	F	Limit 45gms per month;QL(1.5 gm daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Benzoyl Peroxide) ACNE FOAMING WASH, BENZEPRO CREAMY WASH, CERAVE ACNE FOAMING CREAMCLEANSER, CVS ACNE FOAMING FACE WASH, CVS ADVANCED 3-IN-1 EXFOLIATING CLEANSER, CVS CREAMY ACNE FACE WASH, CVS FOAMING ACNE FACE WASH, PANOXYL CREAMY WASH, PANOXYL FOAMING WASH, PR BENZOYL PEROXIDE WASH LIQD	F	
(Benzoyl Peroxide) ACNE FOAMING WASH, BENZEPRO CREAMY WASH, CERAVE ACNE FOAMING CREAMCLEANSER, CVS ACNE FOAMING FACE WASH, CVS ADVANCED 3-IN-1 EXFOLIATING CLEANSER, CVS CREAMY ACNE FACE WASH, CVS FOAMING ACNE FACE WASH, PANOXYL CREAMY WASH, PANOXYL FOAMING WASH, PR BENZOYL PEROXIDE WASH LIQD	F	RX/OTC
(Benzoyl Peroxide) ACNE MEDICATION 10, ACNE MEDICATION 2.5, ACNE MEDICATION 5, ACNE TREATMENT GEL, ACNE-CLEAR, BP GEL, CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH, CVS ACNE TREATMENT/MAXIMUM STRENGTH, KP BENZOYL PEROXIDE GEL	F	

Drug Name	Drug Tier	Requirements/ Limits
(Benzoyl Peroxide) ACNE TREATMENT CLEANSINGBAR MAXIMUM STRENGTH, CVS ACNE CLEANSING BAR BAR	F	
(Benzoyl Peroxide) BENZOYL PEROXIDE WASH, KP BENZOYL PEROXIDE WASH LIQD 10 %	F	
(Benzoyl Peroxide) BENZOYL PEROXIDE WASH, KP BENZOYL PEROXIDE WASH LIQD 5 %	F	RX/OTC
(Benzoyl Peroxide) BP WASH LIQD 10 %, 7 %	F	
(Benzoyl Peroxide) BP WASH LIQD 2.5 %, 5 %	F	RX/OTC
(Erythromycin (Acne Aid)) ERY PADS	F	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	F	QL(4 ea daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	F	QL(5 ea daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	F	QL(2 ea daily)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	F	QL(3 ea daily)
(Tretinoin) AVITA CREA	F	
(Tretinoin) AVITA GEL	F	
ACNE MEDICATION 10 LOTN (<i>benzoyl peroxide</i>)	F	
ACNE MEDICATION 5 LOTN (<i>benzoyl peroxide</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene crea 0.1 %</i>	F	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	F	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	F	Limit 45gms per month;QL(1.5 gm daily)
BENZOYL PEROXIDE CLEANSER LIQD (<i>benzoyl peroxide</i>)	F	
<i>benzoyl peroxide gel 10 %, 2.5 %, 5 %</i>	F	
<i>benzoyl peroxide-erythromycin gel</i>	F	
<i>clindamycin phosphate (topical) gel</i>	F	
<i>clindamycin phosphate (topical) lotn</i>	F	
<i>clindamycin phosphate (topical) soln</i>	F	
<i>erythromycin (acne aid) gel</i>	F	
<i>erythromycin (acne aid) pads</i>	F	
<i>erythromycin (acne aid) soln</i>	F	
<i>isotretinoin caps 10 mg</i>	F	QL(4 ea daily)
<i>isotretinoin caps 20 mg</i>	F	QL(5 ea daily)
<i>isotretinoin caps 30 mg</i>	F	QL(3 ea daily)
<i>isotretinoin caps 40 mg</i>	F	QL(2 ea daily)
SODIUM SULFACETAMIDE/SULFU R SUSP 5 %-10 % (<i>sulfacetamide sodium w/ sulfur</i>)	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne) lotn</i>	F	
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	F	
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	
<i>tretinoin gel 0.01 %, 0.025 %</i>	F	
<i>tretinoin microsphere gel</i>	F	Limit 50gms per month ;QL(1.67 gm daily)
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, QC DICLOFENAC SODIUM GEL	F	QL(6.68 gm daily); RX/OTC
<i>diclofenac sodium (topical) gel 1 %</i>	F	QL(6.68 gm daily); RX/OTC
Antibiotics - Topical		
(Bacitracin (Topical)) ANTIBIOTIC OINTMENT, QC BACITRACIN, SB BACITRACIN OINT	F	
(Bacitracin (Topical)) BACITRAYCIN PLUS OINT 500 UNIT/GM	F	
(Bacitracin Zinc) CVS BACITRACIN, EQ BACITRACIN ZINC, EQL BACITRACIN ZINC, GNP BACITRACIN ZINC, HM BACITRACIN, KP BACITRACIN ZINC, RA BACITRACIN, RA BACITRACIN ZINC FIRSTAID, SM ANTIBIOTIC OINT	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Bacitracin-Polymyxin B) CVS POLY BACITRACIN, DOUBLE ANTIBIOTIC, HM DOUBLE ANTIBIOTIC, KP DOUBLE ANTIBIOTIC, NEOSPORIN, POLY BACITRACIN, RA DOUBLE ANTIBIOTIC, SM DOUBLE ANTIBIOTIC, WAL-SPORIN OINT	F	
(Neomycin-Bacitracin-Polymyxin) CURAD TRIPLE ANTIBIOTIC, CVS ANTIBIOTIC, EQ TRIPLE ANTIBIOTIC, EQL FIRST AID ANTIBIOTIC, GNP TRIPLE ANTIBIOTIC, HM TRIPLE ANTIBIOTIC, LANABIOTIC, MEDI-FIRST TRIPLE ANTIBIOTIC, MEIJER TRIPLE ANTIBIOTIC, PX TRIPLE OINTMENT, RA TRIPLE ANTIBIOTIC, SM TRIPLE ANTIBIOTIC, SM TRIPLE ANTIBIOTIC ORIGINAL STRENGTH, TRIPLE ANTIBIOTIC, TRIPLE ANTIBIOTIC FIRST AID OINT	F	QL(454 gm per fill retail)
(Neomycin-Bacitracin-Polymyxin) FIRST AID ANTIBIOTIC OINT 3.5 MG-400 UNIT-5000 UNIT, 3.5 MG/GM-500 UNIT/GM-10000 UNIT/GM	F	QL(454 gm per fill retail)
(Neomycin-Bacitracin-Polymyxin) SB TRIPLE ANTIBIOTIC OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM	F	QL(454 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
(Neomycin-Polymyxin W/ Pramoxine) CVS ANTIBIOTIC PLUS, CVS ANTIBIOTIC/PAIN RELIEF, EQ ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH, EQL ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH, GNP ANTIBIOTIC + PAIN RELIEF, GOODSENSE ANTIBIOTIC/PAIN RELIEF, MULTI ANTIBIOTIC PLUS, RA ANTIBIOTIC PLUS, SM ANTIBIOTIC PLUS PAIN RELIEF MAXIMUM STRENGTH, TGT FIRST AID ANTIBIOTIC MAXIMUM STRENGTH CREA	F	QL(30 gm per fill retail)
<i>bacitracin (topical) oint</i>	F	
<i>bacitracin zinc oint</i>	F	
<i>gentamicin sulfate (topical) crea</i>	F	
<i>gentamicin sulfate (topical) oint</i>	F	
<i>mupirocin calcium (topical) crea</i>	F	
<i>mupirocin oint</i>	F	
Antifungals - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
(Clotrimazole (Topical)) ANTI-FUNGAL, CLOTRIMAZOLE AF, CLOTRIMAZOLE ANTI-FUNGAL, CLOTRIMAZOLE ANTIFUNGAL, CLOTRIMAZOLE ATHLETES FOOT, CLOTRIMAZOLE GRX, CVS CLOTRIMAZOLE, CVS ITCH RELIEF ANTIFUNGAL, CVS RINGWORM, EQ ANTIFUNGAL, EQ ATHLETES FOOT, EQ JOCK ITCH, EQL ANTIFUNGAL, EQL ATHLETES FOOT, GNP ATHLETES FOOT, JOCK ITCH, JOCK ITCH RELIEF, KP CLOTRIMAZOLE, MYCOZYL AC, PRO-EX ANTIFUNGAL, PX ATHLETIC FOOT, QC CLOTRIMAZOLE, RA ATHLETES FOOT, RA CLOTRIMAZOLE, RA JOCK ITCH, SB CLOTRIMAZOLE FOOT, SHOPKO ATHLETES FOOT, SM ANTIFUNGAL CLOTRIMAZOLE, TGT CLOTRIMAZOLE CREA	F	RX/OTC
(Clotrimazole (Topical)) ANTIFUNGAL, ATHLETES FOOT, DESENEX CREA 1 %	F	RX/OTC
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH, FUNGICURE INTENSIVE WITHNAILGUARD SOLN	F	RX/OTC
(Ketoconazole (Topical)) NIZORAL A-D SHAM	F	QL(200 ml per fill retail)
(Miconazole Nitrate (Topical)) ANTIFUNGAL CREA 2 %	F	

Drug Name	Drug Tier	Requirements/ Limits
(Miconazole Nitrate (Topical)) CARRINGTON ANTIFUNGAL, CAVILON, KP MICONAZOLE NITRATE, MICADERM, MICONAZOLE ANTIFUNGAL, REMEDY ANTIFUNGAL, SM ANTIFUNGAL MICONAZOLE, SOOTHE & COOL INZO ANTIFUNGAL CREAM, TINEACIDE CREA	F	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	F	QL(60 gm per fill retail)
(Terbinafine Hcl (Topical)) ATHLETES FOOT AF CREAM, CVS ATHLETES FOOT, CVS JOCK ITCH, EQ ATHLETES FOOT, EQL ATHLETES FOOT, GNP TERBINAFINE HYDROCHLORIDE, KP TERBINAFINE HYDROCHLORIDE, QC ATHLETES FOOT, RA ANTIFUNGAL FOOT CARE, RA FOOT CARE ANTIFUNGAL, SM ATHLETES FOOT, TGT ATHLETES FOOT CREA	F	
(Terbinafine Hcl (Topical)) ATHLETES FOOT CREA 1 %	F	
(Tolnaftate) ANTIFUNGAL CREA 1 %	F	
(Tolnaftate) BLIS-TO-SOL LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Tolnaftate) CVS ANTIFUNGAL, CVS ATHLETES FOOT, EQ ATHLETES FOOT, EQL ANTIFUNGAL, FUNGI-GUARD, FUNGOID-D, GNP TOLNAFTATE, KP TOLNAFTATE, QC TOLNAFTATE, RA FOOT CARE ANTIFUNGAL, SB ANTI-FUNGAL, SM ANTIFUNGAL TOLNAFTATE, TGT ANTIFUNGAL, TOLNAFTATE ANTIFUNGAL CREA	F	
(Tolnaftate) DR GS CLEAR NAIL, FOOT REPAIR SERUM, FORMULA 3 THE TREATMENT, FORMULA 7 THE SOLUTION, FUNGAL NAIL ERASER, MEDICATED ANTI-FUNGAL, MYCOCIDE CLINICAL NS ANTIFUNGAL TREATMENT, MYCOZYL AL, TINASPORE SOLN	F	
ALEVAZOL OINT (<i>clotrimazole (topical)</i>)	F	
<i>clotrimazole (topical) crea</i>	F	RX/OTC
<i>clotrimazole (topical) soln</i>	F	RX/OTC
<i>clotrimazole w/ betamethasone crea 0.05 %-1 %, 1 %-0.05 %</i>	F	
<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	F	QL(30 ml per fill retail)
<i>econazole nitrate crea ex</i>	F	
EXELDERM SOLN (<i>sulconazole nitrate</i>)	F	
EXELDERM SOLN (<i>sulconazole nitrate</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) crea</i>	F	
<i>ketoconazole (topical) sham</i>	F	
LAMISIL AT SPRAY SOLN (<i>terbinafine hcl (topical)</i>)	F	
<i>miconazole nitrate (topical) crea</i>	F	
<i>naftifine hcl crea</i>	F	
<i>naftifine hcl gel</i>	F	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	F	
NIZORAL A-D SHAM (<i>ketoconazole (topical)</i>)	F	QL(200 ml per fill retail)
<i>nystatin (topical) crea</i>	F	
<i>nystatin (topical) oint</i>	F	
<i>nystatin (topical) powd</i>	F	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	F	
<i>nystatin-triamcinolone oint</i>	F	
<i>sulconazole nitrate soln</i>	F	
<i>terbinafine hcl (topical) crea</i>	F	
<i>tolnaftate crea</i>	F	
Antihistamines-Topical		
ITCH RELIEF CREA (<i>diphenhydramine hcl (topical)</i>)	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>fluorouracil (topical)</i>)	F	
FLUOROPLEX CREA (<i>fluorouracil (topical)</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) crea 0.5 %, 5 %	F	
fluorouracil (topical) soln 2 %, 5 %	F	QL(10 ml per fill retail)
PANRETIN GEL (alitretinoin)	F	
PICATO GEL (ingenol mebutate)	F	
Antipruritics - Topical		
(Camphor & Menthol) ANTI-ITCH, GNP ANTI-ITCH LOTN 0.5 %-0.5 %	F	QL(222 ml per fill retail)
(Camphor & Menthol) CVS ANTI-ITCH, MEN-PHOR LOTN	F	QL(222 ml per fill retail)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	F	
calcipotriene crea	F	
calcipotriene oint	F	
calcipotriene soln	F	
calcitriol (topical) oint	F	
COSENTYX SENSOREADY PEN SOAJ (secukinumab)	F	PA; SP
COSENTYX SOSY (secukinumab)	F	PA; SP
DRITHO-CREME HP CREA (anthralin)	F	
STELARA SOLN (ustekinumab)	F	PA; SP- AcariaHealth;S P
STELARA SOSY (ustekinumab)	F	PA; SP- AcariaHealth;S P
TALTZ SOAJ (ixekizumab)	F	PA
TALTZ SOSY (ixekizumab)	F	PA
tazarotene crea	F	

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA 0.05 % (tazarotene)	F	
TAZORAC GEL 0.05 %, 0.1 % (tazarotene)	F	
Antiseborrheic Products		
(Selenium Sulfide) ANTI-DANDRUFF SHAMPOO, DANDREX SHAM	F	
(Selenium Sulfide) CVS ANTI-DANDRUFF, DANDRUFF SHAMPOO, EQL MEDICATED DANDRUFF LOTN	F	
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	F	QL(480 ml per fill retail)
selenium sulfide lotn 2.5 %	F	
sulfacetamide sodium liqd	F	QL(480 ml per fill retail)
Antivirals - Topical		
acyclovir topical crea	F	QL(5 gm per fill retail)
acyclovir topical oint	F	
Burn Products		
(Silver Sulfadiazine) SSD CREA	F	
silver sulfadiazine crea	F	
SULFAMYLON CREA 85 MG/GM (mafenide acetate)	F	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	F	
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	F	

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(Hydrocortisone (Topical)) ALA-CORT, ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE ANTI-ITCH, PREPARATION H, SM HYDROCORTISONE CREA 1 %	F	RX/OTC
(Hydrocortisone (Topical)) ALA-CORT, ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE ANTI-ITCH, PREPARATION H, SM HYDROCORTISONE CREA EX 1 %	F	RX/OTC
(Hydrocortisone (Topical)) AQUANIL HC, BETA HC, CORTIZONE-10 DIABETICS SKIN, CORTIZONE-10 ECZEMA, CORTIZONE-10 HYDRATENSIVEHEALING , CORTIZONE-10 HYDRATENSIVESOOTH ING, CVS CORTISONE MAXIMUM STRENGTH, DERMAREST ECZEMA, SARNOL-HC LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) AQUAPHOR ITCH RELIEF MAXIMUM STRENGTH, CORTIZONE-10, CVS CORTISONE MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH, GNP HYDROCORTISONE MAXIMUM STRENGTH, GOODSENSE ANTI-ITCH MAXIMUM STRENGTH, HYDROCORTISONE IN ABSORBASE, HYDROCORTISONE MAXIMUM STRENGTH, KP HYDROCORTISONE MAXIMUM STRENGTH, RA ANTI-ITCH/MAXIMUM STRENGTH, SB HYDROCORTISONE MAXIMUM STRENGTH, SM HYDROCORTISONE MAXIMUM STRENGTH OINT	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) AVEENO ANTI-ITCH MAXIMUMSTRENGTH, CORTAID MAXIMUM STRENGTH, CURAD HYDROCORTISONE, CVS ANTI-ITCH MAXIMUM STRENGTH, CVS CORTISONE INTENSE HEALING ANTI-ITCH, CVS CORTISONE MAXIMUM STRENGTH, CVS ECZEMA ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE MAXIMUM STRENGTH, EQ 1% HYDROCORTISONE, EQ HYDROCORTISONE MAXIMUM STRENGTH, EQ HYDROCORTISONE PLUS, EQL ANTI-ITCH INTENSIVE HEALING FORMULA, EQL ANTI- ITCH MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH PLUS 10 HEALING MOISTURIZERS, GNP HYDROCORTISONE, GNP HYDROCORTISONE PLUS, HYDROCORTISONE ANTI-ITCH, HYDROCORTISONE INTENSIVEHEALING, HYDROCORTISONE MAXIMUM STRENGTH, HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS, HYDROCORTISONE PLUS, INSTACORT 5, KERICORT 10, KP HYDROCORTISONE, MEIJER HYDROCORTISONE, NOBLE FORMULA HC, PX HYDROCREAM, RA ANTI- ITCH MAXIMUM STRENGTH, RA	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE PLUS 12, SB HYDROCORTISONE, TGT ANTI-ITCH PLUS OATMEAL, TGT ANTI- ITCH/ALOE/VITAMIN E CREA		

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) AVEENO ANTI-ITCH MAXIMUMSTRENGTH, CORTAID MAXIMUM STRENGTH, CURAD HYDROCORTISONE, CVS ANTI-ITCH MAXIMUM STRENGTH, CVS CORTISONE INTENSE HEALING ANTI-ITCH, CVS CORTISONE MAXIMUM STRENGTH, CVS ECZEMA ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE MAXIMUM STRENGTH, EQ 1% HYDROCORTISONE, EQ HYDROCORTISONE MAXIMUM STRENGTH, EQ HYDROCORTISONE PLUS, EQL ANTI-ITCH INTENSIVE HEALING FORMULA, EQL ANTI- ITCH MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH PLUS 10 HEALING MOISTURIZERS, GNP HYDROCORTISONE, GNP HYDROCORTISONE PLUS, HYDROCORTISONE ANTI-ITCH, HYDROCORTISONE INTENSIVEHEALING, HYDROCORTISONE MAXIMUM STRENGTH, HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS, HYDROCORTISONE PLUS, INSTACORT 5, KERICORT 10, KP HYDROCORTISONE, MEIJER HYDROCORTISONE, NOBLE FORMULA HC, PX HYDROCREAM, RA ANTI- ITCH MAXIMUM STRENGTH, RA	F	

Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE PLUS 12, SB HYDROCORTISONE, TGT ANTI-ITCH PLUS OATMEAL, TGT ANTI- ITCH/ALOE/VITAMIN E CREA		
(Hydrocortisone (Topical)) CVS HYDROCORTISONE ANTI-ITCH, SM HYDROCORTISONE CREA 0.5 %	F	
(Hydrocortisone (Topical)) NOBLE FORMULA HC, SCALP RELIEF MAXIMUM STRENGTH, SCALPICIN MAXIMUM STRENGTH SOLN	F	
(Hydrocortisone (Topical)) SM HYDROCORTISONE OINT 0.5 %	F	
(Hydrocortisone Acetate (Topical)) GYNECORT 10, LANACORT 10 CREA	F	
(Hydrocortisone Acetate (Topical)) VAGISIL CREA 1 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone-Aloe Vera) CORTIZONE-10 INTENSIVE HEALING, CORTIZONE-10 PLUS, CORTIZONE-10/ALOE, GNP HYDROCORTISONE/ALO E, HM HYDROCORTISONE PLUS, HM HYDROCORTISONE/ALO E MAXIMUM STRENGTH, HYDROCORTISONE/ALO E MAXIMUM STRENGTH, KLS HYDROCORTISONE PLUS, KP HYDROCORTISONE/ALO E, RA HYDROCORTISONE PLUS, SM HYDROCORTISONE PLUS, SM HYDROCORTISONE/ALO E MAXIMUM STRENGTH CREA	F	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	F	
APEXICON E CREA (<i>diflorasone diacetate emollient base</i>)	F	
<i>betamethasone dipropionate (topical) crea</i>	F	
<i>betamethasone dipropionate (topical) lotn</i>	F	
<i>betamethasone dipropionate (topical) oint</i>	F	
<i>betamethasone dipropionate augmented crea</i>	F	QL(50 gm per fill retail)
<i>betamethasone dipropionate augmented gel</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented lotn</i>	F	
<i>betamethasone dipropionate augmented oint</i>	F	
<i>betamethasone valerate crea 0.1 %</i>	F	
<i>betamethasone valerate lotn 0.1 %</i>	F	
<i>betamethasone valerate oint 0.1 %</i>	F	
CAPEX SHAM (<i>fluocinolone acetonide</i>)	F	
<i>clobetasol propionate crea</i>	F	
<i>clobetasol propionate emollient base crea</i>	F	
<i>clobetasol propionate foam</i>	F	
<i>clobetasol propionate gel</i>	F	
<i>clobetasol propionate oint</i>	F	
<i>clobetasol propionate soln</i>	F	
<i>desonide crea</i>	F	QL(2 gm daily)
<i>desonide oint</i>	F	QL(2 gm daily)
<i>desoximetasone crea 0.05 %</i>	F	
<i>desoximetasone crea 0.25 %</i>	F	QL(2 gm daily)
<i>desoximetasone gel 0.05 %</i>	F	QL(2 gm daily)
<i>desoximetasone oint 0.25 %</i>	F	QL(2 gm daily)
<i>diflorasone diacetate crea</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate oint</i>	F	
EPIFOAM FOAM (<i>pramoxine-hc</i>)	F	
<i>fluocinolone acetonide crea</i>	F	
<i>fluocinolone acetonide oil</i>	F	
<i>fluocinolone acetonide oint</i>	F	
<i>fluocinolone acetonide soln</i>	F	
<i>fluocinonide crea 0.05 %</i>	F	
<i>fluocinonide emulsified base crea</i>	F	
<i>fluocinonide gel 0.05 %</i>	F	
<i>fluocinonide oint 0.05 %</i>	F	
<i>fluocinonide soln 0.05 %</i>	F	
<i>fluticasone propionate crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)
<i>halobetasol propionate crea</i>	F	
<i>hydrocortisone (topical) crea 0.5 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) crea 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 0.5 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 1 %</i>	F	RX/OTC
<i>hydrocortisone acetate (topical) crea</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate soln</i>	F	QL(60 ml per fill retail)
<i>hydrocortisone valerate crea</i>	F	
<i>hydrocortisone valerate oint</i>	F	
<i>hydrocortisone-aloe vera crea</i>	F	
<i>mometasone furoate crea</i>	F	
<i>mometasone furoate oint</i>	F	
<i>mometasone furoate soln</i>	F	QL(60 ml per fill retail)
PRAMOSONE CREA (<i>pramoxine-hc</i>)	F	
PRAMOSONE LOTN (<i>pramoxine-hc</i>)	F	
<i>prednicarbate crea</i>	F	QL(60 gm per fill retail)
<i>prednicarbate oint</i>	F	QL(60 gm per fill retail)
PSORCON CREA (<i>diflorasone diacetate</i>)	F	
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	F	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	F	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML (<i>dupilumab</i>)	F	PA; SP-Acaria Health
DUPIXENT SOSY 300 MG/2ML (<i>dupilumab</i>)	F	PA; SP-Acaria Health;SP

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Drug Name	Drug Tier	Requirements/ Limits
Emollient/Keratolytic Agents		
(Urea) CEROVEL, UREA-C40 LOTN	F	QL(325 ml per fill retail)
(Urea) GORDONS UREA, UREMEZ-40 CREA	F	QL(200 gm per fill retail); RX/OTC
<i>urea crea ex 40 %</i>	F	QL(200 gm per fill retail); RX/OTC
<i>urea lotn ex 40 %</i>	F	QL(325 ml per fill retail)
Emollients		
(Lactic Acid (Ammonium Lactate)) AL12, AMLACTIN, AMLACTIN DAILY, CVS HYDRATING SKIN TREATMENT, CVS SKIN TREATMENT, CVS SKIN TREATMENT BODY LOTION, GERI-HYDROLAC 12 LOTN	F	RX/OTC
(Lactic Acid (Ammonium Lactate)) GERI-HYDROLAC 12 CREA	F	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	F	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	F	RX/OTC
LACTIC ACID E CREA (<i>lactic acid w/ vitamin e</i>)	F	
Enzymes - Topical		
SANTYL OINT (<i>collagenase</i>)	F	
Immunomodulating Agents - Topical		
<i>imiquimod crea 5 %</i>	F	
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	F	PA; QL(30 gm per fill retail); AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX GEL (<i>podofilox</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>podofilox soln</i>	F	
<i>salicylic acid gel</i>	F	QL(100 gm per fill retail)
Local Anesthetics - Topical		
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	QL(43 gm per fill retail)
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	QL(60 gm per fill retail)
(Dibucaine) CVS HEMORRHOIDAL & TOPICAL ANALGESIC, NUPERCAINAL OINT	F	QL(57 gm per fill retail)
(Lidocaine Hcl) 7T LIDO GEL, REGENECARE HA GEL	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
(Lidocaine Hcl) ASPERCREME W/LIDOCAINE, ASPERCREME/LIDOCAINE, BENGAY LIDOCAINE, CVS LIDOCAINE MAXIMUM STRENGTH, CVS PAIN RELIEF/MAXIMUM STRENGTH, EQ LIDOCAINE PAIN RELIEVING/MAX STRENGTH, GNP LIDOCAINE PAIN RELIEVING, GOLD BOND MULTI-SYMPATOM/ITCH & PAIN RELIEF/MAXIMUM STRENGTH, LIDOCAINE PLUS, NEUROMED7, PAIN RELIEVING MAXIMUM STRENGTH, PAIN RELIEVING/LIDOCAINE, RA PAIN RELIEF, XOLIDO XP CREA	F	QL(2 ml daily)
(Lidocaine Hcl) GLYDO PRSY	F	
(Lidocaine Hcl) LIDOPIN CREA 3 %	F	QL(454 gm per fill retail); RX/OTC
(Lidocaine) ANECREAM, BLUE TUBE PAIN RELIEVING/ALOE CREA	F	
ARTHRITIS PAIN RELIEVING CREA (<i>capsaicin</i>)	F	QL(60 gm per fill retail)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.1 %</i>	F	QL(43 gm per fill retail)
CAPZASIN-P CREA (<i>capsaicin</i>)	F	QL(43 gm per fill retail)
<i>dibucaine oint ex</i>	F	QL(57 gm per fill retail)
<i>ethyl chloride aero</i>	F	
ETHYL CHLORIDE/FINE STREAM AERO (<i>ethyl chloride</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLORIDE/MEDIUM STREAM AERO (<i>ethyl chloride</i>)	F	
<i>lidocaine crea ex 3 %</i>	F	QL(454 gm per fill retail)
<i>lidocaine crea ex 4 %</i>	F	
<i>lidocaine hcl crea 3 %</i>	F	QL(454 gm per fill retail); RX/OTC
<i>lidocaine hcl crea 4 %</i>	F	QL(2 ml daily)
<i>lidocaine hcl gel 2 %</i>	F	
<i>lidocaine hcl prsy 2 %</i>	F	
<i>lidocaine hcl soln 4 %</i>	F	
<i>lidocaine-prilocaine crea</i>	F	
REGENECARE HA LIQD (<i>lidocaine hcl</i>)	F	
Misc. Topical		
(Aluminum Sulfate & Calcium Acetate) BORO-PACKS, CVS ASTRINGENT SOLUTION SOOTHING RELIEF, PEDI-BORO SOAK PAKS PACK	F	
(Lanolin (Topical)) AMEDA TRIPLE ZERO LANOLIN, HPA LANOLIN, LAN-O-SMOOTH, LAN-O-SOOTHE, LANSINOH LANOLIN, LANSINOH LANOLIN MINIS NIPPLE, LANSINOH LANOLIN NIPPLE, MEDELA TENDER CARE LANOLIN CREA	F	
(Zinc Oxide (Topical)) CVS ZINC OXIDE, GNP ZINC OXIDE, MEIJER ZINC OXIDE, RA ZINC OXIDE OINT	F	QL(500 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
aluminum sulfate & calcium acetate pack	F	
CALAMINE LOTN (calamine-zinc oxide)	F	
CALAMINE PHENOLATED LOTN (calamine phenolated)	F	
DRYSOL SOLN (aluminum chloride)	F	
GNP CALAMINE LOTN (calamine-zinc oxide)	F	
GNP CALAMINE PHENOLATED LOTN (calamine phenolated)	F	
HM CALAMINE LOTN (calamine-zinc oxide)	F	
HYDRO-LAN CREA (lanolin (topical))	F	
lanolin (topical) oint	F	
LANOLOR CREA (lanolin (topical))	F	
MEIJER CALAMINE LOTN (calamine-zinc oxide)	F	
OFF DEEP WOODS AERO (diethyltoluamide (deet))	F	QL(170 gm per fill retail)
OFF DEEP WOODS DRY AERO (diethyltoluamide (deet))	F	QL(113 gm per fill retail)
PX CALAMINE LOTN (calamine-zinc oxide)	F	
QC CALAMINE LOTN (calamine)	F	
SM CALAMINE LOTN (calamine-zinc oxide)	F	
SM CALAMINE PHENOLATED LOTN (calamine phenolated)	F	
ULTRATHON INSECT REPELLENT 8 AERO (diethyltoluamide (deet))	F	QL(170 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
zinc oxide (topical) oint 20 %	F	QL(500 gm per fill retail)
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	F	
(Metronidazole (Topical)) ROSADAN GEL	F	
azelaic acid gel	F	Limit 50gms per month;QL(1.67 gm daily)
metronidazole (topical) crea 0.75 %	F	
metronidazole (topical) gel 0.75 %	F	
metronidazole (topical) gel 1 %	F	QL(2 gm daily)
metronidazole (topical) lotn 0.75 %	F	
Scabicides & Pediculicides		
(Crotamiton) CROTAN LOTN	F	
(Permethrin) BEDDING SPRAY LICE TREATMENT STEP 3, CVS BEDDING SPRAY LICE TREATMENT, CVS LICE/BEDBUG/MITE, GNP HOME LICE/BEDBUG/DUST MITE SPRAY, SM BEDDING LICE TREATMENT, STOP LICE, STOP LICE STEP 3 AERO	F	
(Permethrin) CVS LICE TREATMENT, GNP LICE TREATMENT, HM LICE TREATMENT, LICE TREATMENT, LICE TREATMENT CREME RINSE, SB LICE TREATMENT LIQD	F	
(Permethrin) LICE TREATMENT, RA LICE TREATMENT, SM LICE TREATMENT LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Pyrethrins-Piperonyl Butoxide) CVS LICE KILLING, EQ LICE KILLING MAXIMUM STRENGTH, EQL LICE KILLING MAXIMUM STRENGTH, GNP LICE TREATMENT, HM LICE KILLING MAXIMUM STRENGTH, LICE KILLING MAXIMUM STRENGTH, LICE KILLING SHAMPOO, RA LICE MAXIMUM STRENGTH, RID LICE KILLING SHAMPOO, SB LICE KILLING MAXIMUM STRENGTH, SM LICE KILLING, SM LICE KILLING MAXIMUM STRENGTH, STOP LICE MAXIMUM STRENGTH SHAM	F	
(Pyrethrins-Piperonyl Butoxide) SB LICE TREATMENT, STOP LICE MAXIMUM STRENGTH LIQD	F	
(Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover) CVS LICE SOLUTION KIT, CVS LICE SOLUTION KIT, LICIDE COMPLETE LICE TREATMENT, RA LICE SOLUTION KIT, SM LICE SOLUTION KIT, STOP LICE COMPLETE LICE TREATMENT KIT	F	
CVS LICE SOLUTION KIT 3-STEP KIT (<i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i>)	F	
EURAX CREA (<i>crotamiton</i>)	F	
LICE B GONE SHAM (<i>vegetable extract</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
LICEMD GEL (<i>pyrethrins-piperonyl butoxide</i>)	F	
<i>malathion lotn</i>	F	
<i>permethrin crea</i>	F	
RID ESSENTIAL LICE ELIMINATION KIT KIT (<i>pyrethrins-piperonyl butoxide</i>)	F	
SCHOOLTIME SHAMPOO SHAM (<i>nit remover</i>)	F	
<i>spinosad susp</i>	F	QL(120 ml per fill retail,240 ml per 30 days retail)
Tar Products		
(Coal Tar Extract) CVS THERAPEUTIC, EQL THERAPEUTIC, SM ANTI-DANDRUFF COAL TARTHERAPEUTIC, TERA-GEL TAR, THERAPEUTIC SHAMPOO, THERAPEUTIC T+PLUS SHAM	F	
<i>coal tar extract soln</i>	F	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ASSURE PLATINUM TEST STRIPS STRP (<i>glucose blood</i>)	F	Available to members in LTC/SNF only;QL(10 ea daily); RX/OTC
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 KIT (<i>covid-19 antigen test</i>)	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT (<i>covid-19 at home test</i>)	CO	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BINAXNOW COVID-19 AG CARD KIT (<i>covid-19 antigen test</i>)	CO	
CHEMSTRIP -10 WITH SG STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP 10 MD STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP 2 GP STRIPS STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP 5 OB STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP 7 STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP 9 STRIPS STRP (<i>multiple urine tests</i>)	F	
CHEMSTRIP-K STRP (<i>acetone (urine) test</i>)	F	
DIASTIX STRP (<i>glucose urine test-(glucose oxidase)</i>)	F	
FORA GTEL BLOOD KETONE TEST STRIPS STRP (<i>ketone blood test</i>)	F	
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRIPS STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC
GOJJI BLOOD KETONE TEST STRIPS STRP (<i>ketone blood test</i>)	F	
ID NOW COVID-19 CONTROL SWAB KIT KIT (<i>covid-19 control test</i>)	CO	
ID NOW COVID-19 KIT (<i>covid-19 test</i>)	CO	
KETONE STRP (<i>acetone (urine) test</i>)	F	
KETONE TEST STRIPS STRP (<i>acetone (urine) test</i>)	F	
KETOSTIX STRP (<i>acetone (urine) test</i>)	F	
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT (<i>covid-19 at home test</i>)	CO	
LYRA DIRECT SARS-COV-2 ASSAY KIT (<i>covid-19 test</i>)	CO	
LYRA SARS-COV-2 ASSAY KIT (<i>covid-19 test</i>)	CO	
NOVA MAX PLUS KETONE TESTSTRIPS STRP (<i>ketone blood test</i>)	F	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	F	QL(10 ea daily); RX/OTC
PRECISION XTRA STRP VI (<i>ketone blood test</i>)	F	
PTS PANELS KETONE TEST STRP (<i>ketone blood test</i>)	F	
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 at home test</i>)	CO	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
QUICKVUE SARS ANTIGEN TEST KIT (<i>covid-19 antigen test</i>)	CO	
RELION KETONE TEST STRIPS STRP (<i>acetone (urine) test</i>)	F	
SOFIA SARS ANTIGEN FIA KIT (<i>covid-19 antigen test</i>)	CO	
SOFIA2 SARS ANTIGEN FIA KIT (<i>covid-19 antigen test</i>)	CO	
XPRT XPRESS SARS-COV-2 KIT (<i>covid-19 test</i>)	CO	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	F	
PANCREAZE CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
<i>methazolamide tabs</i>	F	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide tabs</i>	F	
<i>triamterene & hydrochlorothiazide caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tabs</i>	F	
Loop Diuretics		
<i>bumetanide tabs</i>	F	
<i>furosemide soln or 10 mg/ml, 8 mg/ml</i>	F	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	F	
<i>torseamide tabs 10 mg, 100 mg, 5 mg</i>	F	QL(1 ea daily)
<i>torseamide tabs 20 mg</i>	F	
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	F	
<i>spironolactone tabs</i>	F	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone tabs</i>	F	
<i>hydrochlorothiazide caps</i>	F	
<i>hydrochlorothiazide tabs</i>	F	
<i>indapamide tabs</i>	F	
<i>metolazone tabs</i>	F	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium soln 70 mg/75ml</i>	F	QL(10.8 ml daily)
<i>alendronate sodium tabs 10 mg, 40 mg, 5 mg</i>	F	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	QL(0.15 ea daily)
<i>calcitonin (salmon) soln ij 200 unit/ml</i>	F	QL(2 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) soln na 200 unit/act</i>	F	
<i>etidronate disodium tabs</i>	F	
FOSAMAX PLUS D TABS (<i>alendronate sodium-cholecalciferol</i>)	F	Limit 4 per month;QL(0.15 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	F	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	F	PA; QL(0.15 ea daily)
<i>risedronate sodium tbec 35 mg</i>	F	
<i>zoledronic acid conc 4 mg/5ml</i>	F	PA; SP-AcariaHealth;S P
ZOLEDRONIC ACID SOLN 4 MG/100ML (<i>zoledronic acid</i>)	F	PA; SP-AcariaHealth;S P
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	F	PA; SP-AcariaHealth;S P
ZOLEDRONIC ACID SOLR 4 MG (<i>zoledronic acid</i>)	F	PA
Corticotropin		
ACTHAR GEL (<i>corticotropin</i>)	F	PA; SP-Caremark;SP
Growth Hormones		
GENOTROPIN SOLR 5 MG (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P
HUMATROPE COMBO PACK SOLR (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P
HUMATROPE SOLR (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P
NORDITROPIN FLEXPPO SOPN (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SOLR 5 MG (<i>somatropin</i>)	F	PA; SP-AcariaHealth;S P
Hormone Receptor Modulators		
<i>raloxifene hcl tabs</i>	F	
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT (<i>leuprolide acetate (cpp)</i>) (6 month))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT-PED (1-MONTH) KIT (leuprolide acetate (cpp))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT-PED (3-MONTH) KIT (leuprolide acetate (cpp)) (3 month))	F	PA; SP-AcariaHealth;S P
SUPPRELIN LA KIT (<i>histrelin acetate (cpp)</i>)	F	PA; SP-AcariaHealth;S P
SYNAREL SOLN (<i>nafarelin acetate</i>)	F	SP-AcariaHealth;S P
Metabolic Modifiers		
ALDURAZYME SOLN (<i>laronidase</i>)	F	PA; SP-AcariaHealth;S P
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	F	
<i>calcitriol soln or 1 mcg/ml</i>	F	
CARBAGLU TABS (<i>carglumic acid</i>)	F	SP-Accredo;SP
<i>cinacalcet hcl tabs 30 mg</i>	F	PA
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	F	PA; SP
FABRAZYME SOLR (<i>agalsidase beta</i>)	F	PA; SP-AcariaHealth;S P
<i>levocarnitine (metabolic modifiers) soln</i>	F	
<i>levocarnitine (metabolic modifiers) tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
LUMIZYME SOLR (<i>alglucosidase alfa</i>)	F	PA; SP-AcariaHealth;SP
NAGLAZYME SOLN (<i>galsulfase</i>)	F	PA; SP-Accredo;SP
<i>paricalcitol caps</i>	F	
<i>sapropterin dihydrochloride pack 100 mg</i>	F	
<i>sapropterin dihydrochloride pack 500 mg</i>	F	SP-Caremark
<i>sapropterin dihydrochloride tabs 100 mg</i>	F	SP-Caremark
XURIDEN PACK (<i>uridine triacetate</i>)	F	AL(At least 21 yrs old)
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (<i>desmopressin acetate refrigerated</i>)	F	
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML (<i>desmopressin acetate</i>)	F	PA; SP-AcariaHealth;SP
<i>desmopressin acetate spray refrigerated soln</i>	F	
<i>desmopressin acetate spray soln</i>	F	
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	F	
STIMATE SOLN (<i>desmopressin acetate</i>)	F	PA; SP-AcariaHealth;SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	F	
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG (<i>tolvaptan</i>)	F	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TBPk 15 MG, (<i>tolvaptan</i>)	F	PA
<i>tolvaptan tabs</i>	F	QL(1 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, LOPREEZA, MIMVEY, MIMVEY LO TABS	F	QL(1 ea daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI TABS	F	
CLIMARA PRO PTWK (<i>estradiol-levonorgestrel</i>)	F	Limit 4 per 28 days;QL(0.15 ea daily)
COMBIPATCH PTTW (<i>estradiol & norethindrone acetate</i>)	F	QL(0.29 ea daily)
<i>estradiol & norethindrone acetate tabs</i>	F	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol tabs</i>	F	
PREMPHASE TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	F	
PREMPRO TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	F	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	F	QL(0.29 ea daily)
ALORA PTTW (<i>estradiol</i>)	F	QL(0.29 ea daily)
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	F	QL(0.29 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	F	QL(0.143 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	F	
MENEST TABS (<i>esterified estrogens</i>)	F	
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	F	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (<i>ciprofloxacin</i>)	F	
<i>ciprofloxacin hcl tabs</i>	F	
<i>ciprofloxacin susr</i>	F	
<i>levofloxacin soln 25 mg/ml</i>	F	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	F	QL(14 ea per fill retail)
<i>ofloxacin tabs 300 mg</i>	F	
<i>ofloxacin tabs 400 mg</i>	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
(Simethicone) CVS GAS RELIEF DROPS EXTRA STRENGTH, GAS RELIEF INFANTS, GAS-X INFANT DROPS, SIMETHICONE DROPS INFANTS, TGT GAS RELIEF INFANTS DROPS LIQD	F	QL(30 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
(Simethicone) CVS GAS RELIEF INFANTS, CVS INFANTS GAS RELIEF, EQ INFANTS GAS RELIEF, EQL INFANTS GAS RELIEF, GAS RELIEF DROPS INFANTS, GAS RELIEF INFANTS, GNP INFANT GAS RELIEF, GNP INFANTS GAS RELIEF, HM GAS RELIEF INFANTS, INFANTS GAS RELIEF, INFANTS SIMETHICONE, LITTLE REMEDIES FOR TUMMYS GAS RELIEF, LITTLE TUMMYS GAS RELIEF, MOMMYS BLISS GAS RELIEF DROPS, PEDIACARE GAS RELIEF DROPS INFANTS, PX GAS RELIEF INFANTS, SIMEPED, SM GAS RELIEF DROPS INFANTS, SM GAS RELIEF INFANTS DROPS SUSP	F	QL(60 ml per fill retail)
(Simethicone) CVS GAS RELIEF, CVS GAS RELIEF EXTRA STRENGTH, DRX CHOICE GAS RELIEF, EQ GAS RELIEF EXTRA STRENGTH, EQL GAS GONE EXTRA STRENGTH, GAS RELIEF EXTRA STRENGTH, GNP GAS RELIEF, GNP GAS RELIEF EXTRA STRENGTH, GOODSENSE GAS RELIEF EXTRA STRENGTH, HM GAS RELIEF, MI-ACID GAS RELIEF, QC GAS RELIEF, QC GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF, RA GAS RELIEF EXTRA STRENGTH, TGT GAS RELIEF EXTRA STRENGTH CHEW	F	

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Drug Name	Drug Tier	Requirements/Limits
(Simethicone) CVS GAS RELIEF, CVS GAS RELIEF EXTRA STRENGTH, EQ GAS RELIEF, EQL GAS RELIEF EXTRA STRENGTH, GAS RELIEF EXTRA STRENGTH, GNP GAS RELIEF EXTRA STRENGTH, HM GAS RELIEF EXTRA STRENGTH, PX GAS RELIEF EXTRA STRENGTH, QC GAS RELIEF, QC GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF, RA GAS RELIEF EXTRA STRENGTH, SM GAS RELIEF EXTRA STRENGTH, TGT GAS RELIEF EXTRA STRENGTH CAPS	F	
(Simethicone) EQL GAS RELIEF, GAS RELIEF SUSP 20 MG/0.3ML	F	QL(60 ml per fill retail)
(Simethicone) EQL GAS RELIEF, GAS-X EXTRA STRENGTH CAPS 125 MG	F	
(Simethicone) GAS RELIEF CHEW 80 MG	F	
(Simethicone) PHAZYME, SB GAS RELIEF CHEW 125 MG	F	
(Simethicone) SB GAS RELIEF SUSP 40 MG/0.6ML	F	QL(60 ml per fill retail)
(Simethicone) SM GAS RELIEF CHEW 125 MG, 80 MG	F	
simethicone caps 125 mg	F	
simethicone chew 125 mg, 80 mg	F	
simethicone susp 40 mg/0.6ml	F	QL(60 ml per fill retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM CAPS (cholic acid)	F	PA; QL(5 ea daily); SP
Gallstone Solubilizing Agents		
ursodiol caps 300 mg	F	
ursodiol tabs 250 mg	F	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	F	
Gastrointestinal Chloride Channel Activators		
lubiprostone caps	F	PA
Gastrointestinal Stimulants		
metoclopramide hcl soln 10 mg/10ml, 5 mg/5ml	F	
metoclopramide hcl tabs 10 mg, 5 mg	F	
Inflammatory Bowel Agents		
balsalazide disodium caps	F	
ENTYVIO SOLR (vedolizumab)	F	PA; SP-AcariaHealth;S P
INFLECTRA SOLR (infliximab-dyyb)	F	PA; SP-AcariaHealth;S P
mesalamine cp24 or 0.375 gm	F	
mesalamine cpdr or 400 mg	F	QL(12 ea daily)
mesalamine enem re 4 gm	F	
mesalamine tbec or 1.2 gm, 800 mg	F	
mesalamine w/ cleanser kit	F	QL(4 ea per 28 days retail)
REMICADE SOLR (infliximab)	F	PA; SP-AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
RENFLXIS SOLR (<i>infliximab-abda</i>)	F	PA; SP-AcariaHealth;S P
SFROWASA ENEM (<i>mesalamine</i>)	F	
STELARA SOLN (<i>ustekinumab (iv)</i>)	F	PA; SP-AcariaHealth;S P
<i>sulfasalazine tabs</i>	F	
<i>sulfasalazine tbec</i>	F	
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	F	
<i>lactulose (encephalopathy) soln</i>	F	
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS (<i>naloxegol oxalate</i>)	F	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON- CRYSTALS PACK	F	
ORACIT SOLN (<i>sodium citrate & citric acid</i>)	F	
<i>potassium citrate (alkalinizer) tbc</i> 10 meq, 1080 mg, 540 mg	F	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate & citric acid soln 334 mg/5ml- 334 mg/5ml-500 mg/5ml-500 mg/5ml, 334 mg/5ml-500 mg/5ml</i>	F	RX/OTC
Genitourinary Irrigants		
(Sodium Chloride (Gu Irrigant)) ARGYLE STERILE SALINE, CURITY STERILE SALINE SOLN	F	
<i>acetic acid soln</i>	F	
<i>sodium chloride (gu irrigant) soln</i>	F	
Interstitial Cystitis Agents		
ELMIRON CAPS (<i>pentosan polysulfate sodium</i>)	F	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	F	
<i>dutasteride-tamsulosin hcl caps</i>	F	
<i>finasteride tabs</i>	F	
<i>tamsulosin hcl caps</i>	F	
Urinary Analgesics		
(Phenazopyridine Hcl) PHENAZO TABS 200 MG	F	
<i>phenazopyridine hcl tabs</i>	F	
Urinary Stone Agents		
<i>tiopronin tabs</i>	F	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	F	
Gout Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tabs</i>	F	
<i>colchicine tabs</i>	F	
KRYSTEXXA SOLN (<i>pegloticase</i>)	F	PA; SP- AcariaHealth;S P
Uricosurics		
<i>probenecid tabs</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR (<i>antihemophilic factor (rcmb)</i> plasma/albumin free (rahf-pfm))	CO	
ADYNOVATE SOLR (<i>antihemophilic factor (recombinant)</i> pegylated)	CO	
AFSTYLA KIT (<i>antihemophilic factor (recombinant)</i> single chain)	CO	
ALPHANATE SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	CO	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	CO	
ALPHANINE SD SOLR (<i>coagulation factor ix</i>)	CO	
ALPROLIX SOLR (<i>coagulation factor ix (recomb)</i> fc fusion protein (rfixfc))	CO	

Drug Name	Drug Tier	Requirements/Limits
BENEFIX KIT (<i>coagulation factor ix (recombinant)</i>)	CO	
COAGADEX SOLR (<i>coagulation factor x (human)</i>)	CO	
CORIFACT KIT (<i>factor xiii concentrate (human)</i>)	CO	
ELOCTATE SOLR (<i>antihemophilic factor (rcmb)</i> fc fusion protein(bdd-rfviiiifc))	CO	
FEIBA SOLR (<i>antiinhibitor coagulant complex</i>)	CO	
FIBRYGA SOLR (<i>fibrinogen concentrate (human)</i>)	CO	
HELIXATE FS KIT (<i>antihemophilic factor (recombinant)</i> (rfviii))	CO	
HEMLIBRA SOLN (<i>emicizumab-kxwh</i>)	CO	
HEMOFIL M SOLR (<i>antihemophilic factor (human)</i>)	CO	
HUMATE-P SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	CO	
IDELVION SOLR (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	CO	
IXINITY SOLR (<i>coagulation factor ix (recombinant)</i>)	CO	
JIVI SOLR (<i>antihemophilic factor(rcmb)</i> pegylated-aucl (bdd-rfviii peg-aucl))	CO	SP

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Drug Name	Drug Tier	Requirements/ Limits
KCENTRA KIT (<i>prothrombin complex concentrate human</i>)	CO	
KOATE SOLR (<i>antihemophilic factor (human)</i>)	CO	
KOATE-DVI SOLR (<i>antihemophilic factor (human)</i>)	CO	
KOGENATE FS KIT (<i>antihemophilic factor (recombinant)</i> (rfviii))	CO	
KOVALTRY SOLR (<i>antihemophilic factor (rcmb)</i> plasma/albumin free (rahf-pfm))	CO	
MONONINE SOLR (<i>coagulation factor ix</i>)	CO	
NOVOEIGHT SOLR (<i>antihemophilic factor (rcmb)</i> bd truncated (bd trunc-rfviii))	CO	
NOVOSEVEN RT SOLR (<i>coagulation factor viia (recombinant)</i>)	CO	
NUWIQ KIT (<i>antihemophilic factor (rcmb)</i> simoctocog alfa(bdd-rfviii,sim))	CO	
NUWIQ SOLR (<i>antihemophilic factor (rcmb)</i> simoctocog alfa(bdd-rfviii,sim))	CO	
OBIZUR SOLR (<i>antihemophilic factor (recombinant porcine)</i> (rpfviii))	CO	
PROFILNINE SD SOLR (<i>factor ix complex</i>)	CO	
PROFILNINE SOLR (<i>factor ix complex</i>)	CO	

Drug Name	Drug Tier	Requirements/ Limits
REBINYN SOLR (<i>coagulation factor ix (recombinant)</i> glycopegylated)	CO	
RECOMBINATE SOLR (<i>antihemophilic factor (recombinant)</i> (rfviii))	CO	
RIASTAP SOLR (<i>fibrinogen concentrate (human)</i>)	CO	
RIXUBIS SOLR (<i>coagulation factor ix (recombinant)</i>)	CO	
SEVENFACT SOLR (<i>coagulation factor viia (recombinant)</i> -jncw)	CO	
TRETTEN SOLR (<i>coagulation factor xiii a-subunit (recombinant)</i>)	CO	
VONVENDI SOLR (<i>von willebrand factor (recombinant)</i>)	CO	
WILATE KIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	CO	
XYNTHA KIT (<i>antihemophilic factor (rcmb)</i> moroctocog alfa(bdd-rfviii,mor))	CO	
XYNTHA SOLOFUSE KIT (<i>antihemophilic factor (rcmb)</i> moroctocog alfa(bdd-rfviii,mor))	CO	
Complement Inhibitors		
CINRYZE SOLR (<i>c1 esterase inhibitor (human)</i>)	F	PA; SP-Caremark;SP
SOLIRIS SOLN (<i>eculizumab</i>)	F	PA; SP-AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	F	
BRILINTA TABS (<i>ticagrelor</i>)	F	
<i>cilostazol tabs</i>	F	
<i>clopidogrel bisulfate tabs 300 mg</i>	F	
<i>clopidogrel bisulfate tabs 75 mg</i>	F	QL(1 ea daily)
<i>dipyridamole tabs</i>	F	
<i>prasugrel hcl tabs</i>	F	QL(1 ea daily)
ZONTIVITY TABS (<i>vorapaxar sulfate</i>)	F	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CEREZYME SOLR (<i>imiglucerase</i>)	F	PA; SP- AcariaHealth
VPRIV SOLR (<i>velaglucerase alfa</i>)	F	PA; SP- AcariaHealth
Agents for Sickle Cell Disease		
DROXIA CAPS (<i>hydroxyurea (sickle cell anemia)</i>)	F	
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	
<i>cyanocobalamin tabs or 250 mcg</i>	F	
Folic Acid/Folates		

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	F	
(Folic Acid) FA-8 CAPS	F	
(Folic Acid) KP FOLIC ACID TABS 1 MG	F	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	F	
FOLIC ACID CAPS OR 20 MG, 5 MG (<i>folic acid</i>)	F	
<i>folic acid caps or 800 mcg</i>	F	
<i>folic acid tabs or 1 mg</i>	F	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	F	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN (<i>darbepoetin alfa</i>)	F	PA; SP- AcariaHealth;S P
ARANESP ALBUMIN FREE SOSY (<i>darbepoetin alfa</i>)	F	PA; SP- AcariaHealth;S P
NPLATE SOLR 250 MCG, 500 MCG (<i>romiplostim</i>)	F	PA; SP- AcariaHealth
PROMACTA PACK 12.5 MG (<i>eltrombopag olamine</i>)	F	PA; SP- AcariaHealth;A L(At least 21 yrs old)
PROMACTA PACK 25 MG (<i>eltrombopag olamine</i>)	F	PA; SP- Acaria Health;AL(At least 21 yrs old); SP
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	F	PA; SP- Acaria Health;AL(At least 21 yrs old); SP

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Drug Name	Drug Tier	Requirements/ Limits
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	F	SP- AcariaHealth;S P
RETACRIT SOLN 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	F	SP- AcariaHealth ;SP
ZARXIO SOSY (<i>filgrastim-sndz</i>)	F	PA; SP- AcariaHealth;S P
Hematopoietic Mixtures		
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu) FERROCITE PLUS, HEMATINIC PLUS VITAMINS/MINERALS, HEMOCYTE-PLUS TABS	F	QL(1 ea daily)
(Iron Combinations) CHROMAGEN, HEMATOGEN, IRON COMPLEX CAPS	F	RX/OTC
Iron		
(Ferrous Fumarate) FERROCITE TABS	F	
(Ferrous Gluconate) CVS IRON, FERATE, FERGON, FERROTABS, IRON 27 TABS	F	
(Ferrous Sulfate Dried) EQL SLOW RELEASE IRON, SLOW IRON TBCR	F	
(Ferrous Sulfate Dried) SLOW RELEASE IRON, SM IRON SLOW RELEASE TBCR 160 MG	F	
(Ferrous Sulfate) BPROTECTED PEDIA IRON, FE-VITE IRON, IRON SUPPLEMENT CHILDRENS, PC PEDIATRIC IRON DROPS SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
(Ferrous Sulfate) CVS IRON, EQL IRON SUPPLEMENT THERAPY, FEROSUL, FERROUSUL, GOODSENSE IRON, KP FERROUS SULFATE, MEIJER FERROUS SULFATE, NAT-RUL IRON, QC FERROUS SULFATE, SM IRON TABS	F	
(Ferrous Sulfate) FE TABS TBEC	F	
(Ferrous Sulfate) IRON SUPPLEMENT ELIX	F	
(Ferrous Sulfate) RA IRON TABS 325 MG	F	
(Ferrous Sulfate) SLOW RELEASE IRON TBCR 50 MG	F	
(Polysaccharide Iron Complex) FERREX 150, FERRIC X-150, MYFERON 150, NU-IRON 150, POLY-IRON 150 CAPS	F	
FERRETT'S TABS (<i>ferrous fumarate</i>)	F	
<i>ferrous fumarate tabs 324 mg</i>	F	
<i>ferrous gluconate tabs 240 mg, 27 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG (<i>ferrous gluconate</i>)	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	
FERROUS SULFATE LIQD 220 MG/5ML (<i>ferrous sulfate</i>)	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	
<i>ferrous sulfate syrp 300 mg/5ml</i>	F	
<i>ferrous sulfate tabs 28 mg, 325 mg, 65 mg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tbc</i> 50 mg	F	
FERROUS SULFATE TBEC 324 MG (<i>ferrous sulfate</i>)	F	
<i>ferrous sulfate tbc</i> 325 mg	F	
IRON CHEWS PEDIATRIC CHEW (<i>carbonyl iron</i>)	F	
<i>polysaccharide iron complex caps</i>	F	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid soln</i> 0.25 gm/ml	F	SP-AcariaHealth;S P
<i>aminocaproic acid tabs</i> 500 mg	F	SP-AcariaHealth;S P
<i>tranexamic acid tabs</i>	F	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirements/Limits
(Diphenhydramine Hcl (Sleep)) COMPOZ, CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQL SLEEP AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, ORMIR, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA SLEEP AID MAXIMUM STRENGTH, SM SLEEP AID MAXIMUM STRENGTH, TGT SLEEP AID MAXIMUM STRENGTH, WAL-SOM MAXIMUM STRENGTH CAPS	F	
(Diphenhydramine Hcl (Sleep)) COMPOZ, CVS SLEEP AID, CVS SLEEP AID NIGHTTIME, EQL NIGHTTIME SLEEP AID, GNP NIGHTTIME SLEEP AID, GNP SLEEP AID NIGHTTIME, HM NIGHTTIME SLEEP AID, NIGHT TIME SLEEP AID, NIGHTTIME SLEEP AID, NIGHTTIME SLEEP-AID, NYTOL, QC REST SIMPLY, RA NIGHTTIME SLEEP AID, RA SLEEP AID, SB SLEEP, SIMPLY SLEEP, SLEEP II, SLEEP TABS, SLEEP-TABS, SM NIGHTTIME SLEEP AID, TGT NIGHTTIME SLEEP AID TABS	F	
(Diphenhydramine Hcl (Sleep)) CVS SLEEP-AID NIGHTTIME, SLEEP AID TABS 25 MG	F	
(Diphenhydramine Hcl (Sleep)) CVS SLEEP-AID NIGHTTIME, SLEEP AID, SLEEP-AID CAPS 50 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Doxylamine Succinate (Sleep)) CVS SLEEP-AID NIGHTTIME, SLEEP AID, SLEEP-AID TABS 25 MG	F	
(Doxylamine Succinate (Sleep)) CVS ULTRA SLEEP, EQL NIGHTTIME SLEEP AID, GNP SLEEP AID, HM SLEEP AID, KLS SLEEP AID, RA NIGHT SLEEP AID, RA SLEEP AID, SM SLEEP AID, WAL-SOM TABS	F	
<i>diphenhydramine hcl (sleep) tabs</i>	F	
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	F	
<i>phenobarbital soln</i>	F	
<i>phenobarbital tabs</i>	F	
Non-Barbiturate Hypnotics		
<i>estazolam tabs</i>	F	
<i>eszopiclone tabs</i>	F	PA; QL(1 ea daily); AL(Up to 64 yrs old)
<i>flurazepam hcl caps</i>	F	
<i>midazolam hcl soln ij 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	F	
<i>temazepam caps</i>	F	
<i>triazolam tabs</i>	F	
<i>zaleplon caps</i>	F	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	F	QL(1 ea daily)

LAXATIVES - Bowel Treatment Drugs

Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives		
(Calcium Polycarbophil) CVS FIBER LAXATIVE, EQL FIBER LAXATIVE, FIBER LAXATIVE, FIBER-LAX, GNP FIBER-CAPS, PX FIBER, RA FIBER THERAPY, SB FIBER LAXATIVE, TGT FIBER LAXATIVE TABS	F	
(Calcium Polycarbophil) EQ FIBER THERAPY, SM FIBER TABS 625 MG	F	
(Methylcellulose (Laxative)) SOLUBLE FIBER POWD	F	
(Psyllium) CVS DAILY FIBER, EQ FIBER THERAPY, REGULOID, WAL-MUCIL CAPS 0.52 GM	F	
(Psyllium) CVS FIBER, FIBER LAXATIVE, GNP NATURAL FIBER, MEDI-MUCIL, PX FIBER, QC FIBER LAXATIVE, RA FIBER, RA FIBER THERAPY, TGT PSYLLIUM FIBER CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Psyllium) CVS NATURAL DAILY FIBER, EQL NATURAL FIBER, EQL SMOOTH TEXTURE FIBERSUPPLEMENT, GERI-MUCIL, GNP NATURAL FIBER, GOODSENSE NATURAL FIBER, GOODSENSE PSYLLIUM FIBER, HM FIBER POWDER, KLS NATURAL PSYLLIUM FIBER, METAMUCIL SMOOTH TEXTURE, METAMUCIL SMOOTH TEXTURESUGAR FREE, NATURAL FIBER, NATURAL FIBER LAXATIVE, NATURAL FIBER THERAPY, NATURAL PSYLLIUM SEED INDIAN HUSKS, NATURAL VEGETABLE FIBER, PSYLDEX, QC NATURAL VEGETABLE, RA MULTIHEALTH FIBER SUPPLEMENT, SB FIB LAX ORANGE, SB FIBER LAXATIVE, SB NATURAL FIBER LAXATIVE, TGT FIBER THERAPY POWD	F	
(Psyllium) CVS NATURAL FIBER SUPPLEMENT POWD 100 %	F	
(Psyllium) EQ DAILY FIBER POWD 51.7 %	F	
(Psyllium) EQL FIBER THERAPY POWD 28.3 %, 48.57 %	F	
(Psyllium) FIBER THERAPY, SM FIBER POWDER POWD 25 %	F	
(Psyllium) HM FIBER POWD 28.3 %, 30.9 %, 51.7 %, 58.6 %	F	
(Psyllium) KONSYL DAILY FIBER, METAMUCIL POWD 28.3 %	F	
(Psyllium) KONSYL POWD 30.9 %	F	

Drug Name	Drug Tier	Requirements/ Limits
(Psyllium) REGULOID POWD 25 %, 28.3 %, 48.57 %, 51.7 %, 58.6 %	F	
(Psyllium) SM FIBER POWD 28.3 %, 48.57 %, 51.7 %, 58.6 %	F	
(Psyllium) WAL-MUCIL POWD 28.3 %, 48.57 %, 51.7 %, 58.6 %	F	
calcium polycarbophil tabs	F	
CVS DAILY FIBER PACK 58.6 % (<i>psyllium</i>)	F	
CVS NATURAL FIBER SUPPLEMENT PACK 58.6 % (<i>psyllium</i>)	F	
DAILY FIBER PACK 51.7 % (<i>psyllium</i>)	F	
EQUALACTIN CHEW (<i>calcium polycarbophil</i>)	F	
HYDROCIL INSTANT PACK (<i>psyllium</i>)	F	
KONSYL DAILY FIBER PACK 100 %, 28.3 %, 60.3 % (<i>psyllium</i>)	F	
KONSYL DAILY FIBER POWD 60.3 % (<i>psyllium</i>)	F	
KONSYL ORIGINAL DAILY FIBER PACK (<i>psyllium</i>)	F	
KONSYL PACK 60.3 % (<i>psyllium</i>)	F	
KONSYL POWD 60.3 %, 71.67 % (<i>psyllium</i>)	F	
KONSYL-D POWD (<i>psyllium</i>)	F	
METAMUCIL CAPS 0.36 GM (<i>psyllium</i>)	F	
METAMUCIL FIBER PACK (<i>psyllium</i>)	F	
METAMUCIL PACK 28 % (<i>psyllium</i>)	F	
METAMUCIL WAFR (<i>psyllium</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>psyllium caps</i>	F	
<i>psyllium powd</i>	F	
SM FIBER POWDER POWD 27 % (<i>psyllium</i>)	F	
UNIFIBER POWD (<i>cellulose</i>)	F	
Laxative Combinations		
(Peg 3350-Kcl-Sod Bicarb- Sod Chloride-Sod Sulfate) GAVILYTE-C, GAVILYTE- G SOLR	F	
(Peg 3350-Potassium Chloride-Sod Bicarbonate- Sod Chloride) GAVILYTE- N/FLAVOR PACK, TRILYTE SOLR	F	

Drug Name	Drug Tier	Requirements/ Limits
(Sennosides-Docusate Sodium) COLACE 2-IN-1, CVS SENNA PLUS, CVS STOOL SOFTENER PLUS STIMULANT LAXATIVE, DOCUZEN, DOK PLUS, EASY-LAX PLUS, EQ SENNAS, EQ STOOL SOFTENER/STIMULANT LAXATIVE, EQL SENNA- S, EQL STOOL SOFTENER/STIMULANT LAXATIVE, EQL STOOL SOFTENER/STIMULANT LAXATIVE OVERNIGHT RELIEF, GNP SENNA PLUS, GNP STOOL SOFTENER/STIMULANT LAXATIVE, GOODSENSE STIMULANT LAXATIVE PLUS, HM SENNA-S, HM STOOL SOFTENER/LAXATIVE, HM STOOL SOFTENER/STIMULANT LAXATIVE, LAXACIN, MEDI-NATURAL PLUS, QC SENNA-S, QC STOOL SOFTENER PLUS LAXATIVE, QC STOOL SOFTENER PLUS STIMULANT LAXATIVE, RA 2-IN-1 LAXATIVE/STOOLSOFTEN ER, RA LAXATIVE & STOOL SOFTENER, RA P COL-RITE, RA SENNA PLUS, SB DOCUSATE SODIUM/SENNAS, SENEXTON-S, SENNA PLUS, SENNA S, SENNA- PLUS, SENNA-S, SENNA- TIME S, SM NATURAL LAXATIVE PLUSSTOOL SOFTENER, SM SENNA- S, SM STOOL SOFTENER, SM STOOL SOFTENER PLUS LAXATIVE, SM STOOL SOFTENER/STIMULANT LAXATIVE, STIMULANT LAXATIVE, STOOL	F	

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Drug Name	Drug Tier	Requirements/ Limits
SOFTENER + STIMULANT LAXATIVE, STOOL SOFTENER LAXATIVE, STOOL SOFTENER PLUS LAXATIVE, STOOL SOFTENER PLUS STIMULANT LAXATIVE, STOOL SOFTENER/LAXATIVE, TGT SENNA LAXATIVE, TGT SENNA LAXATIVE/STOOLSOFTENER, TGT STOOL SOFTENER & STIMULANT LAXATIVE, VEGETABLE LAXATIVE+STOOLSOFTENER TABS		
GOLYTELY SOLR 2.82 GM-5.53 GM-6.36 GM-21.5 GM-227.1 GM (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	F	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	F	
sennosides-docusate sodium tabs	F	
Laxatives - Miscellaneous		
(Glycerin (Laxative)) AVEDANA GLYCERIN (ADULT), GLYCERIN ADULT SUPP	F	
(Glycerin (Laxative)) CVS GLYCERIN ADULT SUPP 2 GM	F	
(Lactulose) CONSTULOSE SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GOODSENSE CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURALAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX POWD	F	QL(34 gm daily)
(Polyethylene Glycol 3350) CVS PURELAX POWD 17 GM/SCOOP,	F	QL(34 gm daily)
(Polyethylene Glycol 3350) CVS PURELAX, GNP CLEARLAX, HM CLEARLAX, SMOOTH LAX, TGT POWDERLAX PACK 17 GM	F	
(Polyethylene Glycol 3350) GNP CLEARLAX, HM CLEARLAX, RA LAXATIVE, SMOOTH LAX, TGT POWDERLAX POWD 17 GM/SCOOP	F	QL(34 gm daily)
(Polyethylene Glycol 3350) HEALTHYLAX PACK	F	
FLEET LIQUID GLYCERIN SUPPOSITORIES ENEM (glycerin (laxative))	F	
glycerin (laxative) supp 2 gm	F	
lactulose soln 10 gm/15ml, 20 gm/30ml	F	
polyethylene glycol 3350 pack 17 gm	F	
polyethylene glycol 3350 powd 17 gm/scoop	F	QL(34 gm daily)
SORBITOL SOLN OR 70 % (sorbitol (laxative))	F	
Saline Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Magnesium Citrate) CITROMA, CVS CITRATE OF MAGNESIA, CVS MAGNESIUM CITRATE, EQ MAGNESIUM CITRATE, EQL MAGNESIUM CITRATE, GNP MAGNESIUM CITRATE, GOODSENSE MAGNESIUM CITRATE, HM MAGNESIUM CITRATE, QC MAGNESIUM CITRATE, RA MAGNESIUM CITRATE, SB MAGNESIUM CITRATE, SM MAGNESIUM CITRATE SOLN	F		(Sodium Phosphates) CVS ENEMA DISPOSABLE, CVS ENEMA READY-TO- USE, ENEMA DISPOSABLE, ENEMA READY-TO-USE, EQ ENEMA, EQL READY-TO- USE ENEMA, GNP ENEMA, GOODSENSE READY TO USE ENEMA, HM ENEMA READY-TO- USE, HM ENEMA SALINE LAXATIVE, PEDIATRIC ENEMA, PURE & GENTLE ENEMA, QC ENEMA, RA ENEMA, RA SALINE ENEMA, SM ENEMA, TGT SALINE LAXATIVE ENEM	F	
(Magnesium Hydroxide) CVS MILK OF MAGNESIA, DULCOLAX LIQUID, DULCOLAX MILK OF MAGNESIA, EQL MILK OF MAGNESIA, GNP MILK OF MAGNESIA, HM MILK OF MAGNESIA, MILK OF MAGNESIA, MILK OF MAGNESIA CONCENTRATE, PX MILK OF MAGNESIA, QC MILK OF MAGNESIA, RA MILK OF MAGNESIA, SB MILK OF MAGNESIA, SM MILK OF MAGNESIA SUSP	F		<i>magnesium citrate soln 1.745 gm/30ml,</i>	F	
			PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW (<i>magnesium hydroxide</i>)	F	
			PHILLIPS MILK OF MAGNESIA CONCENTRATED SUSP (<i>magnesium hydroxide</i>)	F	
			PHILLIPS MILK OF MAGNESIA SUSP 800 MG/5ML (<i>magnesium hydroxide</i>)	F	
(Magnesium Hydroxide) PHILLIPS MILK OF MAGNESIA SUSP 1200 MG/15ML, 400 MG/5ML	F		<i>sodium phosphates enem</i>	F	
			Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECT, CORRECTOL, CVS BISACODYL, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DUCODYL, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FEENAMINT, GENTLE LAXATIVE, GNP BISA-LAX, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, PX LAXATIVE, QC GENTLE LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, SM WOMANS LAXATIVE, STIMULANT LAXATIVE, TGT GENTLE LAXATIVE, TGT WOMENS LAXATIVE, VERACOLATE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	F	
(Bisacodyl) BISACODYL LAXATIVE, CVS BISACODYL, CVS GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM LAXATIVE, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	F	
(Bisacodyl) LAXATIVE SUPP RE 10 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) LAXATIVE, RA LAXATIVE TBEC 5 MG	F	
(Bisacodyl) LAXATIVE, RA LAXATIVE TBEC OR 5 MG	F	
(Sennosides) CVS SENNA, DR EDWARDS OLIVE LAXATIVE, EQ NATURAL LAXATIVE, EQ NATURAL VEGETABLE LAXATIVE, EQL SENNA LAXATIVE, GERI-KOT, GNP SENNA LAX, GOODSENSE SENNALAXATIVE, HM SENNALAXATIVE, KP SENNA, LAXATIVE PILLS REGULAR STRENGTH, LAXATIVE REGULAR STRENGTH, MEDI-LAX, MEDI-NATURAL, NATURAL SENNA LAXATIVE, PERDIEM, PX VEGETABLE LAXATIVE, QC NATURAL VEGETABLE LAXATIVE, QC SENNA, RA SENNA, SB SENNA-LAX, SENNA LAXATIVE, SENNA REGULAR STRENGTH, SENNALAXATIVE SMOOTH, SENNALAXATIVE, SENNA- TABS, SENNA-TIME, SENNO, SM SENNA LAXATIVE, TGT SENNA, TGT SENNA LAXATIVE TABS	F	
(Sennosides) EVAC-U- GEN TABS 8.6 MG	F	
<i>bisacodyl supp</i>	F	
FLEET BISACODYL ENEM (<i>bisacodyl</i>)	F	
<i>sennosides tabs 8.6 mg</i>	F	
Surfactant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits
(Docusate Calcium) CVS STOOL SOFTENER, GNP DOCUSATE CALCIUM, GNP STOOL SOFTENER, KAO-TIN, QC DOCUSATE CALCIUM, SB STOOL SOFTENER, SM DOCUSATE CALCIUM, SM STOOL SOFTENER, STOOL SOFTENER, SURFAK CAPS	F	
(Docusate Sodium) CORRECTOL EXTRA GENTLE, CVS STOOL SOFTENER, DOCU SOFT, DOCUSIL, DOK, DULCOLAX PINK STOOL SOFTENER, DULCOLAX STOOL SOFTENER, EASY-LAX, EQ STOOL SOFTENER, EQL STOOL SOFTENER, GNP STOOL SOFTENER, GOODSENSE GENTLE STOOL SOFTENER, HM STOOL SOFTENER, HM STOOL SOFTENER MAXIMUM STRENGTH, KLS STOOL SOFTENER, KS STOOL SOFTENER, LAXA BASIC, MM STOOL SOFTENER LAXATIVE, PHILLIPS STOOL SOFTENER, PX DOCUSATE SODIUM, QC STOOL SOFTENER, RA COL-RITE, RA STOOL SOFTENER, SB DOCUSATE SODIUM, SM STOOL SOFTENER, STOOL SOFTENER, STOOL SOFTENER EXTRA STRENGTH, STOOL SOFTENER LAXATIVE, STOOL SOFTENER LAXATIVE EXTRA STRENGTH, TGT STOOL SOFTENER CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Docusate Sodium) CVS MINI ENEMA KIDS, DOCUSATE MINI, DOCUSOL MINI, ENEMEEZ MINI ENEM	F	
(Docusate Sodium) DIOCTO, DOCU, DOCU, GNP STOOL SOFTENER, SILACE, STOOL SOFTENER LIQD	F	
(Docusate Sodium) DIOCTO, GNP STOOL SOFTENER, SILACE SYRP	F	
(Docusate Sodium) DOK, HEALTHY MAMA MOVE IT ALONG, HM STOOL SOFTENER, PROMOLAXIN, SM STOOL SOFTENER, STOOL SOFTENER TABS	F	
<i>docusate calcium caps</i>	F	
<i>docusate sodium caps</i>	F	
<i>docusate sodium liqd</i>	F	
<i>docusate sodium syrp</i>	F	
<i>docusate sodium tabs</i>	F	
DOCUSOL PLUS MINI- ENEMA ENEM (<i>benzocaine-docusate sodium</i>)	F	
ENEMEEZ PLUS ENEM (<i>benzocaine-docusate sodium</i>)	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack 1 gm</i>	F	QL(2 ea per fill retail)
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	F	
<i>azithromycin tabs 250 mg, 500 mg, 600 mg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
Clarithromycin		
<i>clarithromycin susr</i>	F	
<i>clarithromycin tabs</i>	F	
<i>clarithromycin tb24</i>	F	
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	F	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	F	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin base tbec</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	F	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE PADS/LARGE/3"X4" PADS (<i>adhesive bandages</i>)	F	
ADHESIVE PADS/MEDIUM/2"X3" PADS (<i>adhesive bandages</i>)	F	
AMD FOAM DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/LARGE PADS (<i>adhesive bandages</i>)	F	
BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/MEDIUM PADS (<i>adhesive bandages</i>)	F	
BAND-AID GAUZE PADS LARGE 4" X 4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS (<i>gauze pads & dressings</i>)	F	
BAND-AID GAUZE PADS SMALL 2" X 2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS LARGE 3" X 4" PADS (<i>adhesive bandages</i>)	F	
BAND-AID HURT-FREE NON-STICK PADS MEDIUM 2" X 3" PADS (<i>adhesive bandages</i>)	F	
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
BAND-AID QUILTVENT WATERPROOF PAD LARGE 2.875" X 4" PADS (<i>adhesive bandages</i>)	F	
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BORDERED GAUZE PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CARRASMART FOAM PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CARRASMART PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
COVRSITE COVER DRESSING PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURAD NON-STICK PADS WITHADHESIVE TABS 3"X4" PADS (<i>adhesive bandages</i>)	F	
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS (<i>gauze pads & dressings</i>)	F	
CURITY ALL PURPOSE SPONGES 4 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY COVER SPONGE 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY COVER SPONGES 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
CURITY COVER SPONGES 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
CURITY GAUZE PADS 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE 4"X4"16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
CURITY SPONGES/CELLULOSEFI LLED/2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CURITY SPONGES/CELLULOSEFI LLED/4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CVS ADHESIVE PAD 4"X4" PADS (<i>adhesive bandages</i>)	F	
CVS ADHESIVE PAD 6"X6" PADS (<i>adhesive bandages</i>)	F	
CVS ADHESIVE PADS 2.25"X3" PADS (<i>adhesive bandages</i>)	F	
CVS GAUZE PAD 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
CVS GAUZE PADS 2"X2" 12-PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA I.V. SPONGES 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS (<i>gauze pads & dressings</i>)	F	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS (<i>gauze pads & dressings</i>)	F	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
DRYMAX EXTRA PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GAUZE DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GAUZE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GAUZE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
GAUZE PADS 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
GNP STERILE GAUZE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
HM ADHESIVE PADS ANTIBACTERIAL/SHEER PADS (<i>adhesive bandages</i>)	F	
HM STERILE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
HM STERILE PADS PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HYDROCELL ADHESIVE DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
HYDROCELL DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J ADHESIVE LARGE PADS (<i>adhesive bandages</i>)	F	
J & J GAUZE 2"X2" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
J & J NON-STICK PADS 100LARGE PADS (<i>adhesive bandages</i>)	F	
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS (<i>gauze pads & dressings</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
KERLIX SPONGES 4" X 4" 12 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
MIRASORB SPONGES 2" X 2" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
MIRASORB SPONGES 4" X 4" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
MOLESKIN FOAM PADDING PADS (<i>adhesive bandages</i>)	F	
NEXCARE ABSOLUTE WATERPROOF PAD PADS (<i>adhesive bandages</i>)	F	
NU GAUZE 4PLY 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
OPTIFOAM PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
POLYMEM FILM DOT PADS (<i>adhesive bandages</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
POLYMEM NON-ADHESIVE PAD PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
QC STERILE PADS PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
QC STERILE PADS PADS (<i>gauze pads & dressings</i>)	F	
RA FIRST AID NON-STICK PADS PADS (<i>adhesive bandages</i>)	F	
RA SHEER ADHESIVE LARGE PADS (<i>adhesive bandages</i>)	F	
RA STERILE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
RA STERILE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
RA STERILE PADS 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
RAY-TEC X-RAY DETECTABLE SPONGES 4" X 4" 16 PLY MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RESTORE FOAM DRESSING BORDERED 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
SM ADHESIVE PADS 2"X3" PADS (<i>adhesive bandages</i>)	F	
SM ADHESIVE PADS 3"X4" PADS (<i>adhesive bandages</i>)	F	
SM GAUZE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
SM GAUZE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
SM GAUZE PADS 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
SM STERILE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
SM STERILE PADS PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
SOF-SET ADHESIVE PATCH PADS (<i>adhesive bandages</i>)	F	
SOF-WICK 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
STERILE GAUZE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
STERILE GAUZE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
STERILE PADS 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
STERILE PADS 3"X3" PADS (<i>gauze pads & dressings</i>)	F	
STERILE PADS 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
SURGICAL GAUZE SPONGE PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
THERAGAUZE PADS (<i>gauze pads & dressings</i>)	F	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC (<i>gauze pads & dressings</i>)	F	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
CAYA DPRH (<i>diaphragm arc-spring</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
DUREX EXTRA SENSITIVE DEVI (<i>condoms latex lubricated - male</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
FANTASY LUBRICATED/SPERMICIDE MISC (<i>condoms latex lubricated - male</i>)	F	
FC FEMALE CONDOM MISC (<i>condoms - female</i>)	F	
FC2 FEMALE CONDOM MISC (<i>condoms - female</i>)	F	
FEMCAP DEVI (<i>cervical caps</i>)	F	QL(1 ea per 365 days retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI (<i>condoms latex lubricated - male</i>)	F	
K-Y ME & YOU INTENSE DEVI (<i>condoms latex lubricated - male</i>)	F	
KAMELEON LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO COLORS DEVI (<i>condoms latex lubricated - male</i>)	F	
KIMONO LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO MICRO THIN MISC (<i>condoms latex non-lubricated - male</i>)	F	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO PLUS SPERMICIDE LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO PLUS SPERMICIDE/LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO PS LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO SENSATION LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
KIMONO SPECIAL DEVI (<i>condoms latex lubricated - male</i>)	F	
MAXX LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
MAXX PLUS SPERMICIDE LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
OMNIFLEX DIAPHRAGM DPRH (<i>diaphragms</i>)	F	QL(1 ea per 365 days retail)
PREMIUM CONDOMS LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
REALITY LATEX CONDOMS/LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
REALITY LATEX/ULTRA TEXTURED DEVI (<i>condoms latex lubricated - male</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA THIN DEVI (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX COLOR CONDOMS + LUBE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED EXTRALARGE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX LUBRICATED/SPERMICIDE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX NON-LUBRICATED MISC (<i>condoms latex non-lubricated - male</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX/RIA LUBRICATED MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC (<i>condoms latex lubricated - male</i>)	F	
TRUSTEX/RIA NON-LUBRICATED MISC (<i>condoms latex non-lubricated - male</i>)	F	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC (<i>lancets</i>)	F	
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC (<i>lancets</i>)	F	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT (<i>lancets misc.</i>)	F	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	F	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT (<i>lancets misc.</i>)	F	
ADJUSTABLE LANCING DEVICE MISC (<i>lancet devices</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC (<i>lancets</i>)	F	
ALTERNATE SITE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI (<i>lancet devices</i>)	F	
AQUALANCE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	F	
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC (<i>lancets</i>)	F	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC (<i>lancets</i>)	F	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC (<i>lancets</i>)	F	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC (<i>lancets</i>)	F	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC (<i>lancets</i>)	F	
ASSURE LANCE LANCETS 21G MISC (<i>lancets</i>)	F	
ASSURE LANCE LANCETS MISC (<i>lancets</i>)	F	
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC (<i>lancets</i>)	F	
AURORA LANCET SUPER THIN30G MISC (<i>lancets</i>)	F	
AURORA LANCET THIN 23G MISC (<i>lancets</i>)	F	
AUTO-LANCET MINI MISC (<i>lancet devices</i>)	F	
AUTO-LANCET MISC (<i>lancet devices</i>)	F	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	F	
AUTOLET IMPRESSION LANCING DEVICE MISC (<i>lancet devices</i>)	F	
AUTOLET LANCING DEVICE MISC (<i>lancet devices</i>)	F	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	F	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	F	
AUTOLET MINI MISC (<i>lancet devices</i>)	F	
AUTOLET PLATFORMS MISC (<i>lancets misc.</i>)	F	
AUTOLET PLUS MISC (<i>lancet devices</i>)	F	
BD LANCET ULTRAFINE 30G MISC (<i>lancets</i>)	F	
CARDIOCOM LANCING DEVICE MISC (<i>lancet devices</i>)	F	
CAREONE ADVANCED LANCINGDEVICE MISC (<i>lancet devices</i>)	F	
CAREONE LANCET SUPER THIN/30G MISC (<i>lancets</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET THIN MISC (<i>lancets</i>)	F	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC (<i>lancet devices</i>)	F	
CARETOUCH TWIST LANCETS 30G MISC (<i>lancets</i>)	F	
CLEANLET LANCETS 28G MISC (<i>lancets</i>)	F	
COMFORT ASSURED LANCETS SUPER THIN 28G MISC (<i>lancets</i>)	F	
COMFORT LANCETS MISC (<i>lancets</i>)	F	
CVS LANCETS 21G MISC (<i>lancets</i>)	F	
CVS LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	F	
CVS LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	F	
CVS LANCETS ORIGINAL MISC (<i>lancets</i>)	F	
CVS LANCETS THIN 26G MISC (<i>lancets</i>)	F	
CVS LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	F	
CVS LANCETS ULTRA-THIN 30G MISC (<i>lancets</i>)	F	
CVS LANCING DEVICE MISC (<i>lancet devices</i>)	F	
CVS ULTRA THIN LANCETS MISC (<i>lancets</i>)	F	
DIATHRIVE LANCETS MISC (<i>lancets</i>)	F	
DIATHRIVE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	F	
DIATHRIVE LANCING DEVICE MISC (<i>lancet devices</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET GENTEEL LANCING DEVICE MISC (<i>lancet devices</i>)	F	
DROPLET LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	F	
DROPLET LANCING DEVICE MISC (<i>lancet devices</i>)	F	
DRUG MART ADJUSTABLE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
DRUG MART LANCETS THIN MISC (<i>lancets</i>)	F	
DRUG MART UNILET LANCETSSUPER THIN 30G MISC (<i>lancets</i>)	F	
DRUG MART UNILET LANCETSULTRA THIN 28G MISC (<i>lancets</i>)	F	
DRUG MART UNILET MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	F	
E-Z JECT LANCETS 21G MISC (<i>lancets</i>)	F	
E-Z JECT LANCETS COLOR MISC (<i>lancets</i>)	F	
E-Z JECT LANCETS MISC (<i>lancets</i>)	F	
E-Z JECT LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
E-Z JECT LANCETS THIN 26G MISC (<i>lancets</i>)	F	
E-ZJECT LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	F	
EASY MINI EJECT LANCING DEVICE MISC (<i>lancet devices</i>)	F	
EASY MINI LANCING DEVICE MISC (<i>lancet devices</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PULL-TOP MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 28G/PULL-TOP MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 28G/TWIST MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 30G/PULL-TOP MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 30G/TWIST MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 32G/PULL-TOP MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 32G/TWIST MISC (<i>lancets</i>)	F	
EASY TOUCH LANCETS 33G/TWIST MISC (<i>lancets</i>)	F	
EASY TOUCH LANCING DEVICE/EJECTOR MISC (<i>lancet devices</i>)	F	
EMBRACE LANCING DEVICE WITH EJECTOR MISC (<i>lancet devices</i>)	F	
EQL COLOR LANCETS 21G MISC (<i>lancets</i>)	F	
EQL COLOR LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	F	
EQL SUPER THIN LANCETS 30G MISC (<i>lancets</i>)	F	
EQL THIN LANCETS 26G MISC (<i>lancets</i>)	F	
EZ-LETS LANCETS 26G SUPER-SOFT MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
EZ-LETS LANCETS 28G ULTRA-SOFT MISC (<i>lancets</i>)	F	
EZ-LETS LANCETS 30G MISC (<i>lancets</i>)	F	
FORA LANCETS MISC (<i>lancets</i>)	F	
FORA LANCING DEVICE MISC (<i>lancet devices</i>)	F	
FORA LANCING DEVICE/CLEARCAP MISC (<i>lancet devices</i>)	F	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC (<i>lancet devices</i>)	F	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD (<i>blood glucose calibration</i>)	F	
FREESTYLE CONTROL SOLUTION LIQD (<i>blood glucose calibration</i>)	F	
FREESTYLE FREEDOM LITE KIT (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE LANCETS MISC (<i>lancets</i>)	F	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE UNISTICK II LANCETS MISC (<i>lancets</i>)	F	
GENTEEL CONTACT TIPS/BLUE MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/CLEAR MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/GREEN MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/ORANGE MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/RAINBOW MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/VIOLET MISC (<i>lancets misc.</i>)	F	
GENTEEL CONTACT TIPS/YELLOW MISC (<i>lancets misc.</i>)	F	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC (<i>lancet devices</i>)	F	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC (<i>lancet devices</i>)	F	
GENTEEL LANCING DEVICE/STATELY SILVER MISC (<i>lancet devices</i>)	F	
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT (<i>lancets misc.</i>)	F	
GENTEEL NOZZLES MISC (<i>lancets misc.</i>)	F	

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GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC (<i>lancet devices</i>)	F	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC (<i>lancet devices</i>)	F	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC (<i>lancet devices</i>)	F	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC (<i>lancet devices</i>)	F	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC (<i>lancet devices</i>)	F	
GENTLE-LET GP LANCETS MISC (<i>lancets</i>)	F	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC (<i>lancets</i>)	F	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC (<i>lancets</i>)	F	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC (<i>lancets</i>)	F	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC (<i>lancets</i>)	F	
GENTLE-LET PLATFORMS 2.4MM MISC (<i>lancets misc.</i>)	F	
GENTLE-LET PLATFORMS 3.0MM MISC (<i>lancets misc.</i>)	F	
GLOBAL LANCING DEVICE MISC (<i>lancet devices</i>)	F	
GNP LANCETS 21G MISC (<i>lancets</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	F	
GNP LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
GNP LANCETS THIN 26G MISC (<i>lancets</i>)	F	
GNP LANCETS THIN MISC (<i>lancets</i>)	F	
GOJJI LANCING DEVICE/CLEAR CAP MISC (<i>lancet devices</i>)	F	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	F	
GOODSENSE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	F	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	F	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC (<i>lancets</i>)	F	
GOODSENSE LANCETS ULTRA-THIN 30G MISC (<i>lancets</i>)	F	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC (<i>lancets</i>)	F	
GOODSENSE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC (<i>lancet devices</i>)	F	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
HAEMOLANCE LOW FLOW LANCETS MISC (<i>lancets</i>)	F	
HAEMOLANCE MISC (<i>lancets</i>)	F	
HAEMOLANCE PLUS HIGH FLOW MISC (<i>lancets</i>)	F	
HAEMOLANCE PLUS LOW FLOW MISC (<i>lancets</i>)	F	
HAEMOLANCE PLUS MAX FLOW MISC (<i>lancets</i>)	F	
HAEMOLANCE PLUS MISC (<i>lancets</i>)	F	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC (<i>lancets</i>)	F	
HEALTH CARE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC (<i>lancet devices</i>)	F	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
HY-VEE LANCETS MISC (<i>lancets</i>)	F	
HY-VEE THIN LANCETS MISC (<i>lancets</i>)	F	
HYPOLANCE AST LANCING KIT KIT (<i>lancets misc.</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
IN TOUCH LANCING DEVICE MISC (<i>lancet devices</i>)	F	
KINNEY LANCETS MISC (<i>lancets</i>)	F	
KINNEY THIN LANCETS MISC (<i>lancets</i>)	F	
KROGER AUTOLET LANCING DEVICE MISC (<i>lancet devices</i>)	F	
KROGER HEALTHPRO TWIST LANCETS/26G MISC (<i>lancets</i>)	F	
KROGER LANCETS 21G MISC (<i>lancets</i>)	F	
KROGER LANCETS MICRO THIN33G MISC (<i>lancets</i>)	F	
KROGER LANCETS MISC (<i>lancets</i>)	F	
KROGER LANCETS SUPER THIN MISC (<i>lancets</i>)	F	
KROGER LANCETS THIN 26G MISC (<i>lancets</i>)	F	
KROGER LANCETS THIN MISC (<i>lancets</i>)	F	
KROGER LANCETS ULTRATHIN30G MISC (<i>lancets</i>)	F	
KROGER LANCING DEVICE MISC (<i>lancet devices</i>)	F	
LANCET DEVICE ADJUSTABLE MISC (<i>lancet devices</i>)	F	
LANCET DEVICE WITH EJECTOR MISC (<i>lancet devices</i>)	F	
LANCET TRANSPORTER CASE MISC (<i>lancets misc.</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
LANCETS 26G TWIST TOP MISC (<i>lancets</i>)	F	
LANCETS 28G MISC (<i>lancets</i>)	F	
LANCETS 30G MISC (<i>lancets</i>)	F	
LANCETS MISC (<i>lancets</i>)	F	
LANCETS SAFETY SEAL 21G MISC (<i>lancets</i>)	F	
LANCETS SAFETY SEAL 26G MISC (<i>lancets</i>)	F	
LANCETS SAFETY SEAL 28G MISC (<i>lancets</i>)	F	
LANCETS SUPER THIN 28G MISC (<i>lancets</i>)	F	
LANCETS THIN MISC (<i>lancets</i>)	F	
LANCETS ULTRA THIN MISC (<i>lancets</i>)	F	
LANCING DEVICE ADJUSTABLE MISC (<i>lancet devices</i>)	F	
LANCING DEVICE MISC (<i>lancet devices</i>)	F	
LANZO MISC (<i>lancet devices</i>)	F	
LEADER ADVANCED LANCING DEVICE MISC (<i>lancet devices</i>)	F	
LIBERTY MINI LANCING DEVICE MISC (<i>lancet devices</i>)	F	
LITE TOUCH LANCING PEN MISC (<i>lancet devices</i>)	F	
LIVE BETTER ADVANCED LANCING DEVICE MISC (<i>lancet devices</i>)	F	
LIVE BETTER LANCET SUPER THIN 30G MISC (<i>lancets</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRATHIN 28G MISC (<i>lancets</i>)	F	
LONGS LANCETS STANDARD MISC (<i>lancets</i>)	F	
LONGS LANCETS THIN MISC (<i>lancets</i>)	F	
MEDISENSE THIN LANCETS MISC (<i>lancets</i>)	F	
MEIJER COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	F	
MEIJER LANCETS MISC (<i>lancets</i>)	F	
MEIJER LANCETS THIN MISC (<i>lancets</i>)	F	
MEIJER LANCETS UNIVERSAL 21G MISC (<i>lancets</i>)	F	
MEIJER LANCETS UNIVERSAL 30G MISC (<i>lancets</i>)	F	
MEIJER LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	F	
MEIJER SUPER THIN LANCETS MISC (<i>lancets</i>)	F	
MICROLET NEXT MISC (<i>lancet devices</i>)	F	
MINI LANCING DEVICE MISC (<i>lancet devices</i>)	F	
MM LANCING DEVICE MISC (<i>lancet devices</i>)	F	
MONOLET LANCETS MISC (<i>lancets</i>)	F	
MONOLET OPD LANCETS MISC (<i>lancets</i>)	F	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	F	
MULTI-LANCET DEVICE MISC (<i>lancet devices</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS MISC (<i>lancets</i>)	F	
NOVA SUREFLEX LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ON CALL LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ON CALL PLUS LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ONETOUCH DELICA LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ONETOUCH DELICA PLUS LANCING DEVICE MISC (<i>lancet devices</i>)	F	
ONETOUCH DELICA SAFETY LACING DEVICE MISC (<i>lancet devices</i>)	F	
ONETOUCH SURESOFT LANCING DEVICE/18G MISC (<i>lancets misc.</i>)	F	
ONETOUCH SURESOFT LANCING DEVICE/21G MISC (<i>lancets misc.</i>)	F	
ONETOUCH SURESOFT LANCING DEVICE/28G MISC (<i>lancets misc.</i>)	F	
PC LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
PENLET II AUTOMATIC BLOODSAMPLER KIT (<i>lancets misc.</i>)	F	
PENLET II REPLACEMENT CAPS MISC (<i>lancets misc.</i>)	F	
PENLET II REPLACEMENT CAPS-DEEP MISC (<i>lancets misc.</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
PENLET II REPLACEMENT CAPS-REGULAR MISC (<i>lancets misc.</i>)	F	
PERFECT LANCETS 30G MISC (<i>lancets</i>)	F	
PHARMACY COUNTER LANCETS MISC (<i>lancets</i>)	F	
PRECISION GLUCOSE CONTROL LIQD (<i>blood glucose calibration</i>)	F	
PRECISION GLUCOSE CONTROL SOLUTION (<i>TRI-LEVEL/HI/LO/NORMAL</i>) SOLN (blood glucose calibration)	F	
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD (<i>blood glucose calibration</i>)	F	
PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO LIQD (<i>blood glucose calibration</i>)	F	
PRECISION THINS GP LANCET MISC (<i>lancets</i>)	F	
PRECISION XTRA DEVI XX (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
PRECISION XTRA KIT XX (<i>blood glucose monitoring supplies</i>)	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
PREFERRED PLUS LANCETS COLORED 21G MISC (<i>lancets</i>)	F	
PREFERRED PLUS LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
PREFERRED PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRODIGY LANCING DEVICE MISC (<i>lancet devices</i>)	F	
PRODIGY TWIST TOP LANCETS MISC (<i>lancets</i>)	F	
PSS SELECT GP LANCETS MISC (<i>lancets</i>)	F	
PSS SELECT PLATFORMS MISC (<i>lancets misc.</i>)	F	
PSS SELECT SAFETY LANCETS MISC (<i>lancets</i>)	F	
PX ADVANCED LANCING DEVICE MISC (<i>lancet devices</i>)	F	
PX LANCET AUTO INJECTOR MISC (<i>lancet devices</i>)	F	
PX LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
PX LANCETS ULTRA THIN MISC (<i>lancets</i>)	F	
QC ADVANCED LANCING DEVICE MISC (<i>lancet devices</i>)	F	
QC LANCETS SUPER THIN MISC (<i>lancets</i>)	F	
QC LANCETS ULTRA THIN MISC (<i>lancets</i>)	F	
QC UNILET LANCETS 28G/ULTRA THIN MISC (<i>lancets</i>)	F	
QC UNILET LANCETS 33G/MICRO THIN MISC (<i>lancets</i>)	F	
RA E-ZJECT LANCETS 28G MISC (<i>lancets</i>)	F	
RA E-ZJECT LANCETS THIN 26G MISC (<i>lancets</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 28G MISC (<i>lancets</i>)	F	
RA E-ZJECT LANCETS ULTRATHIN 30G MISC (<i>lancets</i>)	F	
READYLANCE SAFETY LANCETS/30G/1.6MM MISC (<i>lancets</i>)	F	
REALITY LANCETS MISC (<i>lancets</i>)	F	
RELION 2-IN-1 LANCET DEVICES 30G MISC (<i>lancet devices</i>)	F	
RELION 2-IN-1 LANCING DEVICE 25G MISC (<i>lancet devices</i>)	F	
RELION 2-IN-1 LANCING DEVICE 30G MISC (<i>lancet devices</i>)	F	
RELION LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	F	
RELION LANCETS THIN 26G MISC (<i>lancets</i>)	F	
RELION LANCETS ULTRA-THIN30G MISC (<i>lancets</i>)	F	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	F	
RELION LANCING DEVICE MISC (<i>lancet devices</i>)	F	
RELION ULTRA THIN LANCETS30G MISC (<i>lancets</i>)	F	
RELION ULTRA THIN PLUS LANCETS 32G MISC (<i>lancets</i>)	F	
RELION ULTRA THIN PLUS LANCETS 33G MISC (<i>lancets</i>)	F	
REXALL LANCETS ULTRA THIN MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC (<i>lancets misc.</i>)	F	
RIGHTEST GD500 LANCING DEVICE MISC (<i>lancet devices</i>)	F	
RIGHTEST GL300 LANCETS MISC (<i>lancets</i>)	F	
SAFETY LANCETS 28G MISC (<i>lancets</i>)	F	
SAFETY SEAL LANCETS 28G MISC (<i>lancets</i>)	F	
SAFETY SEAL LANCETS 30G MISC (<i>lancets</i>)	F	
SAPS HEALTH TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	F	
SB LANCETS THIN MISC (<i>lancets</i>)	F	
SB LANCETS ULTRA THIN MISC (<i>lancets</i>)	F	
SELECT-LITE DEVICE/LANCETS KIT (<i>lancets misc.</i>)	F	
SELECT-LITE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
SHOPKO AUTOLET LANCING DEVICE MISC (<i>lancet devices</i>)	F	
SHOPKO UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC (<i>lancet devices</i>)	F	
SM MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
SM TRUEDRAW LANCING DEVICE MISC (<i>lancet devices</i>)	F	
SMART DIABETES VANTAGE LANCING DEVICE MISC (<i>lancet devices</i>)	F	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	F	
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC (<i>lancets</i>)	F	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC (<i>lancets</i>)	F	
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC (<i>lancets</i>)	F	
SOLUS V2 LANCING DEVICE MISC (<i>lancet devices</i>)	F	
STERILANCE PA MISC (<i>lancets misc.</i>)	F	
STERILANCE TL MISC (<i>lancets</i>)	F	
SUPER THIN LANCETS MISC (<i>lancets</i>)	F	
SURE COMFORT LANCETS 18G MISC (<i>lancets</i>)	F	
SURE COMFORT LANCETS 21G MISC (<i>lancets</i>)	F	
SURE COMFORT LANCETS 23G MISC (<i>lancets</i>)	F	
SURE COMFORT LANCETS 30G MISC (<i>lancets</i>)	F	

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SURE COMFORT LANCING PEN MISC (<i>lancet devices</i>)	F	
SURE-PEN MISC (<i>lancet devices</i>)	F	
SURELITE LANCETS MISC (<i>lancets</i>)	F	
TECHLITE AST LANCETS MISC (<i>lancets</i>)	F	
TECHLITE LANCETS 30G MISC (<i>lancets</i>)	F	
TECHLITE LANCETS MISC (<i>lancets</i>)	F	
TGT LANCET MICRO THIN 33G MISC (<i>lancets</i>)	F	
TGT LANCET THIN 26G MISC (<i>lancets</i>)	F	
TGT LANCET ULTRA THIN 30G MISC (<i>lancets</i>)	F	
TGT LANCING DEVICE MISC (<i>lancet devices</i>)	F	
THINLETS GP LANCETS MISC (<i>lancets</i>)	F	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC (<i>lancet devices</i>)	F	
TODAYS HEALTH SUPER THINLANCETS 30G MISC (<i>lancets</i>)	F	
TODAYS HEALTH ULTRA THINLANCETS 28G MISC (<i>lancets</i>)	F	
TOPCARE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	F	
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN (<i>blood glucose calibration</i>)	F	QL(90 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN (<i>blood glucose calibration</i>)	F	QL(90 day(s) limit)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN (<i>blood glucose calibration</i>)	F	QL(90 day(s) limit)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD (<i>blood glucose calibration</i>)	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD (<i>blood glucose calibration</i>)	F	
TRUEDRAW LANCING DEVICE MISC (<i>lancet devices</i>)	F	
TRUEPLUS LANCETS 26G MISC (<i>lancets</i>)	F	
TRUEPLUS LANCETS 28G MISC (<i>lancets</i>)	F	
TRUEPLUS LANCETS 28G SUPER THIN MISC (<i>lancets</i>)	F	
TRUEPLUS LANCETS 30G MISC (<i>lancets</i>)	F	
TRUEPLUS LANCETS 30G ULTRA THIN MISC (<i>lancets</i>)	F	
TRUEPLUS LANCETS 33G MISC (<i>lancets</i>)	F	
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC (<i>lancet devices</i>)	F	
ULTILET CLASSIC LANCETS MISC (<i>lancets</i>)	F	
ULTRALANCE MISC (<i>lancets misc.</i>)	F	
UNILET COMFORTOUCH LANCET MISC (<i>lancets</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE II MISC (<i>lancets</i>)	F	
UNILET EXCELITE MISC (<i>lancets</i>)	F	
UNILET G.P. LANCET MISC (<i>lancets</i>)	F	
UNILET G.P. SUPERLITE LANCET MISC (<i>lancets</i>)	F	
UNILET GP 28 ULTRA THIN MISC (<i>lancets</i>)	F	
UNILET LANCET MISC (<i>lancets</i>)	F	
UNILET LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	F	
UNILET LANCETS SUPER-THIN30G MISC (<i>lancets</i>)	F	
UNILET LANCETS ULTRA-THIN 28G MISC (<i>lancets</i>)	F	
UNILET SUPERLITE LANCET MISC (<i>lancets</i>)	F	
UNISTIK 1 MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 COMFORT MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 EXTRA MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 NEONATAL MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 NORMAL MISC (<i>lancets misc.</i>)	F	
UNISTIK 2 SUPER MISC (<i>lancets misc.</i>)	F	
UNISTIK 3 COMFORT MISC (<i>lancets misc.</i>)	F	
UNISTIK 3 EXTRA MISC (<i>lancets misc.</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC (<i>lancets misc.</i>)	F	
UNISTIK 3 MISC (<i>lancets misc.</i>)	F	
UNISTIK 3 NEONATAL MISC (<i>lancets misc.</i>)	F	
UNISTIK 3 NORMAL MISC (<i>lancets misc.</i>)	F	
UNISTIK CZT COMFORT MISC (<i>lancets misc.</i>)	F	
UNISTIK CZT NORMAL MISC (<i>lancets misc.</i>)	F	
UNISTIK NORMAL MISC (<i>lancets misc.</i>)	F	
UNIVERSAL 1 LANCETS THIN26G MISC (<i>lancets</i>)	F	
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	F	
UNIVERSAL 1 LANCETS/33G/MICRO- THIN MISC (<i>lancets</i>)	F	
VALUE PLUS LANCETS STANDARD 21G MISC (<i>lancets</i>)	F	
VALUE PLUS LANCETS SUPERTHIN 30G MISC (<i>lancets</i>)	F	
VALUE PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	F	
VALUE PLUS LANCING DEVICE MISC (<i>lancet devices</i>)	F	
VALUMARK LANCET SUPER THIN 30G MISC (<i>lancets</i>)	F	
VALUMARK LANCET ULTRA THIN 28G MISC (<i>lancets</i>)	F	
VIDA MIA AUTOLET LANCINGDEVICE MISC (<i>lancet devices</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	F	
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	F	
VIVAGUARD LANCING DEVICE MISC (<i>lancet devices</i>)	F	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC (<i>lancets</i>)	F	
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC (<i>lancets</i>)	F	
WALGREENS THIN LANCETS MISC (<i>lancets</i>)	F	
Misc. Devices		
ALCOH-WIPE 12" X 12" SHEE (<i>alcohol sheets</i>)	F	
ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
ALCOHOL SWABSTICK PADS (<i>alcohol swabs</i>)	F	RX/OTC
APLICARE ALCOHOL SWABSTICK PADS (<i>alcohol swabs</i>)	F	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS (<i>alcohol swabs</i>)	F	RX/OTC
BD SWABS SINGLE USE PADS (<i>alcohol swabs</i>)	F	RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS (<i>alcohol swabs</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
CVS ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
CVS PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS (<i>alcohol swabs</i>)	F	RX/OTC
EQL ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
GNP ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS (<i>alcohol swabs</i>)	F	RX/OTC
QC ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
RA ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
REALITY SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
RELION ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
SB ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC
SHOPKO ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
SM ALCOHOL PREP PADS PADS (<i>alcohol swabs</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
TGT ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
ULTICARE ALCOHOL SWABS PADS (<i>alcohol swabs</i>)	F	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS (<i>alcohol swabs</i>)	F	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS (<i>alcohol swabs</i>)	F	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS (<i>alcohol swabs</i>)	F	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC (<i>insulin pen needle</i>)	F	
1ST TIER UNIFINE PENTIPS31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC (<i>insulin pen needle</i>)	F	
1ST TIER UNIFINE PENTIPS33GX4MM MISC (<i>insulin pen needle</i>)	F	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM MISC (<i>insulin pen needle</i>)	F	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC (<i>insulin pen needle</i>)	F	
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML LUER-LOK SYRINGE 22GX 1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML LUER-LOK SYRINGE 21G X 1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML LUER-LOK SYRINGE 21G X 1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML LUER-LOK SYRINGE 22G X 1" MISC (syringe/needle (disp) 3 ml)	F	
3ML LUER-LOK SYRINGE 25G X 5/8" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML LUER-LOK TIP SYRINGE 25G X 1-1/2" MISC (disp) 3 ml)	F	
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
3ML SYRINGE/21G X 1"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1"/LUER SLIP TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1-1/4"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/22G X 1"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	
3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP MISC (syringe/needle (disp) 3 ml)	F	
3ML SYRINGE/25G X 1"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP MISC (syringe/needle (disp) 3 ml)	F	RX/OTC

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3ML SYRINGE/LUER LOCK TIP MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
3ML SYRINGE/LUER SLIP TIP23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
3ML SYRINGE/NEEDLE REGULAR WALL LUER-LOK 25GX5/8" SUB-Q MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC (<i>insulin pen needle</i>)	F	
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	F	
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC (<i>insulin pen needle</i>)	F	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC (<i>insulin pen needle</i>)	F	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC (<i>insulin pen needle</i>)	F	
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC (<i>insulin pen needle</i>)	F	
AURORA PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD 3ML LUER-LOCK SYRINGE 18G X 1 1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD 3ML LUER-LOK SYRINGE/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
BD 3ML LUER-LOK SYRINGE/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/26G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
BD AUTOSHIELD 29G X 5/16" MISC (<i>insulin pen needle</i>)	F	
BD AUTOSHIELD DUO 30G X 5MM MISC (<i>insulin pen needle</i>)	F	
BD ECLIPSE SYRINGE 3ML/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/22G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE/3ML/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE/3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE/LUER-LOK/3ML/22G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC (<i>insulin syringes (disposable)</i>)	F	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC (<i>insulin syringe/needle u-100</i>)	F	

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BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC (<i>insulin syringes (disposable)</i>)	F	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM MISC (<i>insulin syringe/needle u-500</i>)	F	
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/21G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD LUER-LOK SYRINGE/3ML/22G X 3/4" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC (<i>insulin pen needle</i>)	F	

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BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC (<i>insulin pen needle</i>)	F	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD SAFETYGLIDE SYRINGE 3ML/25GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREFINE PEN NEEDLE 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC (<i>insulin pen needle</i>)	F	
CAREFINE PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
CAREFINE PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC (<i>insulin pen needle</i>)	F	
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CAREONE UNIFINE PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	F	
CAREONE UNIFINE PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" MISC (<i>insulin pen needle</i>)	F	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/1 6" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/1 6" MISC (<i>insulin syringe/needle u-100</i>)	F	
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16 " MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	
CARETOUCH LUER LOCK 3ML/22GX1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2' MISC (<i>syringe/needle (disp) 3 ml</i>)	F	
CARETOUCH LUER LOCK 3ML/25GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH LUER LOCK 3ML/25GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
CARETOUCH LUER LOCK 3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC (<i>insulin pen needle</i>)	F	
CARETOUCH PEN NEEDLES 31GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM MISC (<i>insulin pen needle</i>)	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM MISC (<i>insulin pen needle</i>)	F	
CLICKFINE PEN NEEDLE 32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC (<i>insulin pen needle</i>)	F	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLES 31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
CLICKFINE PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC (<i>insulin pen needle</i>)	F	
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
COMFORT EZ MICRO/32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ/31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT EZ/31G X 6MM MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/31G X 4MM MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/31G X 8 MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/32G X 8MM MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/33G X 5/32" MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
COMFORT TOUCH PEN NEEDLES/33GX 3/16" MISC (<i>insulin pen needle</i>)	F	
COMFORT TOUCH PEN NEEDLES/33GX1/4" MISC (<i>insulin pen needle</i>)	F	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC (<i>insulin pen needle</i>)	F	
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
DROPLET PEN NEEDLES 29G X1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
DROPLET PEN NEEDLES 29GX10MM MISC (<i>insulin pen needle</i>)	F	

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DROPLET PEN NEEDLES 29GX12MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC <i>(insulin pen needle)</i>	F	
DROPLET PEN NEEDLES 31G X3/16" MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 31G X5/16" MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC <i>(insulin pen needle)</i>	F	
DROPLET PEN NEEDLES 31GX8MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC <i>(insulin pen needle)</i>	F	
DROPLET PEN NEEDLES 32G X 3/16" MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC <i>(insulin pen needle)</i>	F	
DROPLET PEN NEEDLES 32G X 5/32" MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC <i>(insulin pen needle)</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32GX8MM MISC <i>(insulin pen needle)</i>	F	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC <i>(insulin pen needle)</i>	F	RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC <i>(insulin pen needle)</i>	F	
DRUG MART UNIFINE PENTIPS 31GX5MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC <i>(insulin pen needle)</i>	F	
DRUG MART UNIFINE PENTIPS31GX8MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY COMFORT PEN NEEDLES31GX1/4" MISC (<i>insulin pen needle</i>)	F	
EASY COMFORT PEN NEEDLES31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM MISC (<i>insulin pen needle</i>)	F	
EASY COMFORT PEN NEEDLES33G X 5MM MISC (<i>insulin pen needle</i>)	F	
EASY COMFORT PEN NEEDLES33G X 6MM MISC (<i>insulin pen needle</i>)	F	
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH 32GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH 32GX6MM MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLE/30G X 3/16" MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH PEN NEEDLES 32GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC (<i>insulin pen needle</i>)	F	
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1" MISC (syringe/needle (disp) 3 ml)	F	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC (insulin syringe/needle u-100)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC (insulin syringe/needle u-100)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC (insulin syringe/needle u-100)	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC (insulin syringe/needle u-100)	F	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1" MISC (syringe/needle (disp) 3 ml)	F	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC (<i>insulin pen needle</i>)	F	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC (<i>insulin pen needle</i>)	F	RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC (<i>insulin pen needle</i>)	F	RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES/31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC (<i>insulin pen needle</i>)	F	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC (<i>insulin pen needle</i>)	F	
GNP ULTICARE PEN NEEDLES31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" MISC (<i>insulin pen needle</i>)	F	
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" MISC (<i>insulin pen needle</i>)	F	
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
HEALTHWISE PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") MISC (<i>insulin pen needle</i>)	F	RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSULIN SYRINGE 1ML/31G X1/4" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/0.3ML/29G X 1" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES 0.3ML/31G X 1/4" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES 0.5ML/31G X 1/4" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES/0.5ML/27GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES/0.5ML/28GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES/0.5ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES/1ML/27GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/27GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSULIN SYRINGES/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
INSUPEN 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSUPEN 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSUPEN 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSUPEN 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSUPEN 33GX4MM MISC (<i>insulin pen needle</i>)	F	
INSUPEN PEN NEEDLES 32G X4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC (<i>insulin pen needle</i>)	F	
INSUPEN SENSITIVE 32GX8MM MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 29GX12MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC <i>(insulin pen needle)</i>	F	
INSUPEN ULTRAFIN 31GX6MM MISC <i>(insulin pen needle)</i>	F	
INSUPEN ULTRAFIN 31GX8MM MISC <i>(insulin pen needle)</i>	F	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G MISC <i>(insulin syringes disposable)</i>	F	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G MISC <i>(insulin syringes disposable)</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G MISC <i>(insulin syringes disposable)</i>	F	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC <i>(insulin syringes disposable)</i>	F	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC <i>(insulin syringes disposable)</i>	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC <i>(insulin syringe/needle u-100)</i>	F	
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC <i>(insulin syringe/needle u-100)</i>	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
KROGER PEN NEEDLES 29G X12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	F	
KROGER PEN NEEDLES/31G X1/4" MISC (<i>insulin pen needle</i>)	F	
KROGER PEN NEEDLES/31G X3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
KROGER PEN NEEDLES/33G X5/32" MISC (<i>insulin pen needle</i>)	F	
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC (<i>insulin pen needle</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	F	
LITETOUCH PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC (<i>insulin pen needle</i>)	F	
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC (<i>insulin pen needle</i>)	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC (<i>insulin pen needle</i>)	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC (<i>insulin pen needle</i>)	F	RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" MISC (<i>insulin pen needle</i>)	F	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC (<i>insulin pen needle</i>)	F	
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MEIJER PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
MEIJER PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC (<i>insulin pen needle</i>)	F	
MICRODOT PEN NEEDLE/32G X 4 MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM MISC (<i>insulin pen needle</i>)	F	
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
MM PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC (<i>insulin syringes (disposable)</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC (<i>insulin syringe/needle u-100</i>)	F	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML MISC (<i>insulin syringes (disposable)</i>)	F	RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/21GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1-1/4" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/27GX1-1/4" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM MISC (<i>insulin pen needle</i>)	F	
NOVOFINE PEN NEEDLE 32G X 4MM MISC (<i>insulin pen needle</i>)	F	
NOVOFINE PLUS PEN NEEDLE 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC (<i>insulin pen needle</i>)	F	RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC (<i>insulin pen needle</i>)	F	
PC UNIFINE PENTIPS 31G X8MM SHORT MISC (<i>insulin pen needle</i>)	F	RX/OTC

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PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 30GX5/16" MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 30GX5MM MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 30GX8MM MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 31G X 1/4" SHORT MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 31GX8MM (5/16") MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 32G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 32G X 6MM MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES 33G X 5/32" MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES/29G X 1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PEN NEEDLES/31G X 6MM MISC (<i>insulin pen needle</i>)	F	
PEN NEEDLES/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PENTIPS 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	F	
PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PENTIPS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC (<i>insulin pen needle</i>)	F	
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC (<i>insulin pen needle</i>)	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	F	
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRO COMFORT PEN NEEDLES/31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC (<i>insulin pen needle</i>)	F	
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT PEN NEEDLE 32G X6MM MISC (<i>insulin pen needle</i>)	F	
PURE COMFORT PEN NEEDLE 32G X8MM MISC (<i>insulin pen needle</i>)	F	
PURE COMFORT PEN NEEDLE/32G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
PX MINI PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PX PEN NEEDLE 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PX PEN NEEDLE 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
QC PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
QC PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
QC PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC UNIFINE PENTIPS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
RELION MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
RELION PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PEN NEEDLES 31G X6MM MISC (<i>insulin pen needle</i>)	F	
RELION PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
RELION PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES 32G X4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC (<i>insulin pen needle</i>)	F	
RELION SHORT PEN NEEDLES31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/20G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/20G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/21G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/21G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/22G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/22G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/23G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP SYRINGE/NEEDLE/3ML/23G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	
SAFESNAP SYRINGE/NEEDLE/3ML/25G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/25G X 5/8" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
SAFETY SYRINGES/NEEDLE 3ML/21GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 21GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100)</i>	F	
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100)</i>	F	RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" MISC (<i>insulin pen needle)</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 3G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 5G X 5/8" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVER/32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVER/31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC (<i>insulin pen needle</i>)	F	
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC (insulin pen needle)	F	RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC (insulin pen needle)	F	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC (<i>insulin pen needle</i>)	F	
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC (<i>insulin pen needle</i>)	F	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
SYRINGE/LUER LOCK/3ML/20G X 1" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC (<i>syringe/needle (disp) 3 ml</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/20GX1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	
SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	
SYRINGE/LUER LOCK/3ML/22GX1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	

Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/23GX1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	
SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC (<i>syringe/needle</i> <i>(disp)</i> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1" MISC (<i>syringe/needle</i> (<i>disp</i>) 3 ml)	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2" MISC (<i>insulin</i> <i>syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2" MISC (<i>insulin</i> <i>syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16" MISC (<i>insulin</i> <i>syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TECHLITE PEN NEEDLES 29GX 10MM MISC (<i>insulin pen needle</i>)	F	
TECHLITE PEN NEEDLES 29GX 12 MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC (<i>insulin pen needle</i>)	F	
TECHLITE PEN NEEDLES/31GX 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC (<i>insulin pen needle</i>)	F	
TECHLITE PEN NEEDLES/32GX 8MM MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC (<i>insulin pen needle</i>)	F	RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	F	
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUE COMFORT PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
TRUE COMFORT PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM MISC (<i>insulin pen needle</i>)	F	
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM MISC (<i>insulin pen needle</i>)	F	
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM MISC (<i>insulin pen needle</i>)	F	
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM MISC (<i>insulin pen needle</i>)	F	
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	F	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
TRUEPLUS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	F	
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC (<i>insulin pen needle</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC (<i>insulin pen needle</i>)	F	
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC (<i>insulin pen needle</i>)	F	
ULTICARE MINI PEN NEEDLES31GX6MM MISC (<i>insulin pen needle</i>)	F	
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" MISC (<i>insulin pen needle</i>)	F	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC (<i>insulin pen needle</i>)	F	
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC (<i>insulin pen needle</i>)	F	
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2" MISC (syringe/needle (disp) 3 ml)	F	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" MISC (insulin syringe/needle u-100)	F	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" MISC (insulin syringe/needle u-100)	F	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" MISC (insulin syringe/needle u-100)	F	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC (insulin syringe/needle u-100)	F	

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC (insulin syringe/needle u-100)	F	
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC (insulin pen needle)	F	RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER MISC (insulin pen needle)	F	
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32" MISC (insulin pen needle)	F	RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC (insulin pen needle)	F	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC (insulin pen needle)	F	

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Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	F	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE 31X6MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTILET PEN NEEDLE 29GX12.7MM MISC (<i>insulin pen needle</i>)	F	
ULTILET PEN NEEDLE 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM MISC (<i>insulin pen needle</i>)	F	
ULTRA FLO INSULIN PEN NEEDLES MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA THIN PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	F	
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
ULTRACARE PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	F	
ULTRACARE PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC (<i>insulin pen needle</i>)	F	
ULTRACARE PEN NEEDLES/32G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC (<i>insulin pen needle</i>)	F	RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32" MISC (<i>insulin pen needle</i>)	F	
UNIFINE PEN NEEDLE/32G X4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS 32GX6MM MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS 33GX4MM MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS PLUS 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS PLUS 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32" MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS PLUS 33GX4MM MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS PLUS/30GX 3/16" MISC (<i>insulin pen needle</i>)	F	
UNIFINE PENTIPS/30G X 3/16" MISC (<i>insulin pen needle</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" MISC (<i>insulin pen needle</i>)	F	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC (<i>insulin pen needle</i>)	F	
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC (<i>insulin pen needle</i>)	F	
VALUMARK PEN NEEDLES 31GX 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" MISC (<i>insulin syringe/needle u-100</i>)	F	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	

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Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT SAFETY SYRINGE/3ML/25GX1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/27GX1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/20G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/22G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT SYRINGE/3ML/23G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/25G X 1" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/25G X 5/8" MISC (<i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC (<i>insulin pen needle</i>)	F	
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC (<i>insulin pen needle</i>)	F	
ZEVEX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ZEVEX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ZEVEX INSULIN SYRINGE/1ML/30G X 1/2" MISC (<i>insulin syringe/needle u-100</i>)	F	
ZEVEX INSULIN SYRINGE/1ML/30G X 5/16" MISC (<i>insulin syringe/needle u-100</i>)	F	RX/OTC
ZEVEX PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ZEVEX PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	F	
ZEVEX PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
ZEVEX PEN NEEDLES 32G X 4MM MISC (<i>insulin pen needle</i>)	F	RX/OTC
Respiratory Therapy Supplies		

Drug Name	Drug Tier	Requirements/Limits
ACE AEROSOL CLOUD ENHANCER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
ACTIVITY POUCH MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK LARGE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER MV MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AEROTRACH PLUS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
AIRZONE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
ASSESS FULL RANGE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS LOW RANGE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
ASTHMA CHECK METER-ZONE SYSTEM DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
ASTHMAMENTOR DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

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BREATHE EASE/MEDIUM MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHE EASE/SMALL MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE W/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE W/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BREATHERITE W/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
CLEVER CHOICE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EASIVENT MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EASIVENT/MASK-LARGE MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EASIVENT/MASK-MEDIUM MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EASIVENT/MASK-SMALL MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EASY FLOW 300 MM HOSE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ELITE DC AUTO ADAPTER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
FILTER AIR PP MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
FLEXICHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
INSPIRACHAMBER/LARGE DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
INSPIREASE RESERVOIR BAGS MISC (<i>spacer/aerosol-holding chamber supplies - bags</i>)	F	QL(3 ea per 180 days retail)
LITEAIRE DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
LITETOUCH MASK LARGE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MICROCHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
MICROCHAMBER MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
MICROELITE FILTER REPLACEMENTS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
MICROSPACER MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER PEDIATRIC MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
NOSE CLIP MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER DIAMOND MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER FACE MASK/MEDIUM MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
OPTIHALER MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI MASK SET MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI SMARTMASK BABY/ELBOW MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PERSONAL BEST LOW RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PFLEX MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK/ADULT MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
POCKET CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
POCKET PEAK FLOW METER DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
POCKET SPACER DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROCARE SPACER CHAMBER W/ADULT MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
PRONEB ULTRA FILTER SET MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD DEVI (<i>peak flow meter</i>)	F	QL(2 ea per 365 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
RITFLO DEVI (<i>spacer/aerosol-holding chambers</i>)	F	RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC (<i>respiratory therapy supplies</i>)	F	QL(1 ml per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THRESHOLD IMT MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
TRUZONE PEAK FLOW METER DEVI <i>(peak flow meter)</i>	F	QL(2 ea per 365 days retail); RX/OTC
TUBING/WING TIP MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI <i>(spacer/aerosol-holding chambers)</i>	F	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI <i>(spacer/aerosol-holding chambers)</i>	F	RX/OTC
WATCHHALER DEVI <i>(spacer/aerosol-holding chambers)</i>	F	RX/OTC
WINDMILL TRAINER MISC <i>(respiratory therapy supplies)</i>	F	QL(1 ml per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ <i>(erenumab-aooe)</i>	F	PA; SP-AcariaHealth
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	F	
<i>ergotamine w/ caffeine tabs</i>	F	
Migraine Products		
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	F	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	F	AL(At least 18 yrs old)
ERGOMAR SUBL <i>(ergotamine tartrate)</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
MIGRANAL SOLN (<i>dihydroergotamine mesylate</i>)	F	AL(At least 18 yrs old)
Serotonin Agonists		
<i>almotriptan malate tabs</i>	F	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
<i>eletriptan hydrobromide tabs</i>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>naratriptan hcl tabs</i>	F	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg, 5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg, 5 mg</i>	F	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	F	QL(6 ea per 30 days retail)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	F	Limit 2 per 7 days; QL(0.29 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	F	Limit 2 per 7 days; QL(0.29 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	F	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan soln na 5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tabs or 5 mg</i>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp or 2.5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp or 5 mg</i>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)

MINERALS & ELECTROLYTES

Calcium

(Calcium Carbonate) CALCIUM 600 HIGH POTENCY, CVS CALCIUM CARBONATE, HIGH POTENCY CALCIUM TABS	F	
(Calcium Carbonate) CALCIUM 600 TABS 600 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate- Cholecalciferol) CALCIUM 500 + D, CALCIUM 500 +D3, CALCIUM EXTRA D3, EQ CALCIUM 500+D, GNP CALCIUM 500 +D3, OS-CAL CALCIUM + D3, OS-CAL EXTRA D3, OYSCO 500+D, OYSTER CALCIUM/D3, OYSTER SHELL CALCIUM PLUSVITAMIN D, OYSTER SHELL CALCIUM+D, SM CALCIUM /VITAMIN D TABS	F	
(Calcium Carbonate- Cholecalciferol) CALCIUM 500+D, HM CALCIUM/VITAMIN D, SM CALCIUM/VITAMIN D TABS 200 UNIT-500 MG	F	
(Calcium Carbonate- Cholecalciferol) CALCIUM PLUS VITAMIN D TABS 5 MCG-500 MG	F	
(Calcium Carbonate- Cholecalciferol) CALCIUM PLUS VITAMIN D3, KP CALCIUM 600+D CAPS 500 UNIT-600 MG	F	
(Calcium Carbonate- Cholecalciferol) CALCIUM+D3 TABS 15 MCG-500 MG	F	
(Calcium Carbonate- Cholecalciferol) CALCIUM/VITAMIN D-3, OYSTER SHELL CALCIUM 500+D CHEW	F	
(Calcium Carbonate- Cholecalciferol) KP CALCIUM 600+D3, LIQUID CALCIUM/D3 CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate- Vitamin D) CALCIUM 500 + D, CALCIUM 500/D, CALCIUM 500/VITAMIN D, CALCIUM 600+D HIGH POTENCY, CALCIUM HIGH POTENCY + VITAMIN D, OYSTER SHELL CALCIUM 500+ D, PX CALCIUM&D, RA CALCIUM PLUS VITAMIN D, RA HI CAL, SB CALCIUM + D, SM CALCIUM 600/VITAMIN D, SUPER CALCIUM 600 + D3, SUPER CALCIUM 600+D 400, SUPER CALCIUM 600+D3 400 TABS	F	
(Calcium Carbonate- Vitamin D) CALCIUM 500+D TABS 200 UNIT- 500 MG	F	
(Calcium Carbonate- Vitamin D) CALCIUM 600 + D, CALCIUM 600+D3 TABS 400 UNIT-600 MG	F	
(Calcium Carbonate- Vitamin D) CALCIUM 600+D TABS 200 UNIT- 600 MG, 400 UNIT-600 MG	F	
(Calcium Citrate) CALCITRATE TABS	F	
(Calcium Citrate-Vitamin D) CALCITRATE PLUS D, CALCIUM CITRATE + D, CALCIUM CITRATE+ D, RA CALCIUM CITRATE PLUS VITAMIN D, SM CALCIUM CITRATE + D TABS	F	
(Calcium Citrate-Vitamin D) CALCIUM CITRATE + D3 TABS 200 UNIT-250 MG	F	
(Calcium Citrate-Vitamin D) CALCIUM CITRATE + TABS 200 UNIT-315 MG	F	
(Calcium Citrate-Vitamin D) CALCIUM CITRATE/D3 TABS 5 MCG-315 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Oyster Shell) OYSCO 500, OYSTERCAL, RA OYSTER SHELL CALCIUM, SB OYSTER SHELL CALCIUM TABS	F	
CALCIUM CARBONATE CHEW 500 MG (<i>calcium carbonate</i>)	F	
<i>calcium carbonate tabs 1250 mg, 500 mg, 600 mg</i>	F	
<i>calcium carbonate-cholecalciferol caps 500 unit-600 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew 10 mcg-500 mg, 100 unit-500 mg</i>	F	
<i>calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 5 mcg-500 mg</i>	F	
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 125 unit-500 mg, 200 unit-500 mg, 200 unit-600 mg, 400 unit-600 mg, 500 mg-200 unit</i>	F	
CALCIUM CHEW 100 UNIT-500 MG (<i>calcium carbonate-cholecalciferol</i>)	F	
CALCIUM CHEW 500 MG (<i>calcium carbonate</i>)	F	
CALCIUM CITRATE MALATE/VITAMIN D TABS (<i>calcium citrate malate-cholecalciferol</i>)	F	
<i>calcium citrate tabs 200 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium citrate-vitamin d tabs 200 unit-315 mg, 5 mcg-315 mg</i>	F	
CALCIUM LACTATE TABS 648 MG, 750 MG (<i>calcium lactate</i>)	F	
CALCIUM TABS 200 UNIT-600 MG (<i>calcium w/ vitamin d</i>)	F	
CALCIUM/VITAMIN D CAPS (<i>calcium carbonate-cholecalciferol</i>)	F	
CHEWABLE CALCIUM/D3 WAFR (<i>calcium carbonate-cholecalciferol</i>)	F	
EQL CALCIUM/VITAMIN D CAPS 100 UNIT-600 MG (<i>calcium carbonate-cholecalciferol</i>)	F	
<i>oyster shell tabs</i>	F	
PARVA-CAL TABS (<i>calcium-ergocalciferol</i>)	F	
QC CALCIUM 500MG/D3 TABS (<i>calcium-cholecalciferol</i>)	F	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS (<i>calcium carbonate-ergocalciferol</i>)	F	
RISACAL-D TABS (<i>calcium & phosphorus w/ vitamin d</i>)	F	
Electrolyte Mixtures		

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Drug Name	Drug Tier	Requirements/ Limits
(Oral Electrolytes) ADVANTAGE CARE ORAL ELECTROLYTE PEDIATRIC, CERALYTE 70, CVS ELECTROLYTE SOLUTION, CVS PEDIATRIC ELECTROLYTE, CVS PEDIATRIC ELECTROLYTE FREEZER POPS, GNP PEDIATRIC ELECTROLYTE, H-E-B ORAL ELECTROLYTE SOLUTION, HM PEDIATRIC ELECTROLYTE, ORAL ELECTROLYTE SOLUTIONFREEZER POPS PEDIATRIC, ORALYTE, ORALYTE FREEZER POPS, PEDIA VANCE, PEDIATRIC ELECTROLYTE, PEDIATRIC ELECTROLYTE FREEZE POPS, PEDIATRIC ELECTROLYTE FREEZER POPS, PEDIATRIC ELECTROLYTE/WITH ZINC, PEDIATRIC ELECTROLYTE/ZINC, RA PEDIATRIC ELECTROLYTE, REHYDRALYTE, SB PEDIATRIC ELECTROLYTE, SM PEDIATRIC ELECTROLYTE SOLN	F	
BIOLYTE SOLN (<i>oral electrolytes</i>)	F	
CERALYTE 70 SOLN (<i>oral electrolytes</i>)	F	
CERASPORT EX1 SOLN (<i>oral electrolytes</i>)	F	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L (<i>oral electrolytes</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN (<i>electrolyte-48 in dextrose</i>)	F	PA
DEXTROSE 10%/NACL 0.2% SOLN (<i>dextrose w/ sodium chloride</i>)	F	PA
DEXTROSE 5%/NACL 0.3% SOLN (<i>dextrose w/ sodium chloride</i>)	F	PA
<i>dextrose w/ sodium chloride soln 0.2 %-5 %, 0.225 %-5 %, 0.33 %-5 %, 0.45 %-10 %, 0.45 %-2.5 %, 0.45 %-5 %</i>	F	PA
DEXTROSE/SODIUM CHLORIDE SOLN (<i>dextrose w/ sodium chloride</i>)	F	PA
ENFAMIL ENFALYTE SOLN (<i>oral electrolytes</i>)	F	
HYDRALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	F	
HYDRALYTE SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML- 270 MG/250ML, (<i>oral electrolytes</i>)	F	
IONOSOL-MB/DEXTROSE 5% SOLN 3 MEQ/L-3 MEQ/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L, 3 MEQ/L-3 MMOLE/L-5 %-20 MEQ/L- 22 MEQ/L-23 MEQ/L-25 MEQ/L (<i>electrolyte-mb in dextrose</i>)	F	PA
ISOLYTE-P/DEXTROSE 5% SOLN (<i>electrolyte-p in dextrose</i>)	F	PA

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S PH 7.4 SOLN (<i>electrolyte-s (ph 7.4)</i>)	F	PA
ISOLYTE-S SOLN (<i>electrolyte-s</i>)	F	PA
KCL 0.15%/D5W/NACL 0.225% SOLN (<i>potassium chloride in dextrose & sodium chloride</i>)	F	PA
KCL 0.3%/D5W/NACL 0.9% SOLN (<i>potassium chloride in dextrose & sodium chloride</i>)	F	PA
KINDERLYTE PREMAX SOLN (<i>oral electrolytes</i>)	F	
KINDERLYTE SOLN (<i>oral electrolytes</i>)	F	
<i>lactated ringer's soln 109 meq/l-3 meq/l-4 meq/l-28 meq/l-130 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l, 4 meq/l-28 meq/l-109 meq/l-130 meq/l-3 meq/l</i>	F	PA
NORMOSOL -R SOLN (<i>electrolyte-r</i>)	F	PA
NORMOSOL-M IN D5W SOLN (<i>electrolyte-m in dextrose</i>)	F	PA
NORMOSOL-M/D5W SOLN (<i>electrolyte-m in dextrose</i>)	F	PA
NORMOSOL-R SOLN (<i>electrolyte-r (ph 7.4)</i>)	F	PA
<i>oral electrolytes soln</i>	F	
PLASMA-LYTE A SOLN (<i>electrolyte-a</i>)	F	PA

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148 SOLN (<i>electrolyte-148</i>)	F	PA
<i>potassium chloride in dextrose & sodium chloride soln</i>	F	PA
<i>potassium chloride in dextrose soln</i>	F	PA
<i>potassium chloride in nacl soln 0.15 %-0.9 %, 0.45 %-20 meq/l, 0.9 %-20 meq/l, 0.9 %-40 meq/l, 20 meq/l-0.45 %</i>	F	PA
POTASSIUM CHLORIDE/DEXTROSE SOLN (<i>potassium chloride in dextrose</i>)	F	PA
POTASSIUM CHLORIDE/DEXTROSE/L ACTATED RINGERS SOLN (<i>potassium chloride in d5w lactated ringers</i>)	F	PA
POTASSIUM CHLORIDE/LIDOCAINE HYDROCHLORIDE/SODIU M CHLORIDE SOLN (<i>potassium chloride- lidocaine-sodium chloride</i>)	F	PA
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN (<i>potassium chloride in nacl</i>)	F	PA
POTASSIUM CHLORIDE/SODIUMCHLO RIDE SOLN (<i>potassium chloride in nacl</i>)	F	PA
<i>ringer's soln</i>	F	PA
Fluoride		
(Sodium Fluoride) FLUORITAB, FLURA- DROPS, NAFRINSE DROPS SOLN	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Fluoride) NAFRINSE CHEW	F	
MONOCAL TABS (<i>sodium monofluorophosphate-calcium carbonate</i>)	F	
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	F	
<i>sodium fluoride soln 0.5 mg/ml</i>	F	RX/OTC
<i>sodium fluoride tabs 0.5 mg, 1 mg</i>	F	
Magnesium		
(Magnesium Chloride) MAGDELAY TBEC	F	
MAGNESIUM CAPS 400 MG (<i>magnesium oxide (mg supplement)</i>)	F	
<i>magnesium chloride tbec or 64 mg</i>	F	
MAGNESIUM EXTRA STRENGTH CAPS (<i>magnesium oxide (mg supplement)</i>)	F	
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	F	
MAGNESIUM OXIDE CAPS 400 MG (<i>magnesium oxide (mg supplement)</i>)	F	
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL TABS	F	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	F	
Potassium		
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	F	
(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF	F	
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 TBCR	F	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	F	
(Potassium Chloride) KLOR-CON PACK	F	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR 10 MEQ	F	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR 8 MEQ	F	QL(1 ea daily)
K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	F	
<i>potassium chloride cpcr or 10 meq</i>	F	
<i>potassium chloride cpcr or 8 meq</i>	F	QL(1 ea daily)
<i>potassium chloride microencapsulated crystals er tbcr 10 meq, 20 meq</i>	F	
<i>potassium chloride pack or 20 meq</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 0.4 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML (<i>potassium chloride</i>)	F	PA
<i>potassium chloride soln iv 10 meq/50ml, 2 meq/ml, 20 meq/50ml, 40 meq/100ml</i>	F	PA
<i>potassium chloride soln or 10 %, 20 %</i>	F	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	F	
Sodium		
LIQUVIDA HYDRATION KIT KIT (<i>sodium chloride</i>)	F	PA
<i>sodium chloride soln ij 0.9 %, 2.5 meq/ml</i>	F	PA
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	F	PA
Zinc		
(Zinc Sulfate) ORAZINC, ZINC-220 CAPS	F	
<i>zinc sulfate caps or 220 mg</i>	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine tabs</i>	F	
Enzymes		
XIAFLEX SOLR (<i>collagenase clostridium histolyticum</i>)	F	PA; SP
Immunomodulators		

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID CAPS (<i>lenalidomide</i>)	F	PA; SP-Caremark;SP
Immunosuppressive Agents		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	F	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	F	
AZASAN TABS (<i>azathioprine</i>)	F	
<i>azathioprine tabs or 50 mg</i>	F	
<i>cyclosporine caps</i>	F	
<i>cyclosporine modified (for microemulsion) caps</i>	F	
<i>cyclosporine modified (for microemulsion) soln</i>	F	
<i>everolimus (immunosuppressant) tabs</i>	F	AL(At least 21 yrs old)
<i>mycophenolate mofetil caps or 250 mg</i>	F	
<i>mycophenolate mofetil susr or 200 mg/ml</i>	F	
<i>mycophenolate mofetil tabs or 500 mg</i>	F	
<i>mycophenolate sodium tbec</i>	F	
PROGRAF PACK 0.2 MG, 1 MG (<i>tacrolimus</i>)	F	PA
SANDIMMUNE CAPS 100 MG, 25 MG (<i>cyclosporine</i>)	F	
SANDIMMUNE SOLN 100 MG/ML (<i>cyclosporine</i>)	F	
<i>sirolimus soln</i>	F	
<i>sirolimus tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus caps</i>	F	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	F	
<i>sodium polystyrene sulfonate powd</i>	F	
<i>sodium polystyrene sulfonate susp</i>	F	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR IV 120 MG, 400 MG (<i>belimumab</i>)	F	PA; SP-AcariaHealth;S P
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	F	
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	F	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	F	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	F	
Dental Products		
(Sodium Fluoride (Dental)) CAVAREST, DENTAGEL, SF GEL	F	QL(112 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
(Sodium Fluoride (Dental)) DENTA 5000 PLUS, SF 5000 PLUS, SODIUM FLUORIDE 5000 PLUS, SODIUM FLUORIDE 5000 PPM CREA	F	QL(102 gm per fill retail)
(Stannous Fluoride) FLUORIDEX DAILY RENEWAL, PERIOMED CONC	F	RX/OTC
<i>sodium fluoride (dental) crea dt 1.1 %</i>	F	QL(102 gm per fill retail)
<i>sodium fluoride (dental) gel dt 1.1 %</i>	F	QL(112 ml per fill retail)
<i>sodium fluoride (dental) soln mt 0.2 %</i>	F	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	F	
<i>triamcinolone acetonide (mouth) pste</i>	F	
Throat Products - Misc.		
AQUORAL SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MOUTH KOTE SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs</i>	F	
RA DRY MOUTH SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN (<i>artificial saliva</i>)	F	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
(B-Complex Vitamins) B-COMPLEX PLUS B-12, RA B-COMPLEX, RA B-COMPLEX WITH B-12 TABS	F	
<i>b-complex vitamins caps</i>	F	
<i>b-complex vitamins tabs</i>	F	
B-Complex w/ C		
(B Complex W/ C) SUPER B WITH C, VITAMIN B COMPLEX-C CAPS	F	
<i>b complex w/ c caps</i>	F	
B-Complex w/ Folic Acid		
(B-Complex W/ C & Folic Acid) ACTIVITE, DAVITE, DIALYVITE, FOLIKA-NC, GENICIN VITA-S, LORID, NEPHRONEX, RENA-VITE RX, TRONVITE, VITASURE, VOL-CARE RX, VP-VITE RX, XVITE TABS	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(B-Complex W/ C & Folic Acid) MYNEPHROCAPS, MYNEPHRON, RENAL CAPS, RENO CAPS, TRIPHROCAPS, VIRT-CAPS CAPS	F	RX/OTC
Multiple Vitamins w/ Iron		
(Multiple Vitamins W/ Iron) DAILY MULTIPLE VITAMINS W/IRON, DAILY VITAMIN FORMULA+IRON, DAILY VITE MULTIVITAMIN/IRON, DAILY-VITAMIN/IRON, DAILY-VITE/IRON/BETA-CAROTENE, GNP ONE DAILY PLUS IRON, HM ONE DAILY/IRON, MULTI VITAMIN WITH IRON, MULTI-DAYPLUS IRON, MULTI-VITAMINS/IRON, MULTIVITAMIN PLUS IRON ADULT, NAT-RUL DAILY-VITE + IRON, ONCE DAILY/IRON, ONE DAILY MULTIVITAMIN/IRON, ONE DAILY MULTIVITAMIN/IRON ADULT, ONE-DAILY MULTI-VITAMIN/IRON, ONE-DAILY/IRON, QC DAILY MULTIVITAMINS/IRON, SM MULTIPLE VITAMINS/IRON, STRESS B COMPLEX/IRON, TAB-A-VITE MULTIVITAMIN/IRON, TAB-A-VITE/IRON TABS	F	
(Multiple Vitamins W/ Iron) STRESS FORMULA/IRON TABS 12 MCG-5 MG-10 MG-10 MG-18 MG-20 MG-30 UNIT-45 MCG-100 MG-400 MCG-500 MG, 5 MG-10 MG-12 MCG-15 MG-20 MG-27 MG-30 UNIT-45 MCG-100 MG-400 MCG-500 MG	F	

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<i>multiple vitamins w/ iron tabs</i>	F	
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS (<i>multiple vitamins w/ iron</i>)	F	
Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ABC PLUS, ABC PLUS SENIOR, ABC PLUS SENIOR ADULTS 50+, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, B-PLEX PLUS, BIOCEL, BIOTIN PLUS/CALCIUM/VIT D3, CARRAVITE, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERAL S, CENTRAVITES, CENTURY, CENTURY MATURE, CEROVITE ADVANCED FORMULA, CEROVITE SENIOR, CERTA PLUS, COMPANION, COMPETE, COMPLETE, COMPLETE DAILY WITH LUTEIN, COMPLETE ENERGY, COMPLETE SENIOR, COMPLETE WOMENS, CORVITE FREE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS	F	QL(1 ea daily); RX/OTC

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SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTI, DAILY MULTI 50+, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY- VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, DOCTORS CHOICE MULTIVITAMINS MEN, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS PRO-ACTIVE, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY, GNP CENTURY ADULT FORMULA, GNP CENTURY ADULTS 50+			SENIOR, GNP CENTURY CARDIO HEALTHFORMULA, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP CENTURY ULTIMATE MENS COMPLETE, GNP CENTURY ULTIMATE MENS SENIOR FORMULA, GNP CENTURY ULTIMATE WOMENS COMPLETE, GNP CENTURY ULTIMATE WOMENS SENIOR FORMULA, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR VITAMINS, HAIR/SKIN/NAILS, HEALTHY EYES, HEALTHY EYES/LUTEIN, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM ANTIOXIDANT VITAMINS, HM COMPLETE 50+, HM COMPLETE WOMEN, HM MENS 50+ ADVANCED ONEDAILY, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, I-VITE PROTECT, ICAPS MV, KP ADULTS 50+ DAILY		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, LYSIPLEX PLUS, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEDIPLUS, MEGA VM-80, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS HAIR FORMULA ULTRA MAN, MENS LIFE PACK, MILLTRIMUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIMUM CARDIO, MILLTRIMUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-DAY WEIGHT TRIM, MULTI-DAYPLUS MINERALS, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSAL FORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMEN 50+ ADVANCED, MULTIVITAMIN WOMENS, MYAMULTI, NUTRIFAC ZX, NUTRITIONAL			SUPPORT FOR YOUR SKIN/HAIR/NAI LS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY ADULTS 50+, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY PLUS IRON, ONE DAILY PLUS MINERALS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED FORMULA MULTIVITAMINS/LYCOPE NE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMIN ERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, RA CENTRAL-VITE MENS MATURE, RA CENTRAL- VITE WOMENS MATURE, RA ONE DAILY ENERGY FORMULA, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ WITH VITAMIN D-3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VITAMIND-3, RA ONE DAILY WOMENS/VITAMIN D-3, RENAPLEX, SAVISION, SENIOR TABS, SENTRY ADULTS UNDER 50, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATEMENS, SM COMPLETE 50+ ULTIMATEWOMENS, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM HAIR/SKIN/NAILS, SM OPTI-VITAMINS, STRESS B-COMPLEX/C/ZINC, STRESS FORMULA/ZINC, STRESSTABS ADVANCED, SUNVITE ACTIVE ADULT 50+, SUNVITE ADVANCED, SUPER			ANTIOXIDANT/A/C/E/SEL ENIUM, SUPER AYTINAL 50 PLUS, SUPER AYTINAL FOR ACTIVEADULTS, SUPER MULTIPLE, SUPER NU- THERA, SUPER THERA VITE M, SUPER VITA- MINS, TGT MULTIVITAMIN/MULTIMIN ERAL ADULTS/LYCOPENE, TGT MULTIVITAMIN/MULTIMIN ERAL/ADULT, THERA VITAL M, THERA VITAL- M, THERA-MILL M, THERABASIC-M, THERADEX "M", THERADEX "M"/BETA CAROTENE, THERAPEUTIC FORMULA/HEMATINICS, THERAPEUTIC M, THERAPEUTIC-M, THERAPEUTIC- M/LUTEIN, THERATRUM COMPLETE, THERATRUM COMPLETE 50 PLUS, THERAVIM-M, THRIVE FOR LIFE WOMENS, ULTRA ANTIOXIDANT FORMULA, ULTRA FREEDA, ULTRA FREEDA/IRON, ULTRA VITA-TIME, ULTRACHOICE ADVANCED FORMULA, ULTRACHOICE ADVANCED FORMULA MATURE, VISION FORMULA/LUTEIN, VISION VITAMINS, VISIVITES, VISIVITES/LUTEIN, VITA HAIR, VITA S FORTE, VITABASIC COMPLETE, VITABASIC SENIOR, VITACEL, VITATRUM COMPLETE, VITRUM SENIOR, WOMENS DAILY FORMULA, WOMENS DAILY FORMULA/FOLIC		

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Drug Name	Drug Tier	Requirements/ Limits
ACID/CALCIUM/IRON, WOMENS LIFE PACK, WOMENS MULTIVITAMIN, WOMENS ONE DAILY, YOUR LIFE MULTI MENS 50+, YOUR LIFE MULTI WOMENS 50+ TABS		
(Multiple Vitamins W/ Minerals) ANTIOXIDANT FORMULA TABS 17 MCG- 53 MG-133 UNIT-167 MG- 8333 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) CENTRAVITES 50 PLUS TABS 1.5 MG-1.7 MG-2 MG-2 MG-3 MG-3.5 MG-4 MG-5 MCG-10 MCG-10 MCG-10 MG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-45 UNIT-48 MG-60 MG-72 MG-80 MG- 100 MG-130 MCG-150 MCG-150 MCG-160 MCG- 200 MG-400 MCG-400 UNIT-5000 UNIT	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) CERTAVITE/ANTIOXIDAN TS TABS 0.5 MG-1.5 MG- 1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG- 25 MCG-30 MCG-30 UNIT- 35 MCG-45 MCG-50 MG- 55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT- 3500 UNIT, 2 MG-0.5 MG- 1.5 MG-1.7 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG- 25 MCG-30 MCG-30 UNIT- 35 MCG-45 MCG-50 MG- 55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT- 3500 UNIT, 2.3 MG-0.5 MG-1.7 MG-2 MG-2 MG- 1.5 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG- 25 MCG-30 MCG-30 UNIT- 35 MCG-45 MCG-50 MG- 55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT- 3500 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 0.5 MG-1.1 MG-1.1 MG-2 MG-2.3 MG- 5 MCG-5 MG-5 MG-8 MG- 10 MCG-14 MG-15 MG-20 MG-30 MCG-35 UNIT-50 MCG-50 MCG-50 MCG-50 MCG-50 MG-55 MCG-72 MG-80 MG-100 MG-150 MCG-150 MCG-300 MCG- 400 MCG-500 MG-800 UNIT-3500 UNIT	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) EQ ONE DAILY WOMENS HEALTH TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MG- 15 MG-18 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-60 MG-120 MCG-150 MCG- 300 MCG-400 MCG-500 MG-1000 UNIT-2500 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) MULTILEX TABS 0.15 MG-1 MG-1 MG-1.5 MG-1.7 MG-3 MCG-5 MG- 5 MG-5.5 UNIT-10 MG-10 MG-15 MG-30 MG-100 MG-400 UNIT-10000 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) MULTIVITAMIN ADULTS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG- 2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MCG-10 MG-11 MG-13.5 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-1050 MCG, 0.5 MG- 1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG- 20 MG-25 MCG-30 MCG- 30 UNIT-35 MCG-45 MCG- 50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG- 400 UNIT-3500 UNIT, 0.5 MG-1.5 MG-1.7 MG-2 MG- 2 MG-2.3 MG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-13.5 MG-18 MG-20 MG-20 MG-25 MCG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-200 MG-400 MCG- 1050 MCG	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) MULTIVITAMIN WOMEN TABS 0.5 MG-1.1 MG-1.1 MG-1.8 MG-2 MG- 6 MCG-8 MG-14 MG-15 MG-18 MCG-18 MG-20 MG-32 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-200 MG-400 MCG-800 UNIT-3500 UNIT, 0.9 MG-1.1 MG-1.1 MG-1.8 MG-2 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-18 MG-20 MG-25 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-55 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-150 MCG- 400 MCG-500 MG-800 UNIT-3500 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) ONE DAILY MULTIVITAMIN ADULT TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG- 20 MG-30 UNIT-45 MG-60 MG-400 UNIT-3000 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) ONE DAILY WOMENS TABS 1.5 MG- 1.7 MG-2 MG-2 MG-2 MG- 6 MCG-10 MG-15 MG-18 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-60 MG-120 MCG-150 MCG-300 MCG- 400 MCG-500 MG-1000 UNIT-2500 UNIT, 1.5 MG- 1.7 MG-2 MG-5 MG-6 MCG-10 MG-15 MG-18 MG-30 UNIT-50 MG-60 MG-400 MCG-400 UNIT- 450 MG-2500 UNIT, 2 MG- 5 MG-6 MCG-10 MG-18 MG-30 UNIT-1.5 MG-1.7 MG-15 MG-50 MG-60 MG- 400 MCG-400 UNIT-450 MG-2500 UNIT	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) QC MULTI-VITE TABS 0.9 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG- 200 MG-400 MCG-400 UNIT-3500 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) QUINTABS-M TABS 0.2 MG-2 MG-7.5 MG-10 MG-15 MG-30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-30 MG- 35 MCG-50 UNIT-100 MG- 150 MCG-300 MG-400 MCG-400 UNIT-5000 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) SENTRY SENIOR TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG- 3 MG-5 MCG-10 MCG-10 MG-11 MG-20 MG-20 MG- 25 MCG-30 MCG-30 MCG- 45 MCG-45 MCG-50 MG- 50 UNIT-55 MCG-60 MG- 72 MG-80 MG-150 MCG- 150 MCG-220 MG-250 MCG-300 MCG-400 MCG- 500 UNIT-2500 UNIT, 0.9 MG-1.5 MG-1.7 MG-2 MG- 2.3 MG-3 MG-5 MCG-10 MCG-11 MG-20 MG-25 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-80 MG-90 MG-10 MG-30 MCG-72 MG-110 MG-150 MCG-150 MCG- 220 MG-250 MCG-300 MCG-500 MCG-500 UNIT- 2500 UNIT	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) SENTRY TABS 0.9 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG- 6 MCG-10 MCG-10 MCG- 10 MG-11 MG-18 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-55 MCG-72 MG-80 MG-90 MG-100 MG-109 MG-150 MCG-150 MCG-200 MG- 250 MCG-300 MCG-400 UNIT-500 MCG-3500 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) STRESS FORMULA TABS 3 MG-5 MG-10 MG-10 MG-12 MCG-20 MG-24 MG-30 UNIT-45 MCG-77 MG-100 MG-400 MCG-500 MG, 5 MG-10 MG-10 MG-12 MCG-20 MG-30 UNIT-45 MCG-69 MG-100 MG-400 MCG-500 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) STRESS FORMULA/IRON TABS 0.4 MG-5 MG-12 MCG-15 MG- 15 MG-20 MG-27 MG-30 UNIT-45 MCG-100 MG-500 MG	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) THERA-M TABS 2 MG-2 MG-3 MG-3 MG- 3.4 MG-3.5 MG-5 MCG-7.5 MG-7.5 MG-9 MCG-10 MCG-10 MCG-10 MG-15 MG-18 MG-20 MG-21 MCG-26 MCG-28 MCG-30 MCG-30 UNIT-31 MG-32 MCG-40 MG-90 MG-100 MG-150 MCG-150 MCG- 400 MCG-400 UNIT-5000 UNIT, 2 MG-3 MG-3 MG- 3.4 MG-5 MG-7.5 MG-7.5 MG-9 MCG-10 MCG-10 MG-15 MCG-15 MCG-15 MCG-15 MG-18 MG-30 MG-30 UNIT-31 MG-44 MG-100 MG-120 MG-150 MCG-400 MCG-400 UNIT- 5500 UNIT	F	QL(1 ea daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALGAE BASED CALCIUM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE ENERGY 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE MENS ENERGY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE WOMENS ENERGY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ANTIOXIDANT FORMULA TABS 17 MCG-53 MG-61 MG-167 MG-2492 MCG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BACMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BASIC AM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BASIC PM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CAL-DAY 1000 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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CENTRAVITES 50 PLUS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-19 MCG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-50 UNIT-60 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-1000 UNIT-2500 UNIT <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRAVITES ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS 2 MG-0.9 MG-1.2 MG-1.3 MG-2 MG-2.3 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-16 MG-20 MG-35 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-100 MCG-100 MG-150 MCG-200 MCG-600 MCG-1000 UNIT-3500 UNIT-210 MG-40 MCG-90 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST HEART TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST VISION TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ULTRA WOMENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MCG-10 MG-11 MG-13.5 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-1050 MCG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS 50-PLUS MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MALE TEENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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CLINICAL NUTRIENTS FOR WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 2 MG-0.5 MG-1.1 MG-1.1 MG-2.3 MG-5 MCG-5 MG-5 MG-8 MG-10 MCG-14 MG-15 MG-20 MG-30 MCG-35 UNIT-50 MCG-50 MCG-50 MCG-50 MCG-50 MG-55 MCG-72 MG-80 MG-100 MG-150 MCG-150 MCG-300 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
DAYAVITE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
DERMACINRX RIBOTIN-E TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
DERMAVITE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EQ ONE DAILY WOMENS HEALTH TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-5 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-22.5 UNIT-25 MCG-30 MCG-50 MG-60 MG-120 MCG-400 MCG-500 MG-1000 UNIT-2500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EQL CENTURY MENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EQL CENTURY WOMENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EQL ONE DAILY MENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EYE HEALTH/LUTEIN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
FOLIKA-CI TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
FOLIKA-MG TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
FOLITIN-Z TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
FREEDAVITE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ MENS ULTIMATE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ WOMENS ULTIMATE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HM COMPLETE MEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM COMPLETE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM ONE DAILY MENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HM ONE DAILY WOMENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
HYLAZINC TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MACULAR VITAMIN BENEFIT TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MEGA MULTI FOR MEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MEGA MULTI FOR WOMEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MEGA MULTIVITAMIN FOR MEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEGA MULTIVITAMIN FOR WOMEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MENS MULTIVITAMIN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTILEX T&M TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTILEX TABS 1 MG-1 MG-1.5 MG-1.7 MG-3 MCG-5 MG-5 MG-5.5 UNIT-10 MG-10 MG-15 MG-30 MG-100 MG-150 MCG-400 UNIT-10000 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals tabs	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULTS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG- 200 MG-400 MCG-400 UNIT-3500 UNIT, 0.5 MG-2 MG-1.5 MG-1.7 MG-2 MG- 2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG- 25 MCG-30 MCG-30 UNIT- 35 MCG-45 MCG-50 MG- 55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG- 200 MG-400 MCG-400 UNIT-3500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS 1 MG-1 MG-1.5 MG-2 MG- 2.5 MG-5 MG-7.5 MCG-10 MCG-10 MG-10 MG-15 MG-15 MG-100 MG-150 MCG-150 MG-3000 MCG (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN WOMEN TABS 1.8 MG-0.5 MG-1.1 MG-1.1 MG-2 MG-2 MG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-15.7 MG-18 MCG-18 MG-20 MG-25 MCG-32 MCG-40 MCG-50 MCG-50 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-200 MG-400 MCG-1050 MCG (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/ZINC STRESSFORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NAT-RUL THERAVITE- M/HIGHPOTENCY TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NATRUL-VITES TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NEOVITE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NICADAN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NICADAN ZX TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NICAZEL FORTE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NICAZEL TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
NUTRICAP TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
OCULAR VITAMINS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONCOVITE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

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ONE DAILY WOMENS TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-60 MG-120 MCG-150 MCG-300 MCG-400 MCG-500 MG-1000 UNIT-2500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY ENERGY TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS 0.9 MG-1.32 MG-1.43 MG-2.17 MG-2.3 MG-6.24 MCG-11 MG-15 MG-15.5 MG-17.6 MG-25 MCG-30 MCG-35 MCG-43 MCG-55 MCG-99 MG-120 MG-150 MCG-210 MG-240 MCG-300 MCG-900 MCG (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
ONEVITE TABS (multiple vitamins w/ minerals & folic acid)	F	
OPURITY TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PARVLEX TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PHYTOMULTI TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PRO-CAL TABS 7.5 MG-40 MG-100 UNIT-145 MG-187.5 MG (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PROCERV HP TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PROFOLA TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PRORENAL+D TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
PROVIT TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
QC MULTI-VITE TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT-3500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
QUIN B STRONG TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
QUINTABS-M TABS 0.2 MG-2 MG-7.5 MG-15 MG-30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-30 MG-35 MCG-50 UNIT-100 MG-150 MCG-300 MG-400 MCG-400 UNIT-5000 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
RENAPLEX-D TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
REQ 49+ TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SENTRY SENIOR TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-500 UNIT-2500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SENTRY SENIOR/LUTEIN TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SENTRY TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT-3500 UNIT (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SIDEROL TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SM ONE DAILY MENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SM ONE DAILY WOMENS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SOLO TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SPECTRAVITE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
STROVITE ONE TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
T-VITES TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC
THERA M PLUS TABS (multiple vitamins w/ minerals)	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
THERA-M TABS 2 MG-2 MG-3 MG-3.4 MG-5 MCG-6 MG-6 MG-7 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-23 MG-28 MCG-30 MCG-30 MG-50 MCG-60 UNIT-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT, 3.4 MG-2 MG-2 MG-3 MG-5 MCG-6 MG-6 MG-7 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-20 MG-23 MG-28 MCG-30 MCG-30 MG-50 MCG-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT-60 UNIT-15 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERA-TABS M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERABETIC MULTI-VITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THEREMS-H TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THEREMS-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THRIVITE 19 TABS <i>(multiple vitamins w/ minerals & folic acid)</i>	F	
UDAMIN SP TABS <i>(multiple vitamins w/ minerals & folic acid)</i>	F	
UNICOMPLEX-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VENEXA FE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VENEXA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VENTRIXYL FE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VENTRIXYL TABS <i>(multiple vitamins w/ minerals & folic acid)</i>	F	
VITALINE TOTAL FORMULA 2 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 3 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITAMIN D3 COMPLETE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITASANA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITATRUM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC MULTIVITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRAMYN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRANOL FE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRANOL TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXATE FE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXATE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXYL TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXYL/IRON TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRUM 50+ ADULT- MULTI IRON FREE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WHOLE FOOD MULTIVITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WOMENS BIOMULTIPLE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
YELETS TEENAGE FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
Multivitamins		

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamin) ANTI-OXIDANT, DAILY MULTIPLE VITAMINS, DAILY VALUE MULTIVITAMIN, DAILY VITAMIN, DAILY VITAMINS, DAILY VITE, DAILY-VITAMIN, DAILY-VITE, DAILY-VITE MULTIVITAMIN, GNP ESSENTIAL ONE DAILY, HEALTHY HAIR SKIN & NAILS, MULTI VITAMIN DAILY, MULTI-DAY, MULTI-VITAMIN, MULTI-VITAMIN DAILY, MULTI-VITAMINS, MULTIPLE VITAMINS ESSENTIAL, MULTIVITAMIN ADULT ONE DAILY, MULTIVITAMIN IRON-FREE, ONCE DAILY, ONE DAILY, ONE-DAILY MULTI VITAMINS, ONE-DAILY MULTI-VITAMIN, QC ESSENTIALS, RA ONE DAILY ESSENTIAL, SIGTAB, SM MULTIPLE VITAMINS ESSENTIAL, STRESSTABS ENERGY, TAB-A-VITE, TAB-A-VITE W/BETA CAROTENE, THERA-MILL, THERA-TABS, THEREMS, VITALEE TABS	F	
(Multiple Vitamin) ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-6 MCG-7.5 UNIT-10 MG-20 MG-45 MG-60 MG-500 MCG-800 UNIT-3000 UNIT	F	
(Multiple Vitamin) ONE DAILY MULTIVITAMIN ADULT TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-20 MG-60 MG-400 UNIT-5000 UNIT	F	

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamin) STRESS FORMULA TABS 0.4 MG-12 MCG-15 MG-20 MG-30 UNIT-45 MCG-100 MG-600 MG, 12 MCG-5 MG-10 MG-10 MG-20 MG-30 UNIT-45 MCG-100 MG-400 MCG-500 MG, 3 MG-10 MG-10 MG-12 MCG-20 MG-30 UNIT-45 MCG-100 MG-400 MCG-500 MG, 5 MG-10 MG-12 MCG-15 MG-20 MG-30 UNIT-45 MCG-100 MG-400 MCG-500 MG	F	
(Multiple Vitamin) THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-90 MG-400 MCG-400 UNIT-5000 UNIT	F	
ESTROFACTORS TABS (<i>multiple vitamin</i>)	F	
HIGH POTENCY MULTIVITAMIN TABS (<i>multiple vitamin</i>)	F	
MULTI VITAMIN TABS (<i>multiple vitamin</i>)	F	
MULTI VITAMIN/D-3 TABS (<i>multiple vitamin</i>)	F	
<i>multiple vitamin tabs</i>	F	
MULTIVITAMIN ADULT TABS (<i>multiple vitamin</i>)	F	
MULTIVITAMIN TABS 0.1 MG-1 MG-1.5 MG-2 MG-10 MCG-20 MG-28.5 MG-37.5 MG-1500 MCG (<i>multiple vitamin</i>)	F	
NEOMULTIVITE TABS (<i>multiple vitamin</i>)	F	
OMNICAP TABS (<i>multiple vitamin</i>)	F	

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ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG (multiple vitamin)	F	
QUINTABS TABS (multiple vitamin)	F	
THERA TABS 3 MG-3 MG-3.4 MG-30 MCG-9 MCG-10 MG-20 MG-30 UNIT-35 MG-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT, 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-35 MG-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT, 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT (multiple vitamin)	F	
THEREMS MULTIVITAMIN TABS (multiple vitamin)	F	
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS, MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	F	AL(Up to 13 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE, MULTIVITAMINS/FLUORIDE CHEW	F	AL(Up to 13 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	F	AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.25 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	F	AL(Up to 13 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.5 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	F	AL(Up to 13 yrs old)
FLORIVA PLUS SOLN (pediatric multivitamins w/fl)	F	AL(Up to 13 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln	F	AL(Up to 13 yrs old)
POLY-VI-FLOR CHEW 0.25 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-15 UNIT-200 MCG-400 UNIT, 1 MG-15 UNIT-200 MCG-400 UNIT (pediatric multivitamins w/fl)	F	AL(Up to 5 yrs old)
QUFLORA PEDIATRIC CHEW (pediatric multivitamins w/fl)	F	AL(Up to 13 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN (pediatric multivitamins w/fl)	F	AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN (pediatric multiple vitamins w/ iron)	F	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN (pediatric multiple vitamins w/ iron)	F	
POLY-VITA/IRON SOLN (pediatric multiple vitamins w/ iron)	F	
Ped Multi Vitamins w/FI & FE		

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Drug Name	Drug Tier	Requirements/ Limits
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTI-VITAMIN/FLUORIDE/IRON, MULTIVITAMIN/FLUORIDE/IRON SOLN	F	AL(Up to 13 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT <i>(ped multivitamins w/fl & iron)</i>	F	AL(Up to 5 yrs old)
Pediatric Multiple Vitamins		
(Pediatric Multiple Vitamin W/ C & Fa) ANIMAL CHEWS, ANIMAL SHAPES, BITE-A-MINS, BOUNTY BEARS/C, CHEWABLE VITAMINS CHILDRENS, CHEWABLE VITE CHILDRENS, CHILDRENS CHEWABLE MULTIVITAMIN, CHILDRENS CHEWABLE VITAMIN, CHILDRENS CHEWABLE VITAMINS, CHILDRENS MULTIVITAMIN, DINO-LIFE, FLINTSTONES GUMMIES PLUSOMEGA-3 DHA, FLINTSTONES PLUS CALCIUM, FLINTSTONES/MY FIRST, FRUITY CHEWS, GERBER GROW MIGHTY, GNP LITTLE ONES CHILDRENS, LITTLE ANIMALS, POLY VITAMIN, SM ANIMAL SHAPES KIDS FIRST, ZOO FRIENDS GUMMIES CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multiple Vitamin W/ C & Fa) MULTIVITAMIN CHILDRENS CHEW 1.05 MG-1.05 MG-1.2 MG-4.5 MCG-10 MG-15 UNIT-60 MG-300 MCG-400 UNIT-1998 UNIT, 1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT	F	
Pediatric Vitamins		
(Pediatric Vitamins Adc) BPROTECTED PEDIATRI-VITE, PC PEDIATRIC TRI-VITAMIN DROPS, TRI-VITE PEDIATRIC SOLN	F	AL(Up to 5 yrs old)
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	F	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	F	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 1 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	F	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) TRINATE TABS	F	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS	F	
ALIVE PRENATAL MULTI-VITAMIN/PLANT DHA CHEW <i>(prenatal multivitamins & minerals w/fa-dha)</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
ATABEX EC TBEC (<i>prenatal vit w/ docusate-iron carbonyl- folic acid</i>)	F	
ATABEX OB TABS (<i>prenatal vit w/ fe bisglycinate chelate- folic acid</i>)	F	
ATABEX PRENATAL CHEW (<i>prenatal without a vit w/ iron carbonyl- folic acid</i>)	F	
BRAINSTRONG PRENATAL MISC (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	F	
CALNA TABS (<i>prenatal vitamin</i>)	F	
CENTRUM SPECIALIST PRENATAL MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
CLASSIC PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
CLINICAL NUTRIENTS PRENATAL FORMULA TABS (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	F	
CO-NATAL FA TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
COMPLETE NATAL DHA MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	F	
COMPLETENATE CHEW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL GUMMIES CHEW (<i>prenatal multivitamins & minerals w/fa-dha</i>)	F	
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW (<i>prenatal multivitamins & minerals w/ folic acid- fish oil</i>)	F	
CVS PRENATAL MULTI+DHA CAPS (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
CVS PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
CVS WOMENS PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
ENFAMIL EXPECTA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
EQL PRENATAL FORMULA TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
GNP PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
GOODSENSE PRENATAL VITAMINS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
HEALTHY MAMA BE WELL ROUNDED THPK (<i>prenatal vit w/ fe bisglycinate-folic acid- omega 3 fatty acid</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
HM ONE DAILY PRENATAL COMBO MISC (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	F	
HM PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
JENLIVA PRENATAL/POSTNATAL CAPS (<i>prenatal multivit-min w/fe-fa</i>)	F	
KP PRENATAL MULTIVITAMINS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
KPN PRENATAL TABS (<i>prenatal multivit-min w/fe-fa</i>)	F	
M-NATAL PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
MARNATAL-F CAPS (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	F	
MULTI PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
MYNATAL ADVANCE TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	F	
MYNATAL CAPS (<i>prenatal multivit-min w/fe-fa</i>)	F	
MYNATAL PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
MYNATAL ULTRACAPLET TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
MYNATAL-Z TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
MYNATE 90 PLUS TBCR (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	F	
NATALVIT TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
NEONATAL COMPLETE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
NEONATAL PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
NEONATAL VITAMIN TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
NIVA-PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
O-CAL FA TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
O-CAL PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
OBSTETRIX EC TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	F	RX/OTC
OBTREX TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	F	RX/OTC
ONE A DAY PRENATAL CHEW (<i>prenatal multivitamins & minerals w/fa-dha</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY WOMENS PRENATAL/DHA MISC <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	F	
ONE A DAY WOMENS PRENATAL1 CAPS <i>(prenatal vitamins w/ iron carbonyl-folic acid- omega 3)</i>	F	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	
ONE-A-DAY WOMENS PRENATAL MISC <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	F	
PERRY PRENATAL CAPS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	
PNV TABS 29-1 TABS <i>(prenatal vit w/ iron carbonyl-folic acid)</i>	F	
PRE-NATAL FORMULA TABS <i>(prenatal multivit- min w/fe-fa)</i>	F	RX/OTC
PRENATABS FA TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	RX/OTC
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT- 1000 UNIT <i>(prenatal vit w/ ferrous fumarate- folic acid)</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT <i>(prenatal vit w/ docusate-fe fumarate- folic acid)</i>	F	RX/OTC
PRENATAL ADULT GUMMY/DHA/FOLIC ACID CHEW <i>(prenatal multivitamins & minerals w/fa-dha)</i>	F	
PRENATAL AND IRON TABS <i>(prenatal multivit- min w/fe-fa)</i>	F	RX/OTC
PRENATAL COMPLETE TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	
PRENATAL FORMULA A- FREE TABS <i>(prenatal without a vit w/ fe fumarate-folic acid)</i>	F	
PRENATAL FORMULA CAPS <i>(prenatal vit w/ ferrous fumarate-fa- omega 3 fatty acids)</i>	F	
PRENATAL FORTE TABS <i>(prenatal multivit-min w/fe-fa)</i>	F	RX/OTC
PRENATAL GUMMIES/DHA & FOLIC ACID CHEW <i>(prenatal multivitamins & minerals w/fa-omega-3 fatty acids)</i>	F	
PRENATAL LOW IRON TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTI + DHA CAPS (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
PRENATAL MULTI +DHA CAPS (<i>prenatal vit w/ferrous fumarate-fa-omega 3 fatty acids</i>)	F	
PRENATAL MULTIVITAMIN + DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
PRENATAL MULTIVITAMIN PLUS DHA CAPS (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
PRENATAL MULTIVITAMIN TABS (<i>prenatal vit w/ferrous fumarate-folic acid</i>)	F	
PRENATAL ONE DAILY TABS (<i>prenatal vit w/ferrous fumarate-folic acid</i>)	F	
PRENATAL PLUS IRON TABS (<i>prenatal vit w/iron carbonyl-folic acid</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.5 MG-0.5 MG-0.5 MG-0.75 MG-0.75 MG-2.5 MCG-2.5 MG-3.75 MG-3.75 UNIT-5 MG-6.75 MG-15 MG-25 MCG-25 MG-50 MG-100 UNIT-200 MCG-500 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT (<i>prenatal vit w/ferrous fumarate-folic acid</i>)	F	
PRENATAL TABS 0.8 MG-1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-200 MG-400 UNIT-4000 UNIT (<i>prenatal multivit-min w/fe-fa</i>)	F	RX/OTC
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG (<i>prenatal vit w/ferrous fumarate-folic acid</i>)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN & MINERAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
PRENATAL VITAMIN TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
PRENATAL VITAMIN/IRON TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
PRENATAL VITAMINS PLUS LOW IRON TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
PRENATAL VITAMINS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
PRENATAL-U CAPS (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	F	
PRENATAL/OMEGA-3/FOLIC ACID/IRON CAPS (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	F	
PRENATRIX TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
PRENATRYL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
PRENATVITE RX TABS (<i>prenatal multivit-min w/fe-fa</i>)	F	RX/OTC
PREPLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRETAB TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
PX PRENATAL MULTIVITAMINS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
QC PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
RA PRENATAL FORMULA/FOLICACID TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
RA PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
RIGHT STEP PRENATAL TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
SE-NATAL 19 CHEW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
SE-NATAL 19 TABS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	F	RX/OTC
SIMILAC PRENATAL EARLY SHIELD MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
SM ONE DAILY PRENATAL MISC (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	F	
SM PRENATAL VITAMINS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	

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Drug Name	Drug Tier	Requirements/ Limits
STUART ONE CAPS (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	F	
TARON-BC MISC (<i>prenatal without vit a w/ iron carbonyl-folic acid & vit b6</i>)	F	
THERANATAL COMPLETE MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
THERANATAL CORE NUTRITION TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
THRIVITE RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	F	
TL FOLATE TABS (<i>prenatal vit w/ ferrous fumarate-1 methylfolate-folic acid</i>)	F	
TRICARE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
TRINATAL RX 1 TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
VINATE II TABS (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	F	
VINATE ONE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
VITAFOL-OB TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
VITATHELY/GINGER TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VOL-NATE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	
VOL-PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
VOL-TAB RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	F	
WEGMANS COMPLETE PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	F	
WESTAB PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	RX/OTC
YOUR LIFE MULTI PRENATAL CAPS (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	F	
Vitamins w/ Lipotropics		
(Vitamins W/ Lipotropics) B-STRESS, BALANCED B-50 COMPLEX, METHACHOLINE/LIVER, MULTI-VITAMIN HP/MINERALS CAPS	F	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS	F	
<i>baclofen tabs or 10 mg, 20 mg</i>	F	
<i>carisoprodol tabs 350 mg</i>	F	
<i>chlorzoxazone tabs 500 mg</i>	F	
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg, 7.5 mg</i>	F	
<i>methocarbamol tabs or 500 mg, 750 mg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tb12 or 100 mg</i>	F	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	F	
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	F	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
(Saline) AFRIN SALINE NASAL MIST, ALTAMIST, AYR, BABY AYR SALINE, CVS SALINE NASAL SPRAY, DEEP SEA NASAL SPRAY, EQ SALINE NASAL SPRAY, EQL SALINE NASAL SPRAY, GNP NASAL MOISTURIZING, HM SALINE NASAL SPRAY, LITTLE NOSES SALINE, LITTLE NOSES STUFFY NOSEKIT, MEIJER SALINE NASAL SPRAY, NASAL MOIST, NASAL MOISTURIZING SPRAY, OCEAN FOR KIDS, PX SALINE NASAL SPRAY, QC SALINE NASAL RELIEF, RA SALINE NASAL SPRAY, SALINE MIST, SB SALINE NOSE, SM NASAL SPRAY SALINE, TGT NASAL SPRAY, TGT SALINE NASAL SPRAY SOLN	F	
<i>saline soln</i>	F	
Nasal Antiallergy		
<i>azelastine hcl soln</i>	F	
<i>cromolyn sodium (nasal) aers</i>	F	
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) soln</i>	F	
Nasal Steroids		
(Budesonide (Nasal)) CVS BUDESONIDE NASAL SPRAY, EQ BUDESONIDE NASAL SPRAY, GNP BUDESONIDE NASAL SPRAY, RA BUDESONIDE NASAL SPRAY, RHINOCORT ALLERGY SUSP	F	
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF SUSP 50 MCG/ACT	F	RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF SUSP NA 50 MCG/ACT	F	RX/OTC
(Fluticasone Propionate (Nasal)) CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GNP FLUTICASONE PROPIONATE CHILDRENS, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC FLUTICASONE PROPIONATE, SM ALLERGY RELIEF NASAL SPRAY SUSP	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	F	
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMP TOM, RA NASAL ALLERGY SPRAY AERO	F	
<i>budesonide (nasal) susp</i>	F	
<i>flunisolide (nasal) soln</i>	F	
<i>fluticasone propionate (nasal) susp</i>	F	RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	F	
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/ Limits
(Phenylephrine Hcl (Oral)) CVS NASAL DECONGESTANT PE, CVS SINUS PE DECONGESTANT, EQL NASAL DECONGESTANT PE MAXIMUM STRENGTH, GNP NASAL DECONGESTANT PE MAXIMUM STRENGTH, HM NASAL DECONGESTANT PE, KLS SUPHEDRINE PE, NASAL DECONGESTANT PE, NASAL DECONGESTANT PE MAXIMUM STRENGTH, NON-PSEUDO SINUS DECONGESTANT, PX NASAL DECONGESTANT PE, QC NASAL DECONGESTANT PE, RA NASAL DECONGESTANT PE, RA SINUS PRESSURE/CONGESTION RELIEF PE, SM NASAL DECONGESTANT PE, SUDOGEST PE, WAL-PHED PE TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine Hcl) 12 HOUR DECONGESTANT, 12 HOUR NASAL DECONGESTANT, CVS 12 HOUR NASAL DECONGESTANT, GNP PSEUDOEPHEDRINE HCL ER, GNP PSEUDOEPHEDRINE HCL 12 HOUR, HM NASAL DECONGESTANT 12 HOUR, NASAL DECONGESTANT 12 HOUR SINUS, PX NASAL DECONGESTANT, QC SUPHEDRINE MAXIMUM STRENGTH, RA SINUS PRESSURE/CONGESTION RELIEF/MAXIMUM STRENGTH/12 HR, RA SUPHEDRINE, SHOPKO NASAL DECONGESTANT, SINUS 12 HOUR, SM 12 HOUR SINUS DECONGESTANT, SUDAFED 12 HOUR, SUDAFED SINUS CONGESTION 12 HOUR, SUDOGEST 12 HOUR, SUPHEDRINE 12 HOUR MAXIMUM STRENGTH, TGT SINUS 12 HOUR, WAL-PHED 12 HOUR, WAL-PHED D TB12	F	

Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine Hcl) CVS NASAL DECONGESTANT, DECONGESTANT, EQL NASAL DECONGESTANT, EQL NASAL DECONGESTANT MAXIMUM STRENGTH, GENAPHED, GNP NASAL DECONGESTANT, GNP NASAL DECONGESTANT/MAXIMUM STRENGTH, HM NASAL DECONGESTANT, KP PSEUDOEPHEDRINE HCL, MEIJER NASAL DECONGESTANT, NASAL DECONGESTANT MAXIMUM STRENGTH, PX NASAL DECONGESTANT, QC SUPHEDRINE, RA SINUS PRESSURE/CONGESTION RELIEF MAXIMUM STRENGTH, RA SUPHEDRINE, SHOPKO NASAL DECONGESTANT MAXIMUM STRENGTH, SINUS CONGESTION MAXIMUM STRENGTH, SM NASAL DECONGESTANT MAXIMUM STRENGTH, SUDOGEST, SUDOGEST MAXIMUM STRENGTH, WAL-PHED TABS	F	
(Pseudoephedrine Hcl) GNP SUPHEDRIN LIQD	F	
(Pseudoephedrine Hcl) NASAL DECONGESTANT TABS OR 30 MG	F	
ADRENALIN SOLN (<i>epinephrine hcl (nasal)</i>)	F	
<i>epinephrine hcl (nasal) soln</i>	F	
<i>phenylephrine hcl (oral) tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine hcl tabs</i>	F	
<i>pseudoephedrine hcl tb12</i>	F	
SUDAFED CHILDRENS LIQD (<i>pseudoephedrine hcl</i>)	F	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN (<i>phenylephrine hcl (oral)</i>)	F	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN (<i>edaravone</i>)	F	PA; SP-Caremark;SP
<i>riluzole tabs</i>	F	
Muscular Dystrophy Agents		
EXONDYS 51 SOLN (<i>eteplirsen</i>)	F	PA; SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR (<i>onabotulinumtoxina</i>)	F	PA; SP-AcariaHealth;S P
DYSPOORT SOLR (<i>abobotulinumtoxina</i>)	F	PA; SP-AcariaHealth;S P
MYOBLOC SOLN (<i>rimabotulinumtoxinb</i>)	F	PA; SP-AcariaHealth;S P
XEOMIN SOLR (<i>incobotulinumtoxina</i>)	F	PA; SP-AcariaHealth;S P
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA SOLN (<i>nusinersen</i>)	F	PA
NUTRIENTS		
Carbohydrates		
DEXTROSE 20% SOLN (<i>dextrose</i>)	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose soln 10 %, 250 mg/ml, 5 %, 50 %, 70 %</i>	F	PA
DEXTROSE SOLN 20 %, 40 % (<i>dextrose</i>)	F	PA
POLYCOSE LIQD (<i>glucose polymer</i>)	F	QL(124 ml per fill retail)
POLYCOSE POWD (<i>glucose polymer</i>)	F	QL(350 gm per fill retail)
Lipids		
CLINOLIPID EMUL (<i>fat emulsion plant based</i>)	F	PA
INTRALIPID EMUL (<i>fat emulsion plant based</i>)	F	PA
NUTRILIPID EMUL (<i>fat emulsion plant based</i>)	F	PA
Misc. Nutritional Substances		
(Docosahexaenoic Acid) ALGAL OMEGA-3 DHA, ATABEX DHA 200, DHA COMPLETE, DHA NATURAL OMEGA-3, PRENATAL DHA CAPS	F	
(Omega-3 Fatty Acids) CVS FISH OIL CAPS 300 MG-1000 MG, 360 MG-1200 MG, 360 MG-455 MG-900 MG-1000 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Omega-3 Fatty Acids) CVS NATURAL FISH OIL, EQL FISH OIL, EQL OMEGA 3 FISH OIL, ESKIMO PUREFA, FISH OIL DOUBLE STRENGTH, FISH OIL OMEGA-3, FISH OIL/SUPER POTENT/NOBURP, KP FISH OIL, MAXEPA, MAXIMUM EPA, NORWEGIAN SALMON OIL, OMEGA III EPA+DHA, OMEGA-3 CF, OMEGA-3 PLUS, OMER, PX FISH OIL, QC FISH OIL, SB OMEGA-3 FISH OIL, SEA- OMEGA, SEA-OMEGA 30, SM OMEGA-3 FISH OIL, SUPER DHA GEMS, SUPER OMEGA 3 EPA/DHA FORMULA, SUPER OMEGA-3, THERAGRAN-M FISH OIL CONCENTRATE, THEROMEGA, ULTRA OMEGA-3 CAPS	F	
(Omega-3 Fatty Acids) EQL OMEGA-3 FISH OIL CAPS 120 MG-180 MG- 300 MG-1000 MG, 144 MG-216 MG-360 MG-1200 MG	F	
(Omega-3 Fatty Acids) FISH OIL BURP-LESS CAPS 300 MG-1000 MG, 60 MG-120 MG-180 MG- 1200 MG, 60 MG-300 MG- 360 MG-1200 MG	F	
(Omega-3 Fatty Acids) FISH OIL CONCENTRATE CAPS 1000 MG-300 MG, 120 MG-180 MG-300 MG	F	
(Omega-3 Fatty Acids) FISH OIL EXTRA STRENGTH CAPS 360 MG-1200 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Omega-3 Fatty Acids) FISH OIL MAXIMUM STRENGTH CAPS 1200 MG	F	
(Omega-3 Fatty Acids) GNP FISH OIL CAPS 300 MG-1000 MG	F	
(Omega-3 Fatty Acids) HM FISH OIL CAPS 300 MG- 1000 MG, 360 MG-1200 MG	F	
(Omega-3 Fatty Acids) KP OMEGA-3 FISH OIL CAPS 600 MG-1200 MG	F	
(Omega-3 Fatty Acids) RA FISH OIL CAPS 100 MG- 160 MG-1000 MG, 120 MG-180 MG	F	
(Omega-3 Fatty Acids) SM FISH OIL CAPS 120 MG- 180 MG-1000 MG, 300 MG-1000 MG, 360 MG- 1200 MG	F	
<i>docosahexaenoic acid caps</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 fatty acids caps 1 unit-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-340 mg-1000 mg, 1 unit-300 mg-1000 mg, 1 unit-300 mg-1000 mg-1000 mg, 100 mg-150 mg-300 mg-1000 mg, 1000 mg, 108 mg-180 mg-360 mg-1200 mg, 12 mg-360 mg-360 mg-1200 mg, 120 mg-180 mg, 120 mg-180 mg-1000 mg, 120 mg-180 mg-300 mg, 120 mg-180 mg-300 mg-1000 mg, 1200 mg, 144 mg-180 mg-1200 mg, 144 mg-216 mg-1200 mg, 144 mg-216 mg-360 mg-1200 mg, 15 unit-144 mg-216 mg-1200 mg, 180 mg-270 mg-1000 mg, 3 mg-108 mg-162 mg-1000 mg, 300 mg-1000 mg, 350 mg-1000 mg, 360 mg-1200 mg, 5 unit-120 mg-180 mg, 60 mg-120 mg-180 mg-1200 mg, 60 mg-300 mg-360 mg-1200 mg, 600 mg-1000 mg, 600 mg-1200 mg</i>	F	
Protein-Carbohydrate-Lipid Combinations		
KABIVEN EMUL (<i>amino acids-dextrose-lipids with electrolytes</i>)	F	PA
PERIKABIVEN EMUL (<i>amino acids-dextrose-lipids with electrolytes</i>)	F	PA
Proteins		

Drug Name	Drug Tier	Requirements/ Limits
(Amino Acid Infusion) AMINOSYN II, CLINISOL SF 15%, HEPATAMINE, PLENAMINE SOLN	F	PA
AMINOSYN II SOLN 172 MG/100ML-200 MG/100ML-270 MG/100ML-298 MG/100ML-300 MG/100ML-400 MG/100ML-500 MG/100ML-500 MG/100ML-530 MG/100ML-660 MG/100ML-700 MG/100ML-722 MG/100ML-738 MG/100ML-993 MG/100ML-1000 MG/100ML-1018 MG/100ML-1050 MG/100ML, 38 MEQ/L-71.8 MEQ/L-172 MG/100ML-200 MG/100ML-270 MG/100ML-298 MG/100ML-300 MG/100ML-400 MG/100ML-500 MG/100ML-500 MG/100ML-530 MG/100ML-660 MG/100ML-700 MG/100ML-722 MG/100ML-738 MG/100ML-993 MG/100ML-1000 MG/100ML-1018 MG/100ML-1050 MG/100ML (<i>amino acid infusion</i>)	F	PA
AMINOSYN-PF 7% SOLN (<i>amino acid infusion</i>)	F	PA
AMINOSYN-PF SOLN (<i>amino acid infusion</i>)	F	PA
CLINIMIX 4.25%/DEXTROSE 10% SOLN (<i>amino acid infusion in d10w</i>)	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/DEXTROSE 25% SOLN (<i>amino acid infusion in d25w</i>)	F	PA
CLINIMIX 4.25%/DEXTROSE 5% SOLN (<i>amino acid infusion in d5w</i>)	F	PA
CLINIMIX 5%/DEXTROSE 15% SOLN (<i>amino acid infusion in d15w</i>)	F	PA
CLINIMIX 5%/DEXTROSE 20% SOLN (<i>amino acid infusion in d20w</i>)	F	PA
CLINIMIX 5%/DEXTROSE 25% SOLN (<i>amino acid infusion in d25w</i>)	F	PA
CLINIMIX E 2.75%/DEXTROSE 5% SOLN (<i>amino acid electrolyte w/ calcium infusion in d5w</i>)	F	PA
CLINIMIX E 4.25%/DEXTROSE 10% SOLN (<i>amino acid electrolyte w/ calcium infusion in d10w</i>)	F	PA
CLINIMIX E 4.25%/DEXTROSE 5% SOLN (<i>amino acid electrolyte w/ calcium infusion in d5w</i>)	F	PA
CLINIMIX N9G20E SOLN (<i>amino acid electrolyte w/ calcium infusion in d10w</i>)	F	PA
FREAMINE HBC 6.9% SOLN (<i>amino acid infusion</i>)	F	PA
FREAMINE III SOLN (<i>amino acid infusion</i>)	F	PA
NEPHRAMINE SOLN (<i>amino acid infusion</i>)	F	PA

Drug Name	Drug Tier	Requirements/ Limits
PREMASOL SOLN (<i>amino acid infusion</i>)	F	PA
PROSOL SOLN (<i>amino acid infusion</i>)	F	PA
SYNTHAMIN 17 SOLN (<i>amino acid infusion</i>)	F	PA
TRAVASOL SOLN (<i>amino acid infusion</i>)	F	PA
TROPHAMINE SOLN (<i>amino acid infusion</i>)	F	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
(Polyvinyl Alcohol) ARTIFICIAL TEARS SOLN 1.4 %	F	
(Polyvinyl Alcohol) TEARS AGAIN SOLN	F	

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Drug Name	Drug Tier	Requirements/ Limits
(White Petrolatum-Mineral Oil) ALTALUBE, ARTIFICIAL EYE, CVS DRY-EYE RELIEF NIGHTTIME, CVS EYE LUBRICANT, CVS LUBRICATING EYE OINTMENT/OVERNIGHT, CVS NIGHTTIME DRY-EYE RELIEF, EQ RESTORE PM, EYE LUBRICANT, FOR STY RELIEF, GENTEAL TEARS NIGHT-TIME, GNP LUBRICANT PM, HYPOTEAR, LUBRICANT EYE, LUBRICANT EYE FAST ACTING, LUBRICANT EYE NIGHTTIME, LUBRICANT EYE PM, LUBRICANT PM, LUBRIFRESH P.M., PURALUBE, REFRESH LACRI-LUBE, REFRESH P.M., RETAINE PM, SOOTHE NIGHTTIME DRY EYETHERAPY, STYE, SYSTANE NIGHTTIME, TGT LUBRICANT EYE NIGHTTIME, ULTRA FRESH PM OINT	F	QL(42 gm per fill retail)
(White Petrolatum-Mineral Oil) ARTIFICIAL TEARS OINT 15 %-83 %-83 %	F	QL(42 gm per fill retail)
NUTRATEAR SOLN (<i>polyvinyl alcohol</i>)	F	
<i>polyvinyl alcohol soln</i>	F	
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN	F	QL(60 ea per fill retail)
<i>betaxolol hcl (ophth) soln</i>	F	
BETOPTIC-S SUSP (<i>betaxolol hcl (ophth)</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>carteolol hcl (ophth) soln</i>	F	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	F	
<i>levobunolol hcl soln</i>	F	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	F	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	F	
<i>timolol maleate (ophth) soln 0.5 %</i>	F	QL(60 ea per fill retail)
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>timolol maleate (ophth)</i>)	F	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	F	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE SOLN	F	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	F	
<i>atropine sulfate (ophthalmic) oint</i>	F	
ATROPINE SULFATE SOLN OP 1 % (<i>atropine sulfate (ophthalmic)</i>)	F	
CYCLOMYDRIL SOLN (<i>cyclopentolate w/ phenylephrine</i>)	F	
<i>cyclopentolate hcl soln</i>	F	
<i>homatropine hbr soln</i>	F	
ISOPTO ATROPINE SOLN (<i>atropine sulfate (ophthalmic)</i>)	F	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tropicamide soln</i>	F	
Miotics		
PHOSPHOLINE IODIDE SOLR (<i>echothiophate iodide</i>)	F	
<i>pilocarpine hcl soln</i>	F	
Ophthalmic - Angiogenesis Inhibitors		
LUCENTIS SOLN 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	F	PA; SP-AcariaHealth;S P
LUCENTIS SOSY 0.5 MG/0.05ML (<i>ranibizumab</i>)	F	PA; SP-AcariaHealth;S P
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 % (<i>brimonidine tartrate</i>)	F	
<i>apraclonidine hcl soln</i>	F	
<i>brimonidine tartrate soln</i>	F	
IOPIDINE SOLN (<i>apraclonidine hcl</i>)	F	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN OINT	F	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	F	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN OINT	F	
<i>bacitracin (ophthalmic) oint</i>	F	
<i>bacitracin-polymyxin b (ophth) oint</i>	F	
CILOXAN OINT (<i>ciprofloxacin hcl (ophth)</i>)	F	
<i>ciprofloxacin hcl (ophth) soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (ophth) oint</i>	F	
<i>gatifloxacin (ophth) soln</i>	F	
<i>gentamicin sulfate (ophth) soln</i>	F	
<i>moxifloxacin hcl (ophth) soln</i>	F	QL(3 ml per fill retail)
NATACYN SUSP (<i>natamycin</i>)	F	
<i>neomycin-bacitracin zn-polymyxin oint</i>	F	
<i>neomycin-polymyxin-gramicidin soln</i>	F	
<i>ofloxacin (ophth) soln</i>	F	
<i>polymyxin b-trimethoprim soln</i>	F	
<i>sulfacetamide sodium (ophth) oint</i>	F	
<i>sulfacetamide sodium (ophth) soln</i>	F	
<i>tobramycin (ophth) soln</i>	F	
TOBEX OINT (<i>tobramycin (ophth)</i>)	F	
<i>trifluridine soln</i>	F	
Ophthalmic Decongestants		
(Naphazoline W/ Pheniramine) ALLERGY EYE DROPS, CVS EYE ALLERGY RELIEF, EQ EYE ALLERGY RELIEF, EYE ALLERGY RELIEF, RA EYE ALLERGY RELIEF, TGT EYE ALLERGY RELIEF SOLN	F	
(Naphazoline W/ Pheniramine) VISINE SOLN 0.025 %-0.3 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Tetrahydrozoline Hcl (Ophth)) CVS EYE DROPS ORIGINAL, EQ EYE DROPS, EQL EYE DROPS, EYE DROPS, HM EYE DROPS, PX STERILE EYE DROPS, QC EYE DROPS, REDNESS RELIEVER EYE DROPS, SM EYE DROPS SOLN	F	QL(30 ml per fill retail)
(Tetrahydrozoline Hcl (Ophth)) GNP EYE DROPS, GOODSENSE EYE DROPS SOLN 0.05 %	F	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	F	PA
RESTASIS MULTIDOSE EMUL (<i>cyclosporine (ophth)</i>)	F	PA
Ophthalmic Kinase Inhibitors		
RHOPRESSA SOLN (<i>netarsudil dimesylate</i>)	F	PA
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE, TETCAINE, TETRAVISC, TETRAVISC FORTE SOLN	F	
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCIN HC OINT	F	
<i>bacitracin-poly-neomycin-hc oint</i>	F	
BLEPHAMIDE S.O.P. OINT (<i>sulfacetamide sod-prednisolone</i>)	F	
BLEPHAMIDE SUSP (<i>sulfacetamide sod-prednisolone</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate (ophth) soln</i>	F	
<i>fluorometholone (ophth) susp</i>	F	
FML FORTE SUSP (<i>fluorometholone (ophth)</i>)	F	
FML OINT (<i>fluorometholone (ophth)</i>)	F	
MAXIDEX SUSP (<i>dexamethasone (ophth)</i>)	F	
<i>neomycin-polymy-dexameth oint</i>	F	
<i>neomycin-polymy-dexameth susp</i>	F	
<i>neomycin-polymyxin-hc (ophth) susp</i>	F	
PRED MILD SUSP (<i>prednisolone acetate (ophth)</i>)	F	
PRED-G S.O.P. OINT (<i>gentamicin-prednisolone acetate</i>)	F	
PRED-G SUSP (<i>gentamicin-prednisolone acetate</i>)	F	
<i>prednisolone acetate (ophth) susp</i>	F	
PREDNISOLONE ACETATE P-F SUSP (<i>prednisolone acetate (ophth)</i>)	F	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % (<i>prednisolone sodium phosphate (ophth)</i>)	F	
<i>sulfacetamide sod-prednisolone soln</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX OINT (<i>tobramycin-dexamethasone</i>)	F	QL(4 gm per fill retail)
<i>tobramycin-dexamethasone susp</i>	F	
Ophthalmics - Misc.		
(Ketotifen Fumarate (Ophth)) ALAWAY, ALAWAY CHILDRENS ALLERGYEYE ITCH RELIEF, ALLERGY EYE DROPS, CLARITIN EYE, CVS ALLERGY EYE DROPS, CVS EYE ITCH RELIEF, EQ EYE ITCH RELIEF, EYE ITCH RELIEF, GNP EYE ITCH RELIEF, GNP ITCHY EYE, HM EYE ITCH RELIEF, KP KETOTIFEN FUMARATE, RA EYE ITCH RELIEF, SM EYE ITCH RELIEF, THERATEARS ALLERGY EYE ITCH RELIEF SOLN	F	
(Sodium Chloride Hypertonic) ALTACHLORE, CVS SODIUM CHLORIDE, CVS SODIUM CHLORIDE HYPERTONICITY OINT	F	
(Sodium Chloride Hypertonic) ALTACHLORE, CVS SODIUM CHLORIDE, SOCHLOR SOLN	F	
ALOCRI SOLN (<i>nedocromil sodium (ophth)</i>)	F	QL(5 ml per fill retail)
ALOMIDE SOLN (<i>Iodoxamide tromethamine</i>)	F	QL(10 ml per fill retail)
<i>azelastine hcl (ophth) soln</i>	F	
<i>brinzolamide susp</i>	F	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth) soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
CYSTARAN SOLN (<i>cysteamine hcl</i>)	F	Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	F	QL(5 ml per fill retail)
<i>dorzolamide hcl soln</i>	F	
DORZOLAMIDE HCL SOLN (<i>dorzolamide hcl</i>)	F	
<i>flurbiprofen sodium soln</i>	F	
<i>ketorolac tromethamine (ophth) soln</i>	F	
<i>ketotifen fumarate (ophth) soln</i>	F	
MURO 128 SOLN 2 % (<i>sodium chloride hypertonic</i>)	F	
<i>sodium chloride hypertonic oint</i>	F	
<i>sodium chloride hypertonic soln</i>	F	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	F	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln</i>	F	
LUMIGAN SOLN (<i>bimatoprost</i>)	F	Limit 2.5mls per month;QL(0.09 ml daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

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Drug Name	Drug Tier	Requirements/Limits
(Carbamide Peroxide (Otic)) CLEARCANAL EARWAX SOFTENER, CVS EAR DROPS, CVS EARWAX REMOVAL KIT, CVS EARWAX REMOVAL SYSTEM, EAR DROPS, EAR DROPS EARWAX REMOVALAID, EAR WAX REMOVAL DROPS, EAR WAX REMOVAL KIT, EAR WAX REMOVAL SYSTEM, EARWAX REMOVAL, EARWAX REMOVAL KIT, EQ EAR DROPS, EQ EAR WAX REMOVAL AID, GNP EAR DROPS, GNP EAR SYSTEMS, GNP EARWAX REMOVAL DROPS, GNP EARWAX REMOVAL KIT, GOODSENSE EAR WAX REMOVAL DROPS, GOODSENSE EAR WAX REMOVAL KIT, MURINE EAR, MURINE FOR EAR WAX REMOVAL SYSTEM, OTIX, QC EAR WAX REMOVAL DROPS, QC EARWAX REMOVAL, QC EARWAX REMOVAL KIT, RA EAR DROPS, RA EARWAX REMOVAL KIT, SM EAR DROPS SOLN	F	
acetic acid (otic) soln	F	
Otic Anti-infectives		
ciprofloxacin hcl (otic) soln	F	
ofloxacin (otic) soln	F	
Otic Combinations		
(Pramoxine-Hc-Chloroxylonol) CORTIC-ND, EXOTIC-HC SOLN	F	QL(15 ml per fill retail)
ciprofloxacin-dexamethasone susp	F	QL(7.5 ml per 30 days retail)
neomycin-polymyxin-hc (otic) soln	F	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc (otic) susp	F	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC OIL	F	QL(20 ml per fill retail)
fluocinolone acetonide (otic) oil	F	QL(20 ml per fill retail)
hydrocortisone w/acetic acid soln	F	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	F	
methylergonovine maleate tabs or 0.2 mg	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY (rho d immune globulin (human))	F	SP-AcariaHealth;S P
RHOGAM ULTRA-FILTERED PLUS SOSY (rho d immune globulin (human))	F	SP-AcariaHealth;S P
Monoclonal Antibodies		
SYNAGIS SOLN (palivizumab)	F	PA; SP-AcariaHealth;S P
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps	F	
amoxicillin chew	F	
amoxicillin susr	F	
amoxicillin tabs	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin caps</i>	F	
Natural Penicillins		
<i>penicillin v potassium solr</i>	F	
<i>penicillin v potassium tabs</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	F	
<i>amoxicillin & pot clavulanate susr</i>	F	
<i>amoxicillin & pot clavulanate tabs</i>	F	
<i>amoxicillin & pot clavulanate tb12</i>	F	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	F	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	F	
<i>nafcillin sodium solr ij 1 gm, 2 gm</i>	F	PA
<i>nafcillin sodium solr iv 1 gm, 10 gm, 2 gm</i>	F	PA
NAFCILLIN SODIUM SOLR IV 10 GM (<i>nafcillin sodium</i>)	F	PA
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL (<i>xanthan gum (thickening)</i>)	F	
SIMPLYTHICK EASYMIX GEL (<i>xanthan gum (thickening)</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK GEL (<i>xanthan gum (thickening)</i>)	F	
Semi Solid Vehicles		
(Lanolin) HPA LANOLIN OINT	F	RX/OTC
<i>lanolin oint</i>	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>hydroxyprogesterone caproate oil</i>	F	PA; SP-AcariaHealth
MAKENA SOAJ SC 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	F	PA; SP-AcariaHealth
<i>medroxyprogesterone acetate tabs</i>	F	
<i>norethindrone acetate tabs</i>	F	
<i>progesterone caps 100 mg</i>	F	QL(1 ea daily)
<i>progesterone caps 200 mg</i>	F	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	CO	
ANTABUSE TABS (<i>disulfiram</i>)	CO	
<i>disulfiram tabs</i>	CO	
LUCEMYRA TABS (<i>lofexidine hcl</i>)	CO	
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	F	
<i>donepezil hydrochloride tbdp</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cp24</i>	F	
<i>galantamine hydrobromide soln</i>	F	
<i>galantamine hydrobromide tabs</i>	F	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg, 7 mg</i>	F	PA
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	F	
<i>memantine hcl tabs 10 mg, 5 mg,</i>	F	
NAMENDA XR TITRATION PACK CP24 (<i>memantine hcl</i>)	F	PA
<i>rivastigmine pt24</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	PA
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	F	
<i>olanzapine-fluoxetine hcl caps</i>	CO	
<i>perphenazine-amitriptyline tabs</i>	F	
SYMBYAX CAPS (<i>olanzapine-fluoxetine hcl</i>)	CO	
Fibromyalgia Agents		
SAVELLA TABS (<i>milnacipran hcl</i>)	F	PA
SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	F	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
<i>tetrabenazine tabs 12.5 mg</i>	F	AL(At least 21 yrs old)
<i>tetrabenazine tabs 25 mg</i>	F	AL(At least 21 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY	F	PA; SP-AcariaHealth;SP
AUBAGIO TABS (<i>teriflunomide</i>)	F	PA; SP-AcariaHealth;SP
AVONEX PEN AJKT (<i>interferon beta-1a</i>)	F	PA; SP-AcariaHealth;SP
AVONEX PSKT (<i>interferon beta-1a</i>)	F	PA; SP-AcariaHealth;SP
BETASERON KIT (<i>interferon beta-1b</i>)	F	PA; SP-AcariaHealth;SP
<i>dalfampridine tb12</i>	F	PA; SP
<i>dimethyl fumarate cpdr</i>	F	PA; SP
<i>dimethyl fumarate misc</i>	F	PA; SP
EXTAVIA KIT (<i>interferon beta-1b</i>)	F	PA; SP-AcariaHealth;SP
GILENYA CAPS 0.5 MG (<i>ingolimod hcl</i>)	F	PA; SP-AcariaHealth;SP
<i>glatiramer acetate sosy</i>	F	PA; SP-AcariaHealth;SP
LEMTRADA SOLN (<i>alemtuzumab (ms)</i>)	F	PA; SP-Caremark;SP
OCREVUS SOLN (<i>ocrelizumab</i>)	F	PA; SP-AcariaHealth;SP
PLEGRIDY SOPN SC (<i>peginterferon beta-1a</i>)	F	PA; SP
PLEGRIDY SOSY SC (<i>peginterferon beta-1a</i>)	F	PA; SP
PLEGRIDY STARTER PACK SOPN (<i>peginterferon beta-1a</i>)	F	PA; SP
PLEGRIDY STARTER PACK SOSY (<i>peginterferon beta-1a</i>)	F	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ (<i>interferon beta-1a</i>)	F	PA; SP- AcariaHealth;S P
REBIF REBIDOSE TITRATIONPACK SOAJ (<i>interferon beta-1a</i>)	F	PA; SP- AcariaHealth;S P
REBIF SOSY (<i>interferon beta-1a</i>)	F	PA; SP- AcariaHealth;S P
REBIF TITRATION PACK SOSY (<i>interferon beta- 1a</i>)	F	PA; SP- AcariaHealth;S P
TYSABRI CONC (<i>natalizumab</i>)	F	PA; SP- AcariaHealth;S P
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	F	QL(1 ea daily,270 ea per 9999 days retail)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	F	QL(2 ea daily)
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	F	
<i>pimozide tabs</i>	CO	
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX, TGT NICOTINE POLACRILEX LOZG	F	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, TGT NICOTINE GUM, TGT NICOTINE POLACRILEX, THRIVE GUM	F		(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, HM NICOTINE TRANSDERMAL SYSTEM, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM,	F	

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Drug Name	Drug Tier	Requirements/Limits
SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, TGT NICOTINE STEP ONE, TGT NICOTINE STEP THREE, TGT NICOTINE STEP TWO PT24		
APO-VARENICLINE TABS (<i>varenicline tartrate</i>)	F	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	F	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS (<i>varenicline tartrate</i>)	F	
CHANTIX TABS (<i>varenicline tartrate</i>)	F	QL(2 ea daily)
<i>nicotine polacrilex gum</i>	F	
<i>nicotine polacrilex lozg</i>	F	
<i>nicotine pt24</i>	F	
NICOTINE TRANSDERMAL SYSTEM KIT (<i>nicotine</i>)	F	
NICOTROL INHALER INHA (<i>nicotine</i>)	F	QL(16.8 ea daily, 1512 ea per 90 days retail)
NICOTROL NS SOLN (<i>nicotine</i>)	F	QL(360 ml per 90 days retail)
<i>varenicline tartrate tabs</i>	F	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 1000 MG (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP
ARALAST NP SOLR 500 MG (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP- Caremark; SP
GLASSIA SOLN (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP- Caremark; SP
PROLASTIN-C SOLN (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP
PROLASTIN-C SOLR (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP
ZEMAIRA SOLR (<i>alpha1-proteinase inhibitor (human)</i>)	F	PA; SP
Cystic Fibrosis Agents		
KALYDECO PACK (<i>ivacaftor</i>)	F	PA; SP
KALYDECO TABS (<i>ivacaftor</i>)	F	PA; SP
ORKAMBI PACK (<i>lumacaftor-ivacaftor</i>)	F	PA; SP- Acaria Health; SP
ORKAMBI TABS (<i>lumacaftor-ivacaftor</i>)	F	PA; SP- Acaria Health; SP
PULMOZYME SOLN (<i>dornase alfa</i>)	F	SP- Acaria Health; SP
SYMDEKO TBPK (<i>tezacaftor-ivacaftor</i>)	F	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS (<i>sulfadiazine</i>)	F	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		

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Drug Name	Drug Tier	Requirements/ Limits
(Doxycycline (Monohydrate)) AVIDOXY TABS	F	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	F	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 1X50MG, MORGIDOX 2X100MG CAPS	F	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg</i>	F	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	F	
<i>doxycycline (monohydrate) tabs 100 mg, 50 mg</i>	F	
<i>doxycycline hyclate caps 100 mg, 50 mg</i>	F	
<i>doxycycline hyclate tabs 100 mg, 20 mg</i>	F	
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	F	
<i>tetracycline hcl caps</i>	F	
VIBRAMYCIN SYRP 50 MG/5ML (<i>doxycycline calcium</i>)	F	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Thyroid) NP THYROID 120, NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	F	
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	F	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	F	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	F	
<i>levothyroxine sodium tabs or 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	F	
<i>liothyronine sodium tabs</i>	F	
NATURE-THROID NT-2.5 TABS (<i>thyroid</i>)	F	
NATURE-THROID TABS 130 MG, 16.25 MG, 195 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	F	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	F	
<i>thyroid tabs</i>	F	
WESTHROID TABS 130 MG, 195 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	F	
WP THYROID TABS 130 MG, 16.25 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	F	
TOXOIDS		
Toxoid Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply;; AL (At least 19 yrs old)
BOOSTRIX SUSP (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply;; AL (At least 19 yrs old)
TDVAX SUSP (<i>tetanus-diphtheria toxoids (td)</i>)	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply;; AL (At least 19 yrs old)
TENIVAC INJ (<i>tetanus-diphtheria toxoids (td)</i>)	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply;; AL (At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP (<i>tetanus-diphtheria toxoids (td)</i>)	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply;; AL (At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV, OSCIMIN TBDP	F	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	F	
(Hyoscyamine Sulfate) OSCIMIN SUBL	F	
(Hyoscyamine Sulfate) OSCIMIN TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
CUVPOSA SOLN (<i>glycopyrrolate</i>)	F	
<i>dicyclomine hcl caps</i>	F	
<i>dicyclomine hcl soln</i>	F	
<i>dicyclomine hcl tabs</i>	F	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	F	
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	F	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	F	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	F	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	F	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	F	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
<i>propantheline bromide tabs</i>	F	
SYMAX DUOTAB TBCR (<i>hyoscyamine sulfate</i>)	F	
H-2 Antagonists		
(Cimetidine) CIMETIDINE 200, CIMETIDINE ACID REDUCER, EQ CIMETIDINE ACID REDUCER, GNP HEARTBURN RELIEF, SB CIMETIDINE TABS	F	RX/OTC
(Cimetidine) CVS HEARTBURN RELIEF, EQ ACID REDUCER, HEARTBURN RELIEF, PX ACID REDUCER, SM ACID REDUCER TABS 200 MG	F	RX/OTC

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(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, ACID REDUCER ORIGINAL STRENGTH, CVS ACID CONTROLLER, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FAMOTIDINE ORIGINAL STRENGTH, GNP ACID REDUCER, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER, QC ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360, ZANTAC 360 MAXIMUM STRENGTH TABS	F	RX/OTC	(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, ACID REDUCER ORIGINAL STRENGTH, CVS ACID CONTROLLER, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FAMOTIDINE ORIGINAL STRENGTH, GNP ACID REDUCER, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER, QC ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360, ZANTAC 360 MAXIMUM STRENGTH TABS	F	

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(Famotidine) ACID REDUCER, EQ ACID REDUCER, HEARTBURN RELIEF, HM FAMOTIDINE, PX ACID REDUCER, SB ACID REDUCER, SM ACID REDUCER TABS 10 MG	F	
(Famotidine) HM FAMOTIDINE TABS 20 MG	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH, CVS RANITIDINE, EQ RANITIDINE, EQL ACID REDUCER, EQL ACID REDUCER MAXIMUMSTRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, GNP ACID CONTROL 150 MAXIMUM STRENGTH, GNP ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, KLS ACID REDUCER, KLS ACID REDUCER MAXIMUMSTRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, PX RANITIDINE, RA ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, RANITIDINE 150 MAXIMUM STRENGTH, RANITIDINE ACID REDUCER, SB ACID REDUCER RANITIDINE 75, SM ACID REDUCER MAXIMUM STRENGTH, TGT ACID REDUCER, WAL-ZAN 150 MAXIMUM STRENGTH, WAL-ZAN 75 TABS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH, CVS RANITIDINE, EQ RANITIDINE, EQL ACID REDUCER, EQL ACID REDUCER MAXIMUMSTRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, GNP ACID CONTROL 150 MAXIMUM STRENGTH, GNP ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, KLS ACID REDUCER, KLS ACID REDUCER MAXIMUMSTRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, PX RANITIDINE, RA ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, RANITIDINE 150 MAXIMUM STRENGTH, RANITIDINE ACID REDUCER, SB ACID REDUCER RANITIDINE 75, SM ACID REDUCER MAXIMUM STRENGTH, TGT ACID REDUCER, WAL-ZAN 150 MAXIMUM STRENGTH, WAL-ZAN 75 TABS	F	
(Ranitidine Hcl) ACID REDUCER, EQ ACID REDUCER, GOODSENSE ACID REDUCER, HM ACID REDUCER, PX ACID REDUCER, SM ACID REDUCER TABS 75 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID REDUCER, EQ ACID REDUCER, GOODSENSE ACID REDUCER, HM ACID REDUCER, SB ACID REDUCER TABS 150 MG	F	RX/OTC
<i>cimetidine hcl soln 300 mg/5ml</i>	F	
<i>cimetidine tabs 200 mg</i>	F	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine susr 40 mg/5ml</i>	F	
<i>famotidine tabs 10 mg, 40 mg</i>	F	
<i>famotidine tabs 20 mg</i>	F	RX/OTC
GNP ACID CONTROL 150 MAXIMUM STRENGTH TABS (<i>ranitidine hcl</i>)	F	RX/OTC
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	F	QL(2 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	F	
<i>ranitidine hcl tabs or 150 mg</i>	F	RX/OTC
<i>ranitidine hcl tabs or 300 mg, 75 mg</i>	F	
Misc. Anti-Ulcer		
<i>sucralfate susp</i>	F	
<i>sucralfate tabs</i>	F	
Proton Pump Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
(Esomeprazole Magnesium) CVS ESOMEPRAZOLE MAGNESIUM, GNP ESOMEPRAZOLE MAGNESIUM, GOODSENSE ESOMEPRAZOLE MAGNESIUM, HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE, KLS ESOMEPRAZOLE MAGNESIUM, SM ESOMEPRAZOLE MAGNESIUM CPDR	F	QL(2 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE TBDD	F	QL(1 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HEARTBURN TREATMENT 24 HOUR, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, RA LANSOPRAZOLE, SM LANSOPRAZOLE CPDR	F	QL(2 ea daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER TBEC 20 MG	F	QL(1 ea daily)
(Omeprazole) CVS OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
(Omeprazole) EQ OMEPRAZOLE, EQL OMEPRAZOLE, GNP OMEPRAZOLE, HM OMEPRAZOLE, KLS OMEPRAZOLE, PX OMEPRAZOLE, RA OMEPRAZOLE, SB OMEPRAZOLE, SM OMEPRAZOLE, TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
esomeprazole magnesium cpdr 20 mg	F	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
lansoprazole cpdr 15 mg	F	QL(2 ea daily); RX/OTC
lansoprazole cpdr 30 mg	F	QL(2 ea daily)
lansoprazole tbdd 15 mg	F	QL(1 ea daily); RX/OTC
lansoprazole tbdd 30 mg	F	QL(1 ea daily)
omeprazole cpdr 10 mg, 40 mg	F	QL(2 ea daily)
omeprazole cpdr 20 mg	F	QL(2 ea daily); RX/OTC
omeprazole magnesium tbec 20 mg	F	QL(1 ea daily)
omeprazole tbec 20 mg	F	QL(1 ea daily)
pantoprazole sodium tbec 20 mg	F	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	F	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
misoprostol tabs	F	
Ulcer Therapy Combinations		
amoxicillin- clarithromycin w/ lansoprazole misc	F	QL(112 ea per fill retail)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
oxybutynin chloride syrp	F	
oxybutynin chloride tabs	F	
oxybutynin chloride tb24	F	
tolterodine tartrate cp24 2 mg, 4 mg	F	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride cp24</i>	F	
<i>trospium chloride tabs</i>	F	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR (<i>haemophilus b polysac conj vac</i>)	F	AL(At least 19 yrs old)
BEXSERO SUSY (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HIBERIX SOLR (<i>haemophilus b polysac conj vac</i>)	F	AL(At least 19 yrs old)
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine</i>)	F	AL(At least 19 yrs old)
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine</i>)	F	AL(At least 19 yrs old)
MENVEO SOLR (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	F	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ (<i>pneumococcal vac polyvalent</i>)	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE INJ (<i>pneumococcal vac polyvalent</i>)	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PREVNAR 13 SUSP (<i>pneumococcal 13-valent conjugate vaccine</i>)	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TRUMENBA SUSY (<i>meningococcal group b vaccine (recombinant)</i>)	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TYPHIM VI SOLN (<i>typhoid vi polysaccharide vaccine</i>)	F	PA
VAXCHORA SUSR (<i>cholera vaccine live attenuated</i>)	F	PA
VIVOTIF CPDR (<i>typhoid vaccine</i>)	F	PA
Viral Vaccines		
AFLURIA QUADRIVALENT 2019-2020 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
ASTRAZENECA COVID-19 VACCINE SUSP (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	CO	
ENGERIX-B INJ (<i>hepatitis b vaccine (recomb)</i>)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B SUSP (<i>hepatitis b vaccine (recomb)</i>)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
FLUAD 2019-2020 SUSY (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUAD 2020-2021 SUSY (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022 PRSY (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2019-2020 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2019-2020 SOSY (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2020-2021 SOSY (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2021-2022 SOSY (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2019-2020 SUSP (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2019-2020 SUSY (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2020- 2021 SUSP (<i>influenza virus vaccine tissue- cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020- 2021 SUSY (<i>influenza virus vaccine tissue- cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2021- 2022 SUSP (<i>influenza virus vaccine tissue- cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2021- 2022 SUSY (<i>influenza virus vaccine tissue- cultured subunit quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2019- 2020 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2019- 2020 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2020- 2021 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2021- 2022 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT SUSP (<i>influenza virus vaccine live quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2019-2020 SUSY (<i>influenza virus vaccine split high-dose preservative free</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY (<i>influenza virus vac split high-dose quad preservative free</i>)	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022 SUSY (<i>influenza virus vac split high-dose quad preservative free</i>)	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2019- 2020 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2019- 2020 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020- 2021 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020- 2021 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021- 2022 SUSP (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2021-2022 SUSY (<i>influenza virus vaccine split quadrivalent</i>)	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
GARDASIL 9 SUSP (<i>human papillomavirus (hvp)</i> 9-valent recombinant vaccine)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
GARDASIL 9 SUSY (<i>human papillomavirus (hvp)</i> 9-valent recombinant vaccine)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
HAVRIX SUSP (<i>hepatitis a vaccine</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
HEPLISAV-B SOLN (<i>hepatitis b vaccine recombinant adjuvanted</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
HEPLISAV-B SOSY (<i>hepatitis b vaccine recombinant adjuvanted</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
IMOVAX RABIES (<i>H.D.C.V.</i>) INJ (rabies virus vaccine, hdc)	F	
IXIARO SUSP (<i>japanese encephalitis vaccine inactivated adsorbed</i>)	F	PA
JANSSEN COVID-19 VACCINE SUSP (<i>covid-19 (sars-cov-2)</i> adenovirus vaccine)	CO	

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II SOLR (<i>measles, mumps & rubella virus vaccines</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE SUSP (<i>covid-19 (sars-cov-2)</i> mrna virus vaccine)	CO	
NOVAVAX COVID-19 VACCINE SUSP (<i>covid-19 (sars-cov-2)</i> subunit (spike) protein virus vaccine)	CO	
PFIZER-BIONTECH COVID-19VACCINE SUSP (<i>covid-19 (sars-cov-2)</i> mrna virus vaccine)	CO	
RABAVERT SUSR (<i>rabies vaccine, pcec</i>)	F	
RECOMBIVAX HB SUSP (<i>hepatitis b vaccine (recomb)</i>)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
SHINGRIX SUSR (<i>zoster vaccine recombinant adjuvanted</i>)	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 50 yrs old)
STAMARIL SUSR (<i>yellow fever vaccine</i>)	F	PA
TWINRIX SUSY (<i>hepatitis a (inactivated)</i> -hepatitis b (recombinant) vaccines)	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
VAQTA SUSP (<i>hepatitis a vaccine</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
VARIVAX INJ (<i>varicella virus vaccine live</i>)	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
YF-VAX INJ (<i>yellow fever vaccine</i>)	F	PA
ZOSTAVAX SUSR (<i>zoster vaccine live</i>)	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)

VAGINAL AND RELATED PRODUCTS

Spermicides

ENCARE SUPP (<i>nonoxynol-9</i>)	F	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	F	
SHUR-SEAL GEL (<i>nonoxynol-9</i>)	F	
TODAY SPONGE MISC (<i>nonoxynol-9</i>)	F	
VCF VAGINAL CONTRACEPTIVE FILM FILM (<i>nonoxynol-9</i>)	F	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM (<i>nonoxynol-9</i>)	F	
VCF VAGINAL CONTRACEPTIVE GEL GEL (<i>nonoxynol-9</i>)	F	

Vaginal Anti-infectives

(Clotrimazole Vaginal) 3 DAY VAGINAL, CLOTRIMAZOLE 3, CLOTRIMAZOLE-7, CVS CLOTRIMAZOLE 3, GNP CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 7, SM 3-DAY VAGINAL, SM CLOTRIMAZOLE VAGINAL CREA	F	QL(21 gm per fill retail)
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Drug Name	Drug Tier	Requirements/ Limits
(Clotrimazole Vaginal) 3 DAY VAGINAL, CLOTRIMAZOLE 3, CLOTRIMAZOLE-7, CVS CLOTRIMAZOLE 3, GNP CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 7, SM 3-DAY VAGINAL, SM CLOTRIMAZOLE VAGINAL CREA	F	
(Metronidazole Vaginal) VANDAZOLE GEL	F	
(Miconazole Nitrate Vaginal) CVS MICONAZOLE 3 COMBINATION PACK, EQL MICONAZOLE 3, GNP MICONAZOLE 3, MICONAZOLE 3 COMBINATIONPACK, MICONAZOLE 3 COMBO PACK, PX MICONAZOLE 3-DAY COMBO PACK, RA MICONAZOLE 3 COMBINATION PACK, SM MICONAZOLE 3, TGT MICONAZOLE 3 COMBINATION PACK, VAGISTAT-3 KIT	F	
(Miconazole Nitrate Vaginal) CVS MICONAZOLE 7, EQ MICONAZOLE 7 DAY TREATMENT, EQL MICONAZOLE 7, GNP MICONAZOLE 7, MICONAZOLE 7, QC 3 DAY VAGINAL CREAM, QC MICONAZOLE 7, RA MICONAZOLE 7, SM MICONAZOLE 7, TGT MICONAZOLE 7 CREA	F	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 CREA 4 %	F	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	F	QL(3 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
(Miconazole Nitrate Vaginal) MICONAZOLE 7, SM MICONAZOLE 7 SUPP	F	
(Tioconazole Vaginal) CVS TIOCONAZOLE 1, EQ TIOCONAZOLE 1, EQL TIOCONAZOLE-1, GNP TIOCONAZOLE 1, MONISTAT 1-DAY, RA TIOCONAZOLE 1, SM TIOCONAZOLE-1, TGT TIOCONAZOLE 1, TGT TIOCONAZOLE 1DAY, TIOCONAZOLE 1, TIOCONAZOLE-1 OINT	F	
AVC CREA (<i>sulfanilamide vaginal</i>)	F	
<i>clindamycin phosphate vaginal crea</i>	F	
CLINDESSE CREA (<i>clindamycin phosphate (one dose)</i>)	F	
<i>clotrimazole vaginal crea</i>	F	
GYNAZOLE-1 CREA (<i>butoconazole nitrate (one dose)</i>)	F	
<i>metronidazole vaginal gel</i>	F	
<i>miconazole nitrate vaginal crea</i>	F	
<i>terconazole vaginal crea 0.4 %</i>	F	QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	F	QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	F	QL(3 ea per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	
PREMARIN CREA VA 0.625 MG/GM (<i>estrogens, conjugated vaginal</i>)	F	

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	F	QL(2 ea per fill retail)
Vasopressors		
<i>midodrine hcl tabs</i>	F	
VITAMINS		
Oil Soluble Vitamins		
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BABY SUPER DAILY D3, BABY VITAMIN D3 DROPS, BPROTECTED PEDIA D-VITE, D-VITE PEDIATRIC, D3 MAXIMUM STRENGTH, JUST D, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD	F	
(Cholecalciferol) CVS D3, EQL VITAMIN D3 CAPS 1000 UNIT, 2000 UNIT, 5000 UNIT	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Cholecalciferol) D 1000, D 400, D 5000, D-1000, D-1000 EXTRA STRENGTH, D-400, D-5000, D3, D3 HIGH POTENCY, D3-1000, DELTA D3, GNP VITAMIN D MAXIMUM STRENGTH, GNP VITAMIN D SUPER STRENGTH, GNP VITAMIN D-400, GNP VITAMIN D3 EXTRA STRENGTH, HM VITAMIN D, NAT-RUL VITAMIN D, NATURAL VITAMIN D-3, QC VITAMIN D3, RA VITAMIN D-3, RADIANCE PLATINUM VITAMIN D3, SM VITAMIN D, SM VITAMIN D3, THERA-D 2000, THERA-D RAPID REPLETION, VITAMIN D-1000 MAXIMUM STRENGTH, VITAMIN D-400 TABS	F	
(Cholecalciferol) D 1000, D 5000, D-3-5, D2000 ULTRA STRENGTH, D3 HIGH POTENCY, D3 MAXIMUM STRENGTH, D3 SUPER STRENGTH, D3-1000, D3-50, DIALYVITE VITAMIN D 5000, GNP D 1000, KLS D3, KP VITAMIN D3, OPTIMAL-D, OPTIMAL-D PACK, PRONUTRIENTS VITAMIN D3, QC VITAMIN D3, RA VITAMIN D-3, SM VITAMIN D3, VITAMIN D HIGH POTENCY, VITAMIN D3 HIGH POTENCY, VITAMIN D3 MAXIMUM STRENGTH, WEEKLY-D CAPS	F	
(Cholecalciferol) DECARA CAPS 50000 UNIT	F	
(Cholecalciferol) GNP VITAMIN D TABS 1000 UNIT	F	

Drug Name	Drug Tier	Requirements/ Limits
(Cholecalciferol) HM VITAMIN D3 CAPS 2000 UNIT	F	
(Cholecalciferol) HM VITAMIN D3 TABS 25 MCG	F	
(Cholecalciferol) KP VITAMIN D CAPS 1000 UNIT, 2000 UNIT	F	
(Cholecalciferol) SM VITAMIN D3 MAXIMUM STRENGTH CAPS 5000 UNIT	F	
(Cholecalciferol) VITAMIN D3 TABS OR 2000 UNIT	F	
(Ergocalciferol) CALCIDOL, CALCIFEROL SOLN	F	
(Phytonadione) K 100 TABS	F	
(Vitamin E) ALPH-E, ALPH-E-MIXED, CVS E, E-200, E-400, E-400-CLEAR, E200, E400, EQL VITAMIN E, GNP VITAMIN E WATER DISPERSIBLE, HM E VITAMIN, KP VITAMIN E, PX VITAMIN E, QC VITAMIN E, RA NATURAL VITAMIN E, RA VITAMIN E, VITAMIN E BLEND, VITAMIN E HIGH POTENCY, VITAMIN E-200, VITAMIN E/D-ALPHA NATURAL CAPS	F	
(Vitamin E) CVS VITAMIN E CAPS OR 180 MG, 400 UNIT	F	
(Vitamin E) GNP VITAMIN E, HM VITAMIN E, SM VITAMIN E CAPS 200 UNIT, 400 UNIT	F	
(Vitamin E) NATURAL VITAMIN E CAPS 100 UNIT, 400 UNIT	F	
BABY DDROPS LIQD 400 UNT/0.03ML <i>(cholecalciferol)</i>	F	

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<i>cholecalciferol caps</i> 1.25 mg, 1000 unit, 125 mcg, 2000 unit, 25 mcg, 50 mcg, 5000 unit, 50000 unit	F	
<i>cholecalciferol liqd</i> 400 unit/ml, 5000 unit/ml	F	
<i>cholecalciferol tabs</i> 1000 unit, 125 mcg, 2000 unit, 25 mcg, 400 unit, 50 mcg, 5000 unit	F	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
KEY-E CHEW (<i>vitamin e</i>)	F	
<i>phytonadione tabs or</i> 100 mcg, 5 mg	F	
<i>vitamin e caps or</i> 100 unit, 180 mg, 200 unit, 400 unit, 45 mg, 90 mg	F	
VITAMIN E CHEW OR 400 UNIT (<i>vitamin e</i>)	F	
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
(Ascorbic Acid) ASCO-TABS-1000, C 1000, C 250, C 500, C 500/ROSE HIPS, C-1000, C-1000/ROSE HIPS, C-250, C-500, C-500/ROSE HIPS, CVS VITAMIN C, CVS VITAMIN C/ROSE HIPS, EQL VITAMIN C, EQL VITAMIN C/ROSE HIPS, GNP VITAMIN C W/ROSE HIPS, GNP VITAMIN C/ROSE HIPS, MEIJER C, NATURAL C/ROSE HIPS, PUREWAY-C, PX VITAMIN C, QC C WITH ROSE HIPS, RA VITAMIN C/ROSE HIPS, SB VITAMIN C, SM VIT C/ROSE HIPS, SM VITAMIN C/ROSE HIPS, VITAMIN C PLUS BIOFLAVONOIDS/WILD ROSE HIPS, VITAMIN C/NATURAL ROSE HIPS, YL VITAMIN C, YL VITAMIN C/ROSE HIPS TABS	F	
(Ascorbic Acid) GNP VITAMIN C, SM VITAMIN C TABS 1000 MG, 250 MG, 500 MG	F	
(Ascorbic Acid) HM VITAMIN C, QC VITAMIN C TABS 1000 MG, 500 MG	F	
(Ascorbic Acid) RA VITAMIN C TABS 250 MG, 500 MG	F	
(Niacin) ENDUR-ACIN, HM NIACIN, HM NIACIN TR, SM NIACIN CR TBCR	F	
(Niacin) KP NIACIN, NIACIN-50, PX NIACIN, RA NIACIN, RA NO FLUSH NIACIN 500 TABS	F	

To learn what the symbols and abbreviations on this table mean, go to page iii
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Drug Name	Drug Tier	Requirements/ Limits
(Pyridoxine Hcl) B6 NATURAL, CVS B6, EQL B-6, GNP VITAMIN B-6, KP VITAMIN B-6, NEURO- K-50, QC VITAMIN B6, RA VITAMIN B-6, SM VITAMIN B-6, SM VITAMIN B6, YL VITAMIN B-6 TABS	F	
(Riboflavin) CVS VITAMIN B-2 TABS	F	
(Thiamine Hcl) B1 HIGH POTENCY, CVS B-1, CVS B1, GNP VITAMIN B-1, QC VITAMIN B1 TABS	F	
(Thiamine Mononitrate) HM VITAMIN B1, RA VITAMIN B-1, SM VITAMIN B1 TABS	F	
<i>ascorbic acid tabs or 1000 mg, 250 mg, 500 mg, 500 mg-10 mg</i>	F	
B-1 TABS (<i>thiamine hcl</i>)	F	
<i>niacin cpcr 250 mg, 500 mg</i>	F	
<i>niacin tabs 100 mg, 50 mg, 500 mg</i>	F	
<i>niacin tbcr 250 mg, 500 mg, 750 mg</i>	F	
NIACIN TR TBCR (<i>niacin</i>)	F	
<i>pyridoxine hcl tabs or 100 mg, 25 mg, 50 mg</i>	F	
<i>riboflavin tabs 100 mg, 25 mg, 50 mg</i>	F	
<i>thiamine hcl soln</i>	F	
<i>thiamine hcl tabs</i>	F	
<i>thiamine mononitrate tabs</i>	F	

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12 hour allergy-d	66	3ML LUER-LOK SYRINGE21G X 1-1/2"	127	ABILIFY MAINTENA	50
12 hour decongestant	236	3ML LUER-LOK SYRINGE22G X 1"	127	ABILIFY MYCITE	50
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	126	3ML LUER-LOK SYRINGE25G X 5/8"	127	abiraterone acetate	44
1ST TIER UNIFINE PENTIPS29GX12MM	126	3ML LUER-LOK TIP SYRINGE25G X 1-1/2"	127	ABOUTTIME PEN NEEDLE 32GX 5/32"	128
1ST TIER UNIFINE PENTIPS31GX6MM	126	3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	127	ABOUTTIME PEN NEEDLES 30GX 5/16"	128
1ST TIER UNIFINE PENTIPS31GX8MM	126	3ML SYRINGE/20G X 1"/LUER LOCK TIP	127	ABOUTTIME PEN NEEDLES 31G X 3/16"	128
1ST TIER UNIFINE PENTIPS32GX4MM	126	3ML SYRINGE/20G X 1"/LUER SLIP TIP	127	ABOUTTIME PEN NEEDLES 31G X 5/16"	128
1ST TIER UNIFINE PENTIPS32GX6MM	126	3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	127	acamprosate calcium	246
1ST TIER UNIFINE PENTIPS33GX4MM	126	3ML SYRINGE/21G X 1"/LUER LOCK TIP	127	acarbose	27
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	126	3ML SYRINGE/21G X 1"/LUER SLIP TIP	127	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	113
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	126	3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	127	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	113
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	126	3ML SYRINGE/21G X 1-1/4"/LUER LOCK TIP	127	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT	113
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	126	3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	127	accutane	70
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	126	3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP	127	ACE AEROSOL CLOUD ENHANCER	190
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	126	3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	127	acebutolol hcl	60
1ST TIER UNILET COMFORTOUCH LANCETS 28G	113	3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	127	acetaminophen	9
1ST TIER UNILET COMFORTOUCH LANCETS 30G	113	3ML SYRINGE/25G X 1"/LUER LOCK TIP	127	acetaminophen w/ codeine	13
24hr allergy relief	38	3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	127	acetazolamide	86
3 day vaginal	261	3ML SYRINGE/LUER LOCK TIP	128	acetic acid	91
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	126	3ML SYRINGE/LUER LOCK TIP23GX1"	128	acetic acid (otic)	245
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	126	3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	128	acetylcysteine	69
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	126	3ML SYRINGE/LUER SLIP TIP23GX1"	128	acid control maximum strength	253
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	126	3ML SYRINGE/NEEDLE REGULAR WALL LUER-LOK 25GX5/8" SUB-Q	128	acid controller	253
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	126	7t lido gel	81	acid reducer	255,256
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	127	abacavir sulfate	56	acne foaming wash	70
3ML LUER-LOK SYRINGE 22GX 1-1/2"	127	abacavir sulfate-lamivudine	56	acne medication 10	70
3ML LUER-LOK SYRINGE21G X 1"	127	abacavir sulfate-lamivudine-zidovudine	56	ACNE MEDICATION 10	70
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BAND-AID GAUZE PADS LARGE4" X 4".....	104	BD ECLIPSE SYRINGE LUER- LOK/3ML/22G X 1".....	130	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	131
BAND-AID GAUZE PADS MEDIUM 3" X 3".....	104	BD ECLIPSE SYRINGE LUER- LOK/3ML/25G X 1".....	130	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	131
BAND-AID GAUZE PADS SMALL2" X 2".....	104	BD ECLIPSE SYRINGE/3ML/23G X 1".....	130	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	131
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BD 3ML LUER-LOCK SYRINGE18G X 1 1/2".....	129				

BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	132	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	133	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS- COV-2.....	84
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	132	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	133	bedding spray lice treatment step 3.....	83
BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	132	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	133	BELBUCA.....	13
BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	132	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	133	BELVIQ.....	1
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	132	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64".....	133	BELVIQ XR.....	1
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	132	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	133	benadryl allergy plus congestion ultratabs.....	67
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	132	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64".....	133	benazepril & hydrochlorothiazide.....	41
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	132	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	133	benazepril hcl.....	40
BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8".....	132	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	133	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	41
BD INSULIN SYRINGE/U- 500/0.5ML/31G X 6MM.....	132	BD SAFETYGLIDE SYRINGE 3ML/25GX1".....	133	BENEFIX.....	92
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/21G X 1-1/2".....	132	BD SWABS SINGLE USE.....	125	BENLYSTA.....	206
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/25G X 1".....	132	BUTTERFLY.....	125	BENZALKONIUM CHLORIDE.....	52
BD INTEGRA SYRINGE/3ML/21G X 1".....	132	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64".....	133	benzalkonium chloride.....	52
BD INTEGRA SYRINGE/3ML/22G X 1.5".....	132	BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM.....	133	BENZALKONIUM CHLORIDE.....	52
BD INTEGRA SYRINGE/3ML/23G X 1".....	132	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM.....	133	benzonatate.....	65
BD INTEGRA SYRINGE/3ML/25G X 5/8.....	132	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM.....	133	benzoyl peroxide.....	71
BD LANCET ULTRAFINE 30G.....	114	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM.....	133	BENZOYL PEROXIDE CLEANSER.....	71
BD LUER-LOK SYRINGE/3ML/22G X 3/4".....	132	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	134	benzoyl peroxide wash.....	70
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	132	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64".....	134	benzoyl peroxide- erythromycin.....	71
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	133	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	134	benzphetamine hcl.....	1
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	133			benztropine mesylate.....	48
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	133			BETADINE.....	54
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	133			BETADINE SURGICAL SCRUB.....	54

BINAXNOW COVID-19 AG CARD.....	85	BREATHE EASE NEBULIZER MASK/INFANT.....	191	buprenorphine hcl-naloxone hcl dihydrate.....	13
BINAXNOW COVID-19 AG CARD HOME TEST.....	84	BREATHE EASE PEAK FLOW METER.....	191	bupropion hcl.....	25
biocotron.....	67	BREATHE EASE/LARGE MASK.....	191	bupropion hcl (smoking deterrent).....	250
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	104	BREATHE EASE/MEDIUM MASK.....	192	buspirone hcl.....	20
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	104	BREATHE EASE/SMALL MASK.....	192	butalbital-acetaminophen.....	7
BIOLYTE.....	202	BREATHERITE.....	192	butalbital-acetaminophen-caffeine.....	7
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/4MM HOLE.....	52	BREATHERITE.....	192	butalbital-acetaminophen-caffeine w/ codeine.....	13
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/7MM HOLE.....	52	COLLAPSIBLEADULT SPACER W/MASK.....	192	butalbital-aspirin-caffeine.....	7
BIOPATCH ANTIMICROBIAL DRESSING/3/4" DISK/1.5MM HOLE.....	52	BREATHERITE.....	192	butalbital-aspirin-caffeine w/cod.....	13
BIOPATCH PROTECTIVE DISKWITH CHG/1"DISK/4MM HOLE.....	52	COLLAPSIBLECHILD SPACER W/MASK.....	192	BUTALBITAL/ASPIRIN/CAFFEIN E.....	7
BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	206	BREATHERITE.....	192	BUTRANS.....	14
bisacodyl.....	102	COLLAPSIBLEINFANT SPACER W/MASK.....	192	BYDUREON BCISE.....	28
bisacodyl laxative.....	102	BREATHERITE.....	192	BYDUREON PEN.....	28
bismatrol.....	30	COLLAPSIBLESMALL CHILD SPACER W/MASK.....	192	BYETTA.....	28
bismuth subsalicylate.....	31	BREATHERITE.....	192	bzk antiseptic towelettes.....	51
bisoprolol & hydrochlorothiazide.....	41	COLLAPSIBLESPACER W/ NEONATE MASK.....	192	CA-REZZ.....	52
bisoprolol fumarate.....	60	BREATHERITE RIGID SPACERW/MASK.....	192	CA-REZZ GENTLE.....	52
bleomycin sulfate.....	45	BREATHERITE W/LARGE MASK.....	192	CA-REZZ MOISTURE BARRIER.....	52
BLEPHAMIDE.....	243	BREATHERITE W/MEDIUM MASK.....	192	CA-REZZ NORISC.....	53
BLEPHAMIDE S.O.P.....	243	BREATHERITE W/SMALL MASK.....	192	CA-REZZ NORISC CREAM.....	52
blis-to-sol.....	73	BREO ELLIPTA.....	22	cabergoline.....	88
bonine.....	32	BRILINTA.....	94	CABOMETYX.....	46
BONJESTA.....	33	brimonidine tartrate.....	242	caffeine citrate.....	1
BOOSTRIX.....	252	brinzolamide.....	244	CAL-DAY 1000.....	215
BORDERED GAUZE.....	105	bromfenac sodium (ophth).....	244	CALAMINE.....	83
boro-packs.....	82	bromocriptine mesylate.....	48	CALAMINE PHENOLATED.....	83
bosentan.....	61	BUBBLES THE FISH II PEDIATRIC MASK/PVC.....	192	calcidol.....	263
BOSULIF.....	46	budesonide.....	65	calcipotriene.....	75
BOTOX.....	237	budesonide (inhalation).....	21	calcitonin (salmon).....	86,87
bp wash.....	70	budesonide (nasal).....	235	calcitrate.....	200
bprotected pedia iron.....	95	budesonide-formoterol fumarate dihydrate.....	22	calcitrate plus d.....	200
BPROTECTED PEDIA POLY-VITE/IRON.....	226	BUFFERIN EXTRA STRENGTH.....	11	calcitrene.....	75
bprotected pedia tri-vite.....	227	bumetanide.....	86	calcitriol.....	87
BRAFTOVI.....	46	BUNAVAIL.....	13	calcitriol (topical).....	75
BRAINSTRONG PRENATAL.....	228	BUPRENEX.....	13	CALCIUM.....	201
BREATHE EASE NEBULIZER MASK/CHILD.....	191	buprenorphine.....	13	calcium 500 + d.....	200
		buprenorphine hcl.....	13	calcium 500+d.....	200
				calcium 600.....	199
				calcium 600 + d.....	200
				calcium 600 high potency..	199
				calcium 600+d.....	200
				calcium acetate (phosphate binder).....	91

CALCIUM		CAREFINE PEN NEEDLES		CAREONE UNIFINE PENTIPS	
CARBONATE	18,201	30GX5/16"	134	PLUS PEN NEEDLES	
calcium carbonate	201	CAREFINE PEN NEEDLES		32GX4MM	135
calcium carbonate (antacid)	18	31GX6MM	134	CAREONE UNIFINE PENTIPS	
calcium carbonate-		CAREFINE PEN NEEDLES		PLUS PEN NEEDLES/33G X	
cholecalciferol	201	31GX8MM	134	5/32"	135
calcium carbonate-vitamin		CAREFINE PEN NEEDLES		CAREPOINT SAFETY 1ST	
d	201	32GX5MM	134	SYRINGE/NEEDLE 3ML/23G X	
calcium citrate	201	CAREFINE PEN NEEDLES		1"	135
calcium citrate +	200	32GX6MM	134	CAREPOINT SAFETY 1ST	
calcium citrate + d3	200	CAREONE ADVANCED		SYRINGE/NEEDLE 3ML/25G X	
CALCIUM CITRATE		LANCINGDEVICE	114	1"	135
MALATE/VITAMIN D	201	CAREONE INSULIN		CAREPOINT SAFETY 1ST	
calcium citrate-vitamin d	201	SYRINGES/0.3ML/30G X		SYRINGE/NEEDLE 3ML/25G X	
calcium citrate/d3	200	1/2"	134	5/8"	135
CALCIUM LACTATE	201	CAREONE INSULIN		CARETOUCH 2 CPAP HOSE	
calcium plus vitamin d	200	SYRINGES/0.3ML/31G X		HANGER	192
calcium plus vitamin d3	200	5/16"	134	CARETOUCH ALCOHOL PREP	
calcium polycarbophil	98	CAREONE INSULIN		PADS	125
calcium+d3	200	SYRINGES/0.5ML/30G X		CARETOUCH CPAP & BIPAP	
CALCIUM/VITAMIN D	201	1/2"	134	HOSE/6FT	192
calcium/vitamin d-3	200	CAREONE INSULIN		CARETOUCH CPAP MASK	
CALNA	228	SYRINGES/0.5ML/31G X		WIPES	192
CALQUENCE	46	5/16"	134	CARETOUCH CPAP	
camila	64	CAREONE INSULIN		NEUTRALIZING PRE-	
candesartan cilexetil	41	SYRINGES/1ML/30G X		WASH	192
candesartan cilexetil-		1/2"	134	CARETOUCH CPAP TUBE	
hydrochlorothiazide	41	CAREONE INSULIN		CLEANING BRUSH	192
capecitabine	43	SYRINGES/1ML/31GX5/16"		CARETOUCH FOAMING HAND	
CAPEX	79		134	SANITIZER	53
CAPHOSOL	206	CAREONE LANCET SUPER		CARETOUCH INSULIN	
CAPLYTA	49	THIN/30G	114	SYRINGE/0.3ML/31GX5/16"	135
CAPRELSA	46	CAREONE LANCET			135
capsaicin	82	THIN	114	CARETOUCH INSULIN	
capsaicin hp	81	CAREONE UNIFINE PENTIPS		SYRINGE/0.5ML/31GX5/16"	135
captopril	41	29GX12MM	134		135
captopril &		CAREONE UNIFINE PENTIPS		CARETOUCH INSULIN	
hydrochlorothiazide	41	31GX5MM	134	SYRINGE/1ML/30GX5/16"	135
CAPZASIN-P	82	CAREONE UNIFINE PENTIPS		CARETOUCH INSULIN	
CARAC	74	31GX6MM	134	SYRINGE/1ML/31GX5/16"	135
CARBAGLU	87	CAREONE UNIFINE PENTIPS		CARETOUCH INSULIN	
carbamazepine	24	31GX8MM	134	SYRINGE/U-100/1ML/28G X	
carbidopa	48	CAREONE UNIFINE PENTIPS		5/16"	135
carbidopa-levodopa	48	PEN NEEDLES		CARETOUCH INSULIN	
CARDIOCOM LANCING		32GX4MM	134	SYRINGE/U-100/1ML/29G X	
DEVICE	114	CAREONE UNIFINE PENTIPS		5/16"	135
CAREFINE PEN NEEDLE		PLUS PEN NEEDLES		CARETOUCH INSULIN	
32GX4MM	134	29GX12MM	134	SYRINGE0.5ML/30GX5/16"	135
CAREFINE PEN NEEDLES		CAREONE UNIFINE PENTIPS			135
29GX1/2"	134	PLUS PEN NEEDLES		CARETOUCH LANCING	
		31GX5MM	135	DEVICewith EJECTOR	114
		CAREONE UNIFINE PENTIPS		CARETOUCH LUER LOCK	
		PLUS PEN NEEDLES		3ML/22GX1"	135
		31GX6MM	135	CARETOUCH LUER LOCK	
		CAREONE UNIFINE PENTIPS		3ML/22GX1-1/2"	135
		PLUS PEN NEEDLES		CARETOUCH LUER LOCK	
		31GX8MM	135	3ML/23GX1"	135
				CARETOUCH LUER LOCK	
				3ML/23GX1-1/2'	135

CARETOUCH LUER LOCK			
3ML/25GX1"	135		
CARETOUCH LUER LOCK			
3ML/25GX1-1/2"	136		
CARETOUCH LUER LOCK			
3ML/25GX5/8"	136		
CARETOUCH PEN NEEDLE			
29GX1/2"	136		
CARETOUCH PEN NEEDLES			
31G X 6 MM	136		
CARETOUCH PEN NEEDLES			
31GX 5MM	136		
CARETOUCH PEN NEEDLES			
31GX 8MM	136		
CARETOUCH PEN NEEDLES			
32GX 4MM	136		
CARETOUCH PEN NEEDLES			
32GX 5MM	136		
CARETOUCH TWIST LANCETS			
30G	114		
CARETOUCH UNIVERSAL			
CPAPFILTERS	192		
carisoprodol	233		
CARRASMART	105		
CARRASMART FOAM	105		
carrington antifungal	73		
carteolol hcl (ophth)	241		
cartia xt	60		
carvedilol	59		
carvedilol phosphate	59		
cataflam	3		
cavarest	206		
CAVILON SKIN CLEANSER	53		
CAYA	111		
caziant	62		
cefaclor	61		
cefadroxil	61		
CEFAZOLIN SODIUM/SODIUM			
CHLORIDE	61		
CEFAZOLIN/SODIUM			
CHLORIDE	61		
cefdinir	61		
cefpodoxime proxetil	62		
cefprozil	61		
ceftriaxone sodium	62		
CEFTRIAZONE SODIUM	62		
ceftriaxone sodium	62		
cefuroxime axetil	61		
celecoxib	6		
CELONTIN	25		
centravites 50 plus	212		
CENTRAVITES 50 PLUS	216		
CENTRAVITES ADULTS	216		
CENTRUM CARDIO	216		
CENTRUM MEN	216		
CENTRUM SILVER ULTRA			
WOMENS	216		
CENTRUM SPECIALIST			
HEART	216		
CENTRUM SPECIALIST			
IMMUNE SUPPORT	216		
CENTRUM SPECIALIST			
PRENATAL	228		
CENTRUM SPECIALIST			
VISION	216		
CENTRUM ULTRA			
WOMENS	216		
cephalexin	61		
CERALYTE 70	202		
CERASPORT	202		
CERASPORT EX1	202		
CEREZYME	94		
cerovel	81		
CERTAVITE SENIOR	216		
CERTAVITE			
SENIOR/ANTIOXIDANT			
NUTRIENTS	216		
certavite/antioxidants	212		
CERTAVITE/ANTIOXIDANTS			
	216		
cetirizine hcl	39		
cetirizine hcl childrens	37		
cetirizine-pseudoephedrine			
	69		
CETYLCIDE II	54		
CETYLCIDE-G	51		
CHANTIX	250		
CHANTIX CONTINUING			
MONTHPAK	250		
CHANTIX STARTING MONTH			
PAK	250		
CHEMET	32		
CHEMSTRIP -10 WITH			
SG	85		
CHEMSTRIP 10 MD	85		
CHEMSTRIP 2 GP			
STRIPS	85		
CHEMSTRIP 5 OB	85		
CHEMSTRIP 7	85		
CHEMSTRIP 9 STRIPS	85		
CHEMSTRIP-K	85		
CHEWABLE			
CALCIUM/D3	201		
childrens acetaminophen	8		
childrens cold & allergy	65		
childrens ibuprofen	4		
childrens loratadine	39		
childrens non-aspirin	9		
chloramphenicol sodium			
succinate	19		
chlordiazepoxide hcl	20		
chlordiazepoxide-amitriptyline			
	247		
chlorhexidine gluconate	52		
CHLORHEXIDINE			
GLUCONATE	53		
chlorhexidine gluconate	53		
CHLORHEXIDINE			
GLUCONATE	53		
chlorhexidine gluconate (mouth-			
throat)	206		
CHLORHEXIDINE GLUCONATE			
CLOTH	53		
chloroquine phosphate	42,43		
chlorpheniramine maleate	34		
chlorpromazine hcl	50		
chlorthalidone	86		
chlorzoxazone	233		
CHOLBAM	90		
cholecalciferol	264		
cholestyramine	40		
cholestyramine light	40		
chromagen	95		
cidofovir	58		
cilostazol	94		
CILOXAN	242		
CIMDUO	56		
cimetidine	255		
cimetidine 200	252		
cimetidine hcl	255		
cinacalcet hcl	87		
CINQAIR	21		
CINRYZE	93		
CIPRO	89		
ciprofloxacin	89		
ciprofloxacin hcl	89		
ciprofloxacin hcl (ophth)	242		
ciprofloxacin hcl (otic)	245		
ciprofloxacin-dexamethasone			
	245		
citalopram hydrobromide	26		
citroma	101		
clarispray	234		

clarithromycin.....	104	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM.....	137
CLARITIN REDITABS.....	39	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM.....	137
CLASSIC PRENATAL.....	228	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM.....	137
CLEANLET LANCETS 28G	114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	136	CLEVER CHOICE PEAK FLOW METER.....	193
clearcanal earwax softener	245	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	137	CLICKFINE PEN NEEDLE 32GX5/32".....	137
clearlax.....	100	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	137	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	137
clemastine fumarate.....	36	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	137	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	137
CLEOCIN PHOSPHATE.....	19	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	137	CLICKFINE PEN NEEDLES 31G X 1/4".....	138
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE	192	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	137	CLICKFINE PEN NEEDLES 31G X 3/16".....	138
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	193	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	137	CLICKFINE PEN NEEDLES 31G X 5/16".....	138
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA.....	193	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	137	CLICKFINE PEN NEEDLES 31G X 8MM.....	138
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	193	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	137	CLICKFINE PEN NEEDLES 32G X 5/32".....	138
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT.....	193	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	136	CLICKFINE PEN NEEDLES/31GX1/4".....	138
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	136	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	137	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	138
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM.....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	137	CLIMARA PRO.....	88
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	137	clindamycin hcl.....	19
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	137	clindamycin palmitate hydrochloride.....	19
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	137	clindamycin phosphate.....	19
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	137	clindamycin phosphate (topical).....	71
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	137	clindamycin phosphate vaginal.....	262
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	136	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	137	CLINDESSE.....	262
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM.....	137	CLINICAL NUTRIENTS 45-PLUS WOMEN.....	216
		CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM.....	137	CLINICAL NUTRIENTS 50-PLUS MEN.....	216
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				CLINICAL NUTRIENTS FOR MALE TEENS.....	216
				CLINICAL NUTRIENTS FOR MEN.....	216
				CLINICAL NUTRIENTS FOR WOMEN.....	217
				CLINICAL NUTRIENTS PRENATAL FORMULA.....	228
				CLINIMIX 4.25%/DEXTROSE 10%.....	239

CLINIMIX 4.25%/DEXTROSE 25%.....	240	cold & allergy childrens....	66	COMFORT TOUCH PEN NEEDLES/31G X 6 MM....	139
CLINIMIX 4.25%/DEXTROSE 5%.....	240	colestipol hcl.....	40	COMFORT TOUCH PEN NEEDLES/31G X 8 MM....	139
CLINIMIX 5%/DEXTROSE 15%.....	240	colocort.....	14	COMFORT TOUCH PEN NEEDLES/32G X 4MM....	139
CLINIMIX 5%/DEXTROSE 20%.....	240	COMBIPATCH.....	88	COMFORT TOUCH PEN NEEDLES/32G X 5MM....	139
CLINIMIX 5%/DEXTROSE 25%.....	240	COMBIVENT RESPIMAT.....	22	COMFORT TOUCH PEN NEEDLES/32G X 6MM....	139
CLINIMIX E 2.75%/DEXTROSE 5%.....	240	COMBIVIR.....	56	COMFORT TOUCH PEN NEEDLES/32G X 8MM....	139
CLINIMIX E 4.25%/DEXTROSE 10%.....	240	COMETRIQ.....	46	COMFORT TOUCH PEN NEEDLES/33G X 5/32"....	139
CLINIMIX E 4.25%/DEXTROSE 5%.....	240	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	138	COMFORT TOUCH PEN NEEDLES/33GX 3/16"....	139
CLINIMIX N9G20E.....	240	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	138	COMFORT TOUCH PEN NEEDLES/33GX1/4"....	139
CLINOLIPID.....	237	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	138	COMPACT SPACE CHAMBER/ANTI-STATIC.....	193
clobetasol propionate.....	79	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	138	COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK....	193
clobetasol propionate e.....	75	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	138	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK....	193
clobetasol propionate emollient base.....	79	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	138	COMPACT SPACE CHAMBER/ANTI-STATIC/ SMALL MASK.....	193
clomipramine hcl.....	26	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	138	COMPLERA.....	56
clonazepam.....	24	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	138	COMPLETE NATAL DHA.....	228
clonidine hcl.....	41	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	138	COMPLETENATE.....	228
clonidine hcl (adhd).....	1	COMFORT ASSURED LANCETS SUPER THIN 28G.....	114	compro.....	50
clopidogrel bisulfate.....	94	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	138	CONDYLOX.....	81
clorazepate dipotassium.....	20	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	138	constulose.....	100
clorox nasal antiseptic swabs.....	54	COMFORT EZ MICRO/32G X 4MM.....	138	CONTRAVE.....	1
CLORPACTIN WCS-90.....	53	COMFORT EZ SHORT/31G X 8MM.....	138	COPA ISLAND BORDERED FOAM DRESSING 4"X4"....	105
clotrimazole.....	206	COMFORT EZ/31G X 5MM.....	139	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4"....	105
clotrimazole (topical).....	74	COMFORT EZ/31G X 6MM.....	139	COPIKTRA.....	46
clotrimazole vaginal.....	262	COMFORT LANCETS.....	114	CORIFACT.....	92
clotrimazole w/ betamethasone.....	74	COMFORT TOUCH PEN NEEDLES/31G X 4MM....	139	correctol extra gentle.....	103
clotrimazole-7.....	261	COMFORT TOUCH PEN NEEDLES/31G X 5MM....	139	cortic-nd.....	245
clozapine.....	49			CORTIFOAM.....	14
CLOZARIL.....	49			cortisone acetate.....	65
CO MONITOR REPLACEMENT TPIECES.....	193			cortizone-10 intensive healing.....	79
CO-NATAL FA.....	228			COSENTYX.....	75
COAGADEX.....	92			COSENTYX SENSOREADY PEN.....	75
coal tar extract.....	84			COTELLIC.....	46
COARTEM.....	42			COUMADIN.....	23
CODEINE SULFATE.....	11			COVRSITE COVER DRESSING.....	105
codeine sulfate.....	11				
COGENTIN.....	48				
colace 2-in-1.....	99				
colchicine.....	92				
colchicine w/ probenecid.....	91				

COVRSITE PLUS COMPOSITE DRESSING	105	CURITY GAUZE PADS 3"X3"	106	cvs budesonide nasal spray	234
CREOLIN	54	CURITY GAUZE PADS 4"X4" 12 PLY	106	cvs buffered aspirin	9
CREON	86	CURITY GAUZE SPONGE 2"X2" 8 PLY	106	cvs clotrimazole maximumstrength	73
CRIVAN	56	CURITY GAUZE SPONGE 2"X2" 12 PLY	106	cvs cold & sinus relief	68
cromolyn sodium	20	CURITY GAUZE SPONGE 3"X3" 12 PLY	106	cvs d3	262
cromolyn sodium (mastocytosis)	90	CURITY GAUZE SPONGE 4"X4" 12 PLY	106	cvs daily fiber	97
cromolyn sodium (nasal)	234	CURITY GAUZE SPONGE 4"X4" 16 PLY	106	CVS DAILY FIBER	98
cromolyn sodium (ophth)	244	CURITY GAUZE SPONGE 4"X4" 8 PLY	106	CVS DRY MOUTH SPRAY	206
croton	83	CURITY GAUZE SPONGES 4"X4" 16 PLY	106	cvs enema disposable	101
CRUAD GAUZE PADS 4" X 4"	105	CURITY GAUZE SPONGES 4"X4" 12 PLY	106	cvs esomeprazole magnesium	256
cryselle-28	63	CURITY GAUZE SPONGES 4"X4" 8 PLY	106	cvs eye drops original	243
CURAD NON-STICK PADS WITHADHESIVE TABS 3"X4"	105	CURITY NON-ADHERENT STRIPS 3"X3"	106	cvs fiber	97
curad triple antibiotic	72	CURITY SPONGES/CELLULOSEFILLE D/2"X2"	106	cvs fiber laxative	97
CURECHROME	53	CURITY SPONGES/CELLULOSEFILLE D/4"X4"	106	cvs fish oil	237
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	125	CURX ANTIMICROBIAL	53	cvs folic acid	94
CURITY ALCOHOL SWABS	125	CUVPOSA	252	cvs gas relief	89
CURITY ALL PURPOSE SPONGES 2"X2"	105	cvs acid reducer	255	cvs gas relief drops extra strength	89
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY	105	CVS ADHESIVE PAD 4"X4"	106	cvs gas relief infants	89
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY	105	CVS ADHESIVE PAD 6"X6"	106	CVS GAUZE PAD 3"X3"	106
CURITY ALL PURPOSE SPONGES 4 PLY	105	CVS ADHESIVE PADS 2.25"X3"	106	CVS GAUZE PADS 2"X2" 12-PLY	106
CURITY ALL PURPOSE SPONGES 4"X4"	105	cvs advanced 3-in-1 exfoliating cleanser	70	CVS GAUZE PADS 4"X4" 12-PLY	106
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY	105	CVS ALCOHOL PREP PADS	125	CVS GAUZE PADS STERILE 4"X4" 12-PLY	107
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH	105	cvs allergy relief	38,39	CVS GLUCOSE	27
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY	105	cvs allergy relief childrens	35,37	cvs glycerin adult	100
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY	105	cvs allergy/congestion childrens	67	cvs heartburn relief	252
CURITY COVER SPONGE 4"X4"	105	cvs anti-dandruff	75	cvs hemorrhoidal & topical analgesic	81
CURITY COVER SPONGES 3"X3"	105	cvs anti-diarrheal	31	cvs hydrocortisone anti-itch	78
CURITY COVER SPONGES 4"X4"	105	cvs anti-itch	75	cvs hydrogen peroxide	51
CURITY DRESSING SPONGES 4"X4" 6 PLY	106	cvs antibiotic plus	72	cvs ibuprofen infants	5
CURITY GAUZE PADS 2"X2"	106	cvs antifungal	74	CVS IODINE TINCTURE	54
CURITY GAUZE PADS 2"X2" 12 PLY	106	cvs bacitracin	71	cvs iron	95
		cvs bismuth	31	CVS LANCETS 21G	114
				CVS LANCETS MICRO THIN 33G	114
				CVS LANCETS MICRO-THIN 33G	114
				CVS LANCETS ORIGINAL	114
				CVS LANCETS THIN 26G	114
				CVS LANCETS ULTRA THIN 30G	114
				CVS LANCETS ULTRA-THIN 30G	114
				CVS LANCING DEVICE	114

cvs lansoprazole.....	256	CVS SPECTRAVITE		DDAVP.....	88
cvs lice killing.....	84	ADULTS.....	217	decadron.....	64
cvs lice solution kit.....	84	CVS SPECTRAVITE ULTRA		decara.....	263
CVS LICE SOLUTION KIT 3-		MEN50+.....	217	decitabine.....	43
STEP.....	84	CVS SPECTRAVITE ULTRA		DECOLORIZED IODINE.....	54
cvs lice treatment.....	83	MENS HEALTH.....	217	deferasirox.....	32
cvs miconazole 3 combination		CVS SPECTRAVITE ULTRA		DELSTRIGO.....	56
pack.....	261	MENS HEALTH SENIOR.....	217	denta 5000 plus.....	206
cvs miconazole 7.....	261	CVS SPECTRAVITE ULTRA		DEPAKENE.....	25
cvs milk of magnesia.....	101	WOMEN.....	217	DEPO-SUBQ PROVERA	
cvs mini enema kids.....	103	CVS SPECTRAVITE ULTRA		104.....	64
cvs motion sickness ii.....	32	WOMENS HEALTH.....	217	DERMA CIDOL 2000.....	51
cvs naproxen sodium.....	5	cvs spectravite ultra womens		DERMACEA DRAIN SPONGES	
cvs nasal allergy spray.....	235	health senior.....	212	4"X4".....	107
cvs nasal decongestant.....	236	CVS SPECTRAVITE ULTRA		DERMACEA GAUZE SPONGE	
cvs nasal decongestant pe.....	235	WOMENS HEALTH		2"X2" 12 PLY.....	107
cvs natural daily fiber.....	98	SENIOR.....	217	DERMACEA GAUZE SPONGE	
cvs natural fiber supplement.....	98	cvs stool softener.....	103	2"X2" 8 PLY.....	107
CVS NATURAL FIBER		cvs therapeutic.....	84	DERMACEA GAUZE SPONGE	
SUPPLEMENT.....	98	cvs tioconazole 1.....	262	3"X3" 12 PLY.....	107
cvs natural fish oil.....	238	cvs ultra sleep.....	97	DERMACEA GAUZE SPONGE	
cvs nicotine.....	249	CVS ULTRA THIN		3"X3" 8 PLY.....	107
cvs nicotine lozenge.....	248	LANCETS.....	114	DERMACEA GAUZE SPONGE	
cvs nicotine		cvs vitamin b-2.....	265	3"X3" 4 PLY.....	107
transdermalsystem.....	249	cvs vitamin e.....	263	DERMACEA GAUZE SPONGE	
cvs omeprazole.....	256	CVS WOMENS		4"X4" 12 PLY.....	107
CVS ONE DAILY MENS 50+		PRENATAL+DHA.....	228	DERMACEA GAUZE SPONGE	
ADVANCED.....	217	cvs zinc oxide.....	82	4"X4" 16 PLY.....	107
CVS ONE DAILY WOMENS		cyanocobalamin.....	94	DERMACEA GAUZE SPONGE	
50+ADVANCED.....	217	cyclobenzaprine hcl.....	233	4"X4" 8 PLY.....	107
cvs pinworm treatment.....	18	CYCLOMYDRIL.....	241	DERMACEA I.V. DRAIN	
cvs poly bacitracin.....	72	cyclopentolate hcl.....	241	SPONGES 2"X2".....	107
CVS PRENATAL.....	228	CYCLOSET.....	28	DERMACEA I.V. DRAIN	
CVS PRENATAL		cyclosporine.....	205	SPONGES 4"X4".....	107
GUMMIES.....	228	cyclosporine modified (for		DERMACEA I.V. SPONGES	
CVS PRENATAL		microemulsion).....	205	2"X2".....	107
GUMMY/DHA/FOLIC ACID.....	228	cyproheptadine hcl.....	40	DERMACEA NON-WOVEN	
CVS PRENATAL		CYRAMZA.....	43	SPONGES 2"X2" 4 PLY.....	107
MULTI+DHA.....	228	CYSTARAN.....	244	DERMACEA NON-WOVEN	
CVS PREP PADS.....	125	CYTOMEL.....	251	SPONGES 3"X3" 4 PLY.....	107
cvs purelax.....	100	cytra k crystals.....	91	DERMACEA NON-WOVEN	
cvs senna.....	102	DAILY FIBER.....	98	SPONGES 4"X4" 4 PLY.....	107
cvs sinus & allergy maximum		daily multiple vitamins		DERMACEA NON-WOVEN	
strength.....	66	w/iron.....	207	SPONGES 4"X4" 6 PLY.....	107
cvs sleep-aid nighttime.....	96	dalfampridine.....	247	DERMACEA TYPE VII GAUZE	
cvs sodium chloride.....	244	danazol.....	14	2"X2" 12 PLY.....	107
cvs sodium chloride		dantrolene sodium.....	234	DERMACEA TYPE VII GAUZE	
hypertonicity.....	244	dapsone.....	19	2"X2" 8 PLY.....	107
CVS SOFT GLUCOSE.....	27	DARZALEX.....	44	DERMACEA TYPE VII GAUZE	
CVS SPECTRAVITE ADULT		DAYAVITE.....	217	3"X3" 12 PLY.....	107
50+.....	217	dayhist allergy 12 hour		DERMACEA TYPE VII GAUZE	
		relief.....	34	3"X3" 12PLY.....	107
				DERMACEA TYPE VII GAUZE	
				4"X4" 12 PLY.....	107
				DERMACEA TYPE VII GAUZE	
				4"X4" 16 PLY.....	107
				DERMACEA TYPE VII GAUZE	
				4"X4" 8 PLY.....	108

DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	108	DEXTROSE/SODIUM CHLORIDE.....	202	diltiazem hcl.....	60
dermacinrx penetral.....	81	DI-DAK-SOL.....	53	diltiazem hcl coated beads... 60	
DERMACINRX RIBOTIN-E.....	217	di-phen.....	35	diltiazem hcl extended release beads.....	60
DERMACINRX ZINTREXYL- C.....	217	DIABET-X DAILY PREVENTIONSKIN THERAPY.....	53	dimethyl fumarate.....	247
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4"....	108	DIABETIC BASICS HEALTHY FOOT.....	53	diocto.....	103
DERMAVITE.....	217	diabetic tussin allergy.....	34	diphenhydramine hcl.....	36
DESCOVY.....	56	DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2".....	139	diphenhydramine hcl (sleep).....	97
desipramine hcl.....	26	diamode.....	31	diphenoxylate w/ atropine... 31	
DESMOPRESSIN ACETATE.....	88	DIASTIX.....	85	dipyridamole.....	94
desmopressin acetate.....	88	DIATHRIVE LANCETS... 114		disopyramide phosphate... 20	
desmopressin acetate spray.....	88	DIATHRIVE LANCETS ULTRA THIN 30G.....	114	disulfiram.....	246
desogestrel & ethinyl estradiol.....	63	DIATHRIVE LANCING DEVICE.....	114	divalproex sodium.....	25
desogestrel-ethinyl estradiol (biphasic).....	63	DIATHRIVE PEN NEEDLE/31 G X 6MM.....	139	DOCETAXEL.....	47
desonide.....	79	DIATHRIVE PEN NEEDLE/31 GX 8MM.....	139	docetaxel.....	47
desoximetasone.....	79	DIATHRIVE PEN NEEDLE/31GX 5MM.....	139	DOCETAXEL.....	47
desvenlafaxine.....	26	DIATHRIVE PEN NEEDLE/32GX 4MM.....	139	docetaxel.....	47
DESVENLAFAXINE ER.....	26	diazepam.....	20	DOCETAXEL.....	47
desvenlafaxine succinate.....	26	diazepam (anticonvulsant).....	24	docosahexaenoic acid.....	238
DEX4 QUICK DISSOLVE GLUCOSE.....	27	dibucaine.....	82	docusate calcium.....	103
dexamethasone.....	65	diclofenac potassium.....	6	docusate sodium.....	103
DEXAMETHASONE INTENSOL.....	65	diclofenac sodium.....	6	DOCUSOL PLUS MINI- ENEMA.....	103
dexamethasone sodium phosphate.....	65	diclofenac sodium (ophth).....	244	dofetilide.....	20
DEXAMETHASONE SODIUM PHOSPHATE.....	65	diclofenac sodium (topical).....	71	dok.....	103
dexamethasone sodium phosphate (ophth).....	243	dicloxacillin sodium.....	246	donepezil hydrochloride... 246	
dexchlorpheniramine maleate.....	34	dicyclomine hcl.....	252	dorzolamide hcl.....	244
dexmethylphenidate hcl.....	2	didanosine.....	56	DORZOLAMIDE HCL.....	244
dextroamphetamine sulfate... 1		diethylpropion hcl.....	1	dorzolamide hcl-timolol maleate.....	241
dextromethorphan-guaifenesin	69	difil-g forte.....	21	dotti.....	88
dextrose.....	237	diflorasone diacetate.....	79	DOVATO.....	56
DEXTROSE.....	237	diflunisal.....	11	doxazosin mesylate.....	41
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX.....	202	digitek.....	61	doxepin hcl.....	26
DEXTROSE 10%/NACL 0.2%.....	202	digoxin.....	61	doxorubicin hcl.....	45
DEXTROSE 20%.....	237	dihydroergotamine mesylate.....	198	doxycycline (monohydrate).....	251
DEXTROSE 5%/NACL 0.3%.....	202	DILANTIN.....	25	doxycycline hyclate.....	251
dextrose w/ sodium chloride.....	202	DILANTIN INFATABS.....	25	doxylamine-pyridoxine.....	33
		DILANTIN-125.....	25	dr gs clear nail.....	74
		DILATRATE SR.....	19	DRAMAMINE.....	33
		dilt-xr.....	60	DRITHO-CREME HP.....	75
				DRIXORAL COLD/ALLERGY.....	69
				dronabinol.....	33
				DROPLET GENTEEL LANCING DEVICE.....	115
				DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	139

DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	139	DROPLET PEN NEEDLES 29GX12MM.....	141	DRUG MART UNILET LANCETSULTRA THIN 28G.....	115
DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	139	DROPLET PEN NEEDLES 30G X 5/16".....	141	DRUG MART UNILET MICRO THIN LANCETS 33G.....	115
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	139	DROPLET PEN NEEDLES 31G X3/16".....	141	DRYMAX EXTRA.....	108
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	140	DROPLET PEN NEEDLES 31G X5/16".....	141	DRYSOL.....	83
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	140	DROPLET PEN NEEDLES 31GX5MM.....	141	DULERA.....	22
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64".....	140	DROPLET PEN NEEDLES 31GX6MM.....	141	duloxetine hcl.....	26
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	140	DROPLET PEN NEEDLES 31GX8MM.....	141	DUPIXENT.....	80
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	140	DROPLET PEN NEEDLES 32G X 1/4".....	141	duramorph.....	11
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	140	DROPLET PEN NEEDLES 32G X 3/16".....	141	DUREX EXTRA SENSITIVE.....	111
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	140	DROPLET PEN NEEDLES 32G X 5/16".....	141	dutasteride-tamsulosin hcl.....	91
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	140	DROPLET PEN NEEDLES 32G X 5/32".....	141	DUTOPROL.....	41
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	140	DROPLET PEN NEEDLES 32GX4MM.....	141	DYSPORT.....	237
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	140	DROPLET PEN NEEDLES 32GX5MM.....	141	E-Z JECT LANCETS.....	115
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64".....	140	DROPLET PEN NEEDLES 32GX6MM.....	141	E-Z JECT LANCETS 21G.....	115
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	140	DROPLET PEN NEEDLES 32GX8MM.....	141	E-Z JECT LANCETS COLOR.....	115
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	140	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	141	E-Z JECT LANCETS SUPER THIN 30G.....	115
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	140	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	141	E-Z JECT LANCETS THIN 26G.....	115
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64".....	140	drosiprenone-ethinyl estradiol.....	63	E-ZJECT LANCETS MICRO- THIN 33G.....	115
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	140	DROXIA.....	94	e.e.s. 400.....	104
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	140	DRUG MART ADJUSTABLE LANCING DEVICE.....	115	EASIVENT.....	193
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	140	DRUG MART LANCETS THIN.....	115	EASIVENT/MASK-LARGE.....	193
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	140	DRUG MART UNIFINE PENTIPS 31GX5MM.....	141	EASIVENT/MASK-MEDIUM	193
DROPLET LANCETS ULTRA THIN 30G.....	115	DRUG MART UNIFINE PENTIPS29G X 12MM.....	141	EASIVENT/MASK-SMALL.....	193
DROPLET LANCING DEVICE.....	115	DRUG MART UNIFINE PENTIPS31GX6MM.....	141	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	141
DROPLET PEN NEEDLES 29G X1/2".....	140	DRUG MART UNIFINE PENTIPS31GX8MM.....	141	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	141
DROPLET PEN NEEDLES 29GX10MM.....	140	DRUG MART UNIFINE PENTIPS32GX4MM.....	141	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	141
		DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	141	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	142
		DRUG MART UNILET LANCETSSUPER THIN 30G.....	115	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	142
				EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	142
				EASY COMFORT PEN NEEDLES31GX1/4".....	142
				EASY COMFORT PEN NEEDLES31GX3/16".....	142

EASY COMFORT PEN NEEDLES31GX5/16".....	142	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1".....	143	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	144
EASY COMFORT PEN NEEDLES32GX5/32".....	142	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8".....	143	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	144
EASY COMFORT PEN NEEDLES33G X 4MM.....	142	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1".....	143	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	144
EASY COMFORT PEN NEEDLES33G X 5MM.....	142	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1".....	143	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	144
EASY COMFORT PEN NEEDLES33G X 6MM.....	142	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2".....	143	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	144
EASY FLOW 300 MM HOSE.....	193	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2".....	143	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	144
EASY FLOW 400 MM HOSE.....	193	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	143	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	144
EASY FLOW AIR NOZZLE.....	193	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	143	EASY TOUCH LANCETS 26G/PULL-TOP.....	115
EASY FLOW HEPA FILTER.....	193	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	143	EASY TOUCH LANCETS 28G/PULL-TOP.....	115
EASY GLIDE PEN NEEDLES 33G X 5/32".....	142	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	143	EASY TOUCH LANCETS 28G/TWIST.....	115
EASY MINI EJECT LANCING DEVICE.....	115	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	143	EASY TOUCH LANCETS 30G/PULL-TOP.....	115
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EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	142	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	143	EASY TOUCH PEN NEEDLE/30G X 3/16".....	144
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	142	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	143	EASY TOUCH PEN NEEDLES 29GX1/2".....	144
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EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1".....	142	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	143	EASY TOUCH PEN NEEDLES 32GX1/4".....	144
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1".....	143	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	143	EASY TOUCH PEN NEEDLES 32GX3/16".....	144
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1- 1/2".....	142	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	144	EASY TOUCH PEN NEEDLES 32GX5/32".....	144
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EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	144	EBASE CONTROLLER KIT	193	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	146
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	145	ec-naproxen	6	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	146
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	145	econazole nitrate	74	ELIXOPHYLLIN	23
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1- 1/2"	145	ED CHLORPED D	69	ELLA	64
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	145	ed-spaz	252	ELMIRON	91
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	145	EDURANT	56	ELOCTATE	92
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	145	efavirenz	56	eluryng	64
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	145	efavirenz-emtricitabine- tenofovir disoproxil fumarate	56	EMBRACE LANCING DEVICE WITH EJECTOR	115
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	145	efavirenz-lamivudine-tenofovir disoproxil fumarate	56	EMCYT	45
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	145	effer-k	204	EMPLICITI	44
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	145	EFLOW SCF AEROSOL HEAD	193	EMSAM	25
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	145	eletriptan hydrobromide	199	emtricitabine	56
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1- 1/2"	145	ELIGARD	44	emtricitabine-tenofovir disoproxil fumarate	56
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EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1- 1/2"	145	ELIQUIS STARTER PACK 23 ELITE DC AUTO ADAPTER	194	EMVERM	18
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	145	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	146	enalapril maleate	41
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	145	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	146	enalapril maleate & hydrochlorothiazide	42
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	145	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	146	ENBREL	7
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EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	146	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	146	ENBREL SURECLICK	7
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	146	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	146	ENCARE	261
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16"	146	endocet	13
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16"	146	endur-acin	264
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16"	146	ENEMEEZ PLUS	103
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	146	ENFAMIL ENFALYTE	202
				ENFAMIL EXPECTA	228
				ENGERIX-B	258
				enoxaparin sodium	23
				enpresse-28	62
				entacapone	48
				entecavir	59
				ENTYVIO	90
				enulose	91
				EPIFOAM	80
				epinephrine (anaphylaxis)	262
				epinephrine hcl (nasal)	236
				epitol	24

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EPIVIR HBV.....	59	4"X4"/LARGE.....	108	erythromycin	
EPZICOM.....	56	EQL GAUZE STERILE PADS		ethylsuccinate.....	104
eq allergy relief.....	37,38	3"X3".....	108	escitalopram oxalate.....	26
eq anti-diarrheal.....	31	EQL INSULIN		esgic.....	7
eq cetirizine hydrochloride		SYRINGE/0.3ML/29G X		esomeprazole magnesium.....	256
childrens.....	37	1/2".....	146	estarylla.....	63
EQ COMPLETE		EQL INSULIN		estazolam.....	97
MULTIVITAMINADULTS UNDER		SYRINGE/0.3ML/30G X		estradiol.....	88,89
50.....	217	5/16".....	146	estradiol & norethindrone	
eq daily fiber.....	98	EQL INSULIN		acetate.....	88
eq fiber therapy.....	97	SYRINGE/0.3ML/31G X		estradiol vaginal.....	262
eq nighttime sleep aid maximum		5/16".....	146	ESTROFACTORS.....	225
strength.....	96	EQL INSULIN		ESTROVEN MENOPAUSE	
eq omeprazole.....	256	SYRINGE/0.5ML/29G X		SUPPLEMENT.....	218
EQ ONE DAILY MENS 50+.....	217	1/2".....	147	eszopiclone.....	97
EQ ONE DAILY MENS		EQL INSULIN		ethambutol hcl.....	43
HEALTH.....	217	SYRINGE/0.5ML/30G X		ethosuximide.....	25
EQ ONE DAILY WOMENS		5/16".....	147	ethyl chloride.....	82
50+.....	217	EQL INSULIN		ETHYL CHLORIDE/FINE	
eq one daily womens		SYRINGE/1ML/29G X		STREAM.....	82
health.....	213	1/2".....	147	ETHYL CHLORIDE/MEDIUM	
EQ ONE DAILY WOMENS		EQL INSULIN		STREAM.....	82
HEALTH.....	218	SYRINGE/1ML/30G X		ethynodiol diacet & eth	
EQ SPACE CHAMBER ANTI-		5/16".....	147	estrad.....	64
STATIC.....	194	EQL INSULIN		etidronate disodium.....	87
EQ SPACE CHAMBER ANTI-		SYRINGE/1ML/31G X		etodolac.....	6
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EQ SPACE CHAMBER ANTI-		eql nighttime sleep aid.....	96	etoposide.....	47
STATIC/MEDIUM MASK.....	194	eql omega-3 fish oil.....	238	etravirine.....	56
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STATIC/SMALL MASK.....	194	EQL PRENATAL		euthyrox.....	251
eql acetaminophen childrens.....	8	FORMULA.....	228	evac-u-gen.....	102
eql acetaminophen rapid tabs.....	7	eql slow release iron.....	95	everolimus.....	46
EQL ALCOHOL SWABS.....	125	EQL SUPER THIN LANCETS		(immunosuppressant).....	205
EQL ANTIBACTERIAL		30G.....	115	EVOTAZ.....	56
DEODORANT SOAP.....	53	EQL THIN LANCETS		EVZIO.....	32
EQL ANTIBACTERIAL		26G.....	115	EXCEL AP.....	51
FOAMINGHAND WASH.....	53	EQUALACTIN.....	98	EXCEL COMFORT POINT	
EQL CALCIUM/VITAMIN D.....	201	ergocalciferol.....	264	INSULIN PEN NEEDLES 31G X	
EQL CENTURY MATURE		ergoloid mesylates.....	248	4MM.....	147
ADULTS50+.....	218	ERGOMAR.....	198	EXCILON AMD	
EQL CENTURY MENS.....	218	ergotamine w/ caffeine.....	198	ANTIMICROBIALDRAIN	
EQL CENTURY WOMENS.....	218	ERIVEDGE.....	44	SPONGES 4"X4" 6 PLY.....	108
EQL COLOR LANCETS		ERLEADA.....	45	EXCILON AMD	
21G.....	115	erlotinib hcl.....	44	ANTIMICROBIALNON-WOVEN	
EQL COLOR LANCETS MICRO		ery.....	70	SPONGES 4"X4" 6 PLY.....	108
THIN 33G.....	115	ery-tab.....	104	EXCILON DRAIN SPONGE	
EQL DRY MOUTH ORAL		erythrocin stearate.....	104	4"X4".....	108
RINSE.....	206	erythromycin (acne aid).....	71	EXCILON DRAIN SPONGES	
eql fiber therapy.....	98	erythromycin (ophth).....	242	4"X4" 6 PLY.....	108
eql gas relief.....	90				
EQL GAUZE PADS					
2"X2"/SMALL.....	108				

EXCILON I.V. SPONGES 2"X2" 6 PLY	famotidine	255	FIFTY50 PEN NEEDLES 31GX5MM	147
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	FANAPT	49	FIFTY50 PEN NEEDLES/31GX8MM	148
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	FANAPT TITRATION PACK	49	FIFTY50 PEN NEEDLES/32GX4MM	148
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	FANTASY LUBRICATED	111	FIFTY50 PEN NEEDLES/32GX6MM	148
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	FANTASY LUBRICATED/SPERMICIDE	111	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	148
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	FARYDAK	46	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	148
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EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	FAZACLO	49	FILTER AIR PP	194
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	FC FEMALE CONDOM	111	finasteride	91
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	FC2 FEMALE CONDOM	111	FIRMAGON	45
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	fe tabs	95	first aid antibiotic	72
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	FEIBA	92	FIRST AID ANTISEPTIC OINTMENT	54
EXELDERM	felbamate	24	FIRST-MOUTHWASH BLM	206
exemestane	felodipine	60	FIRVANQ	19
EXFORGE HCT	FEMCAP	111	fish oil burp-less	238
EXONDYS 51	fenofibrate	40	fish oil concentrate	238
EXTAVIA	FENOFIBRATE	40	fish oil extra strength	238
EYE HEALTH/LUTEIN	fenofibrate	40	fish oil maximum strength	238
EYE MULTIVITAMIN/LUTEIN	fenofibrate micronized	40	FITNESS TABS FOR MEN AM/PM/LYCOPENE	218
EYE MULTIVITAMIN/SODIUM	fenopropfen calcium	6	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE	218
EZ-LETS LANCETS 26G SUPER-SOFT	FENSOLVI	87	flac	245
EZ-LETS LANCETS 28G ULTRA-SOFT	fentanyl	11	flavoxate hcl	257
EZ-LETS LANCETS 30G	FERRETTS	95	flecainide acetate	20
ezetimibe	ferrex 150	95	FLEET BISACODYL	102
ezetimibe-simvastatin	ferrocite	95	FLEET LIQUID GLYCERIN SUPPOSITORIES	100
fa-8	ferrocite plus	95	FLEXICHAMBER	194
FABRAZYME	ferrous fumarate	95	FLORIVA PLUS	226
famciclovir	ferrous gluconate	95	FLOVENT DISKUS	21,22
	FERROUS GLUCONATE	95	FLOVENT HFA	22
	ferrous sulfate	95	FLUAD 2019-2020	258
	FERROUS SULFATE	95	FLUAD 2020-2021	258
	ferrous sulfate	95,96	FLUAD QUADRIVALENT 2021-2022	258
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	ferrous sulfate	96		
	fever reducer childrens	9		
	FEVERALL INFANTS	9		
	fexofenadine hcl	39		
	fiber therapy	98		
	FIBRYGA	92		
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	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	147		
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fluconazole.....	33	FOLIC ACID.....	94	FREESTYLE LITE TEST STRIPS.....	85
fludrocortisone acetate.....	65	folic acid.....	94	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	148
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fluocinolone acetonide.....	80	FORA LANCING DEVICE.....	116	FREESTYLE TEST STRIPS.....	85
fluocinolone acetonide (otic).....	245	FORA LANCING DEVICE/CLEARCAP.....	116	FREESTYLE UNISTICK II LANCETS.....	116
fluocinonide.....	80	formaldehyde.....	51	FULL KIT NEBULIZER SET.....	194
fluocinonide emulsified base.....	80	FORMALDEHYDE.....	51	furosemide.....	86
fluoridex daily renewal.....	206	FOSAMAX PLUS D.....	87	FUZEON.....	56
fluoritab.....	203	fosamprenavir calcium.....	56	fyavolv.....	88
fluorometholone (ophth).....	243	fosinopril sodium.....	41	FYCOMPA.....	24
FLUOROPLEX.....	74	fosinopril sodium & hydrochlorothiazide.....	42	g tussin ac.....	67
fluorouracil (topical).....	75	FREAMINE HBC 6.9%.....	240	gabapentin.....	24
fluoxetine hcl.....	26	FREAMINE III.....	240	GABITRIL.....	25
fluoxetine hcl (pmdd).....	248	FREDS PHARMACY AUTOLET LANCING DEVICE.....	116	galantamine hydrobromide.....	247
fluphenazine decanoate.....	50	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	148	GARDASIL 9.....	260
fluphenazine hcl.....	50	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	148	gas relief.....	90
flurazepam hcl.....	97	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	148	gatifloxacin (ophth).....	242
flurbiprofen.....	6	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	116		
flurbiprofen sodium.....	244	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	116		
flutamide.....	45				
fluticasone propionate.....	80				
fluticasone propionate (nasal).....	235				
fluticasone-salmeterol.....	22				
fluvastatin sodium.....	40				
flvoxamine maleate.....	26				

GAUZE DRESSING 4"X4" .	108	GENTLE-LET GP LANCETS .	117	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" .	149
GAUZE PADS 2"X2" .	108	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT .	117	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM .	149
GAUZE PADS 3"X3" .	108	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT .	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	149
GAUZE PADS 4"X4" .	108	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	149
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY .	108	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .	149
GAUZE SPONGES 4"X4" 12 PLY .	108	GENTLE-LET PLATFORMS 2.4MM .	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .	149
gavilyte-c .	99	GENTLE-LET PLATFORMS 3.0MM .	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	149
gavilyte-n/fluor pack .	99	GENVOYA .	57	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	149
gemfibrozil .	40	GEODON .	49	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	149
gengraf .	205	GERI-FREEDA SENIOR FORMULA .	218	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	149
GENOTROPIN .	87	geri-hydrolac 12 .	81	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	149
gentak .	242	GERMBLOC HEALTH .	53	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .	149
gentamicin in saline .	2	GERMBLOC HEALTH HAND SANITIZER .	53	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .	149
gentamicin sulfate (ophth) .	242	GILENYA .	247	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .	149
gentamicin sulfate (topical) .	72	GILOTRIF .	44	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	149
GENTEEL CONTACT TIPS/BLUE .	116	GLASSIA .	250	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	149
GENTEEL CONTACT TIPS/CLEAR .	116	glatiramer acetate .	247	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	149
GENTEEL CONTACT TIPS/GREEN .	116	glatopa .	247	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" .	149
GENTEEL CONTACT TIPS/ORANGE .	116	GLEOSTINE .	43	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" .	149
GENTEEL CONTACT TIPS/RAINBOW .	116	glimepiride .	30	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	149
GENTEEL CONTACT TIPS/VIOLET .	116	glipizide .	30	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	149
GENTEEL CONTACT TIPS/YELLOW .	116	glipizide xl .	30	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	149
GENTEEL LANCING DEVICE/GLORIOUS GOLD .	116	glipizide-metformin hcl .	27	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" .	149
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM .	116	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM .	148	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" .	149
GENTEEL LANCING DEVICE/STATELY SILVER .	116	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM .	148	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" .	149
GENTEEL LANCING KIT/BUTTERFLY BLUE .	116	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM .	148	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	149
GENTEEL NOZZLES .	116	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM .	148	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" .	149
GENTEEL PLUS LANCING DEVICE/BUFF BLACK .	117	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" .	148	GLOBAL LANCING DEVICE .	117
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE .	117	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" .	148	GLUCAGEN HYPOKIT .	28
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE .	117	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .	148	glucagon (rdna) .	28
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK .	117			GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	150
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE .	117				

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GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	150	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	150	GNP STERILE GAUZE PADS 3"X3".....108
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GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	150	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	150	GNP ULTICARE PEN NEEDLES/31GX5/16".....151
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glydo.....82		GNP INSULIN SYRINGES/1ML/31GX5/16"	151	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....151
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gnp allergy plus sinus headache.....67		GNP IODINE TINCTURE..54		gnp vitamin d.....263
gnp allergy relief.....35		GNP LANCETS 21G.....117		gnp vitamin e.....263
gnp allergy relief 24 hour...38		GNP LANCETS MICRO THIN 33G.....117		GOCOVRI.....48
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GOODSENSE IODINE	54	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	152	HALOPERIDOL	62
GOODSENSE LANCETS MICRO-THIN 33G	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	152	haloperidol decanoate	49
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	152	haloperidol lactate	49
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	152	HAVRIX	260
GOODSENSE LANCETS ULTRA-THIN 30G	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	152	HEALTH CARE LANCING DEVICE	118
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	152	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	152
GOODSENSE LANCING DEVICE	117	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	152	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	152
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	151	H-E-B INCONTROL ADVANCEDLANCING DEVICE	117	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	152
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	151	H-E-B INCONTROL ALCOHOL PADS	125	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	152
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GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	152	H-E-B INCONTROL LANCETS SUPER THIN 30G	118	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	152
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granisetron hcl	32	HAEMOLANCE	118	HEALTHWISE PEN NEEDLES 29GX12MM	153
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GVOKE PFS	28	HAIR SKIN & NAILS ADVANCED FORMULA	218	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	153
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gynecort 10	78	HALDOL	49	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	153
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HEALTHY MAMA BE WELL ROUNDED.....	228	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	153	HYDRALYTE FREEZER POPS.....	202
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heparin sod (porcine) in d5w	23	homatropine hbr.....	241	hydrocodone w/ homatropine.....	65
heparin sodium (porcine)....	23	hpa lanolin.....	246	hydrocodone-acetaminophen.....	13
HEPARIN SODIUM/DEXTROSE.....	23	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT....	194	hydrocortisone.....	65
HEPLISAV-B.....	260	HUMALOG MIX 50/50.....	28	hydrocortisone (intrarectal)..	14
HERCEPTIN.....	44	HUMALOG MIX 50/50 KWIKPEN.....	28	hydrocortisone (rectal).....	15
HIBERIX.....	257	HUMALOG MIX 75/25.....	29	hydrocortisone (topical).....	80
HIGH POTENCY MULTIVITAMIN.....	225	HUMALOG MIX 75/25 KWIKPEN.....	28	hydrocortisone acetate (topical).....	80
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE.....	218	HUMATE-P.....	92	hydrocortisone acetate w/ pramoxine.....	15
HIGH POTENCY MULTIVITAMIN/FOLIC ACID.....	218	HUMATROPE.....	87	hydrocortisone butyrate.....	80
HM ADHESIVE PADS ANTIBACTERIAL/SHEER..	108	HUMATROPE COMBO PACK.....	87	hydrocortisone valerate.....	80
HM CALAMINE.....	83	HUMIRA.....	2	hydrocortisone w/acetic acid.....	245
hm calcium antacid smoothdissolve.....	17	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	hydrocortisone-aloe vera....	80
hm cold & sinus relief.....	68	HUMIRA PEN.....	2	hydrogen peroxide.....	51
HM COMPLETE.....	219	HUMIRA PEN-CD/UC/HS STARTER.....	2	HYDROGEN PEROXIDE.....	51
HM COMPLETE 50+ MENS ULTIMATE.....	218	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	2	hydrogen peroxide.....	51
HM COMPLETE 50+ WOMENS ULTIMATE.....	218	HUMIRA PEN-PS/UV STARTER.....	2	hydromet.....	65
HM COMPLETE MEN.....	219	HUMULIN 70/30.....	29	hydromorphone hcl.....	11
hm famotidine.....	254	HUMULIN 70/30 KWIKPEN.....	29	HYDROMORPHONE HCL.....	11
hm fiber.....	98	HUMULIN N.....	29	hydromorphone hcl.....	11
hm fish oil.....	238	HUMULIN N KWIKPEN.....	29	hydroxychloroquine sulfate..	43
HM HAIR/SKIN/NAILS.....	219	HUMULIN R.....	29	hydroxyprogesterone caproate.....	246
HM IODIDES TINCTURE.....	54	HUMULIN R U-500 (CONCENTRATED).....	29	hydroxyprogesterone caproate (antineoplastic).....	45
HM IODINE TINCTURE.....	55	HUMULIN R U-500 KWIKPEN.....	29	hydroxyurea.....	47
hm magnesium.....	18	HY-VEE LANCETS.....	118	hydroxyzine hcl.....	20
HM ONE DAILY MENS.....	219	HY-VEE THIN LANCETS	118	hydroxyzine pamoate.....	20
HM ONE DAILY PRENATAL COMBO.....	229	HYCAMTIN.....	48	HYLAMEND FIRST AID ANTISEPTIC.....	51
HM ONE DAILY WOMENS	219	hydralazine hcl.....	42	HYLAZINC.....	219
HM PRENATAL.....	229			hyoscyamine sulfate.....	252
HM STERILE PADS.....	108			HYPERRHO S/D.....	245
HM STERILE PADS 2"X2".....	108			HYPERSAL.....	69
				HYPOLANCE AST LANCING KIT.....	118

IBRANCE.....	46	INSULIN SYRINGE 1ML/31G X1/4".....	153	INSULIN SYRINGES/0.5ML/28GX1/2".....	155
ibuprofen.....	6	INSULIN SYRINGE/0.3ML/29G X 1".....	153	INSULIN SYRINGES/0.5ML/29GX1/2".....	155
ICAPS AREDS FORMULA.....	219	INSULIN SYRINGE/0.3ML/29G X 1/2".....	153	INSULIN SYRINGES/0.5ML/30GX5/16".....	155
iclevia.....	62	INSULIN SYRINGE/0.3ML/30G X 5/16".....	153	INSULIN SYRINGES/0.5ML/31GX 5/16".....	155
ICLUSIG.....	46	INSULIN SYRINGE/0.3ML/31G X 5/16".....	153	INSULIN SYRINGES/0.5ML/31GX 5/16".....	155
ID NOW COVID-19.....	85	INSULIN SYRINGE/0.5ML/27G X 1/2".....	154	INSULIN SYRINGES/1ML/27GX1/2".....	155
ID NOW COVID-19 CONTROL SWAB KIT.....	85	INSULIN SYRINGE/0.5ML/28G X 1/2".....	154	INSULIN SYRINGES/1ML/27GX1/2".....	155
IDELVION.....	92	INSULIN SYRINGE/0.5ML/30G X 5/16".....	154	INSULIN SYRINGES/1ML/28GX1/2".....	155
IDHIFA.....	46	INSULIN SYRINGE/0.5ML/31G X 5/16".....	154	INSULIN SYRINGES/1ML/29GX1/2".....	155
ILARIS.....	3	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	154	INSULIN SYRINGES/1ML/30GX1/2".....	155
imatinib mesylate.....	46	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	154	INSULIN SYRINGES/1ML/31GX5/16".....	155
IMBRUVICA.....	46	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	154	INSUPEN 29G X 12MM.....	155
imipramine hcl.....	26	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	154	INSUPEN 31G X 5MM.....	155
imiquimod.....	81	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	154	INSUPEN 31G X 8MM.....	155
IMOVAX RABIES (H.D.C.V.).....	260	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	154	INSUPEN 32G X 4MM.....	155
IMPAVIDO.....	18	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	154	INSUPEN 33GX4MM.....	155
IN TOUCH LANCING DEVICE.....	118	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	154	INSUPEN PEN NEEDLES 32G X4MM.....	155
inatal gt.....	227	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	154	INSUPEN SENSITIVE 32GX6MM.....	155
INCRUSE ELLIPTA.....	21	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	154	INSUPEN SENSITIVE 32GX8MM.....	155
indapamide.....	86	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	154	INSUPEN ULTRAFIN 29GX12MM.....	156
INDOCIN.....	6	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	154	INSUPEN ULTRAFIN 30GX8MM.....	156
indomethacin.....	6	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	154	INSUPEN ULTRAFIN 31GX6MM.....	156
INFLECTRA.....	90	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	154	INSUPEN ULTRAFIN 31GX8MM.....	156
INLYTA.....	43	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	154	INTELENCE.....	57
INNOSPIRE REPLACEMENT FILTER.....	194	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	155	INTRALIPID.....	237
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE.....	194	INSULIN SYRINGES 0.3ML/31G X 1/4".....	155	INVEGA.....	49
INSPIRACHAMBER/LARGE.....	194	INSULIN SYRINGES 0.5ML/31G X 1/4".....	155	INVEGA SUSTENNA.....	49
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/MEDIUM.....	194	INSULIN SYRINGES/0.5ML/27GX1/2".....	155	INVEGA TRINZA.....	49
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/SMALL.....	194			INVIRASE.....	57
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INSPIREASE RESERVOIR BAGS.....	194				
INSULIN ASPART PROTAMINE/INSULIN ASPART.....	29				
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	29				
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	29				

INVOKAMET XR.....	27	J & J GAUZE SPONGES 16-PLY 4" X 4".....	109	KENDALL HYDROPHILIC FOAMDRESSING 3"X3".....	109
INVOKANA.....	30	J & J GAUZE SPONGES 8-PLY4" X 4".....	109	KENDALL HYDROPHILIC FOAMDRESSING 4"X4".....	109
IODEX.....	55	J & J NON-STICK PADS 100LARGE.....	109	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2".....	109
IODEX/METHYL SALICYLATE.....	55	JAKAFI.....	46	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3".....	109
IODINE TINCTURE.....	55	JANSSEN COVID-19 VACCINE.....	260	KENDALL MINOR WET SKIN SCRUB PACK.....	55
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IODINE TINCTURE STRONG.....	55	JANUMET.....	27	KENDALL VAGINAL PREP PACK.....	55
IODINE TINCTURE STRONG DECOLORIZED.....	55	JANUMET XR.....	27	KENDALL VAGINAL PREP TRAY.....	55
IODOFLEX.....	55	JANUVIA.....	28	KENDALL WET SKIN SCRUB PACK.....	55
IODOSORB.....	55	JARDIANCE.....	30	KERLIX SPONGES 4" X 4" 12 PLY.....	109
IONOSOL-MB/DEXTROSE 5%.....	202	JENLIVA PRENATAL/POSTNATAL.....	229	KERLIX SPONGES 4" X 4" 16 PLY.....	109
IOPIDINE.....	242	JENTADUETO.....	27	KERR TRIPLE DYE.....	51
ipratropium bromide.....	21	JIVI.....	92	ketoconazole.....	33
ipratropium bromide (nasal).....	234	JULUCA.....	57	ketoconazole (topical).....	74
ipratropium-albuterol.....	23	JYNARQUE.....	88	KETONE.....	85
irbesartan.....	41	k 100.....	263	KETONE TEST STRIPS.....	85
irbesartan-hydrochlorothiazide.....	42	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH.....	219	ketoprofen.....	6
IRESSA.....	44	K-PHOS.....	204	ketorolac tromethamine.....	6
irinotecan hcl.....	48	k-prime.....	204	ketorolac tromethamine (ophth).....	244
IRON CHEWS PEDIATRIC.....	96	K-TAB.....	204	KETOSTIX.....	85
iron supplement.....	95	K-Y ME & YOU EXTRA LUBRICATED.....	111	ketotifen fumarate (ophth).....	244
ISENTRESS.....	57	K-Y ME & YOU INTENSE.....	111	KEVZARA.....	3
ISENTRESS HD.....	57	KABIVEN.....	239	KEY-E.....	264
ISOLYTE-P/DEXTROSE 5%.....	202	KADCYLA.....	44	KHEDEZLA.....	26
ISOLYTE-S.....	203	KADIAN.....	11	KIMONO COLORS.....	111
ISOLYTE-S PH 7.4.....	203	kaitlib fe.....	63	KIMONO LUBRICATED.....	111
isoniazid.....	43	KALETRA.....	57	KIMONO MICRO THIN.....	111
ISOPTO ATROPINE.....	241	KALYDECO.....	250	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	111
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isosorbide mononitrate.....	19	KCENTRA.....	93	KIMONO PLUS SPERMICIDE/LUBRICATED.....	112
isotretinoin.....	71	KCL 0.15%/D5W/NACL 0.225%.....	203	KIMONO PS LUBRICATED.....	112
ITCH RELIEF.....	74	KCL 0.3%/D5W/NACL 0.9%.....	203	KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	112
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IXEMPRA KIT.....	47	KENDALL GEL SKIN SCRUB PACK/SMALL WINGED SPONGES.....	55		
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IXINITY.....	92				
J & J ADHESIVE LARGE.....	109				
J & J GAUZE 2"X2" 8 PLY.....	109				
J & J GAUZE 4"X4" 12 PLY.....	109				
J & J GAUZE 4"X4" 8 PLY.....	109				
J & J GAUZE SPONGES 12-PLY 4" X 4".....	109				

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KINDERLYTE.....	203	KOVALTRY.....	93	KROGER PEN NEEDLES 31G X8MM.....	157
KINDERLYTE PREMAX.....	203	kp calcium 600+d3.....	200	KROGER PEN NEEDLES 31GX1/4".....	157
KINNEY LANCETS.....	118	kp folic acid.....	94	KROGER PEN NEEDLES/31G X1/4".....	157
KINNEY THIN LANCETS.....	118	kp niacin.....	264	KROGER PEN NEEDLES/31G X3/16".....	157
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	156	kp omega-3 fish oil.....	238	KROGER PEN NEEDLES/31G X5/16".....	157
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	156	KP PRENATAL MULTIVITAMINS.....	229	KROGER PEN NEEDLES/32G X5/32".....	157
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	156	kp vitamin d.....	263	KROGER PEN NEEDLES/33G X5/32".....	157
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kionex.....	206	KRINTAFEL.....	43	KYMRIAH.....	44
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KISQALI FEMARA 200 DOSE.....	46	KROGER HEALTHPRO TWIST LANCETS/26G.....	118	lactated ringer's.....	203
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KISQALI FEMARA 600 DOSE.....	46	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	156	LACTIC ACID E.....	81
KITABIS PAK.....	2	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	156	lactulose.....	100
klor-con.....	204	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	156	lactulose (encephalopathy).....	91
klor-con 10.....	204	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	156	LAMISIL AT SPRAY.....	74
klor-con m10.....	204	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	156	lamivudine.....	57
klor-con sprinkle.....	204	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	156	lamivudine (hbv).....	59
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G.....	156	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	157	lamivudine-zidovudine.....	57
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KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G.....	156	KROGER LANCETS.....	118	LANCET DEVICE ADJUSTABLE.....	118
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KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	156	KROGER LANCETS 21G 118		LANCET TRANSPORTER CASE.....	118
KOATE.....	93	KROGER LANCETS MICRO THIN33G.....	118	LANCETS.....	119
KOATE-DVI.....	93	KROGER LANCETS SUPER THIN.....	118	LANCETS 26G TWIST TOP.....	119
KOGENATE FS.....	93	KROGER LANCETS THIN.....	118	LANCETS 28G.....	119
KOMBIGLYZE XR.....	27	KROGER LANCETS THIN 26G.....	118	LANCETS 30G.....	119
konsyl.....	98	KROGER LANCETS ULTRATHIN30G.....	118	LANCETS SAFETY SEAL 21G.....	119
KONSYL.....	98			LANCETS SAFETY SEAL 26G.....	119
konsyl daily fiber.....	98			LANCETS SAFETY SEAL 28G.....	119
KONSYL DAILY FIBER.....	98			LANCETS SUPER THIN 28G.....	119
KONSYL ORIGINAL DAILY FIBER.....	98			LANCETS THIN.....	119
				LANCETS ULTRA THIN.....	119
				LANCING DEVICE.....	119

LANCING DEVICE			
ADJUSTABLE	119	LEADER UNIFINE	
lanolin	246	PENTIPS/NANO/32GX5/32"	158
lanolin (topical)	83	LEADER UNIFINE	
LANOLOR	83	PENTIPS/PLUS/32GX5/32"	158
LANOXIN	61	leflunomide	6
lansoprazole	256	LEMTRADA	247
LANZO	119	LENVIMA 10 MG DAILY	
lapatinib ditosylate	46	DOSE	44
LARTRUVO	45	LENVIMA 14 MG DAILY	
latanoprost	244	DOSE	44
LATUDA	49	LENVIMA 18 MG DAILY	
laxative	102	DOSE	44
LEADER ADVANCED LANCING		LENVIMA 20 MG DAILY	
DEVICE	119	DOSE	44
LEADER INSULIN		LENVIMA 24 MG DAILY	
SYRINGE/0.3ML/29G X		DOSE	44
1/2"	157	LENVIMA 8 MG DAILY	
LEADER INSULIN		DOSE	44
SYRINGE/0.3ML/30G X		letrozole	45
5/16"	157	leucovorin calcium	47
LEADER INSULIN		LEUKERAN	43
SYRINGE/0.3ML/31G X		leuprolide acetate	45
5/16"	157	levetiracetam	24
LEADER INSULIN		levobunolol hcl	241
SYRINGE/0.5ML/28G X		levocarnitine (metabolic	
1/2"	157	modifiers)	87
LEADER INSULIN		levocetirizine	
SYRINGE/0.5ML/29G X		dihydrochloride	39
1/2"	157	levofloxacin	89
LEADER INSULIN		levonorgestrel & eth	
SYRINGE/0.5ML/30G X		estradiol	64
5/16"	157	levonorgestrel (emergency	
LEADER INSULIN		oc)	64
SYRINGE/0.5ML/31G X		levonorgestrel-eth estradiol	
5/16"	157	(triphasic)	64
LEADER INSULIN		levonorgestrel-ethinyl estradiol	
SYRINGE/1ML/28G X 1/2"	157	(91-day)	64
LEADER INSULIN		levothyroxine sodium	251
SYRINGE/1ML/29G X 1/2"	157	LEXIVA	57
LEADER INSULIN		LIBERTY MINI LANCING	
SYRINGE/1ML/30G X		DEVICE	119
5/16"	157	LICE B GONE	84
LEADER INSULIN		lice treatment	83
SYRINGE/1ML/31G X		LICEMD	84
5/16"	157	lidocaine	82
LEADER QUICK DISSOLVE		lidocaine hcl	82
GLUCOSE	28	lidocaine hcl (mouth-	
LEADER UNIFINE PENTIPS		throat)	206
PLUS/MINI/31GX3/16"	157	lidocaine-hydrocortisone	
LEADER UNIFINE PENTIPS		acetate (rectal)	15
PLUS/SHORT/31GX5/16"	158	lidocaine-prilocaine	82
LEADER UNIFINE		lidocort	14
PENTIPS/MINI/31GX3/16"	158	lidopin	82
		liothyronine sodium	251
		liquid acetaminophen	9
		LIQUIVIDA HYDRATION	
		KIT	205
		lisinopril	41
		lisinopril &	
		hydrochlorothiazide	42
		LITE TOUCH LANCING	
		PEN	119
		LITEAIRE	194
		LITETOUCH INSULIN PEN	
		NEEDLES/32G X	
		4MM/MINI	158
		LITETOUCH INSULIN	
		SYRINGE/0.3ML/29G X	
		1/2"	158
		LITETOUCH INSULIN	
		SYRINGE/0.3ML/30G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/0.3ML/31G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/0.5ML/30G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/0.5ML/31G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/1ML/30G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.3ML/30G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.3ML/31G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.5ML/28G X	
		1/2"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.5ML/29G X	
		1/2"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.5ML/30G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/0.5ML/31G X	
		5/16"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/1ML/28G X	
		1/2"	158
		LITETOUCH INSULIN	
		SYRINGE/U-100/1ML/29G X	
		1/2"	158

LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	158	loxapine succinate	49	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	159
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	158	lubiprostone	90	MAGNESIUM	204
LITETOUCH MASK LARGE	194	LUCEMYRA	246	magnesium chloride	204
LITETOUCH MASK MEDIUM	194	LUCENTIS	242	magnesium citrate	101
LITETOUCH MASK SMALL	194	LUCIRA COVID-19 ALL-IN-ONE TEST KIT	85	MAGNESIUM EXTRA STRENGTH	204
LITETOUCH PEN NEEDLES 29GX12.7MM	159	LUGOLS STRONG IODINE	55	magnesium oxide	18
LITETOUCH PEN NEEDLES 31G X 6MM	159	LUMIGAN	244	MAGNESIUM OXIDE	204
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	159	LUMIZYME	88	magnesium oxide (mg supplement)	204
LITETOUCH PEN NEEDLES 31GX8MM SHORT	159	LUNG PERFORMANCE PEAK FLOW METER	194	MAKENA	246
LITETOUCH PEN NEEDLES/31G X 3/16"	159	LUPRON DEPOT (1-MONTH)	45	malathion	84
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	159	LUPRON DEPOT (3-MONTH)	45	maprotiline hcl	25
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	159	LUPRON DEPOT (4-MONTH)	45	MARATHON MEDICAL PENTIPS29GX12MM	159
LITHIUM	48	LUPRON DEPOT (6-MONTH)	45	MARATHON MEDICAL PENTIPS31GX5MM	159
lithium carbonate	48	LUPRON DEPOT-PED (1-MONTH)	87	MARATHON MEDICAL PENTIPS31GX8MM	159
LITHOBID	48	LUPRON DEPOT-PED (3-MONTH)	87	MARATHON MEDICAL PENTIPS32GX4MM	159
LIVE BETTER ADVANCED LANCING DEVICE	119	LUTEIN PLUS/ZEAXANTHIN	219	MARNATAL-F	229
LIVE BETTER LANCET SUPERTHIN 30G	119	LYNPARZA	46	MARPLAN	25
LIVE BETTER LANCET ULTRATHIN 28G	119	LYRA DIRECT SARS-COV-2 ASSAY	85	MATULANE	47
LOMAIRA	1	LYRA SARS-COV-2 ASSAY	85	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	159
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	159	LYSODREN	45	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	159
LONGS LANCETS STANDARD	119	M-M-R II	260	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	160
LONGS LANCETS THIN	119	M-NATAL PLUS	229	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	160
LONSURF	46	MAALOX	18	MAXI-TUSS PE	69
loperamide hcl	31	maalox max	16	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	160
lopinavir-ritonavir	57	MACULAR VITAMIN BENEFIT	219	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	160
loratadine	39	mag-al plus	16	MAXIDEX	243
lorazepam	20	magdelay	204	MAXX LUBRICATED	112
lorazepam intensol	20	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	159	MAXX PLUS SPERMICIDE LUBRICATED	112
lorcet	13	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	159	meclizine hcl	33
losartan potassium	41	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	159	meclofenamate sodium	6
losartan potassium & hydrochlorothiazide	42	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	159	medi-tabs childrens	7
lovastatin	40			MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	160

MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	160	MENS 50+ MULTI VITAMIN &MINERAL FORMULA.....	219	metronidazole in nacl.....	18
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	160	MENS MULTI VITAMIN & MINERAL FORMULA.....	219	metronidazole vaginal.....	262
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	160	MENS MULTIVITAMIN.....	219	metyrosine.....	41
MEDISENSE THIN LANCETS.....	119	MENVEO.....	257	mexiletine hcl.....	20
MEDROL.....	65	meperidine hcl.....	11	miconazole 3.....	261
medroxyprogesterone acetate.....	246	meprobamate.....	20	miconazole 7.....	262
medroxyprogesterone acetate (contraceptive).....	64	mercaptapurine.....	43	miconazole nitrate (topical).....	74
mefloquine hcl.....	43	MERTHIOLATE TINCTURE.....	53	miconazole nitrate vaginal.....	262
MEGA MULTI FOR MEN.....	219	mesalamine.....	90	MICROCHAMBER.....	195
MEGA MULTI FOR WOMEN.....	219	mesalamine w/ cleanser.....	90	MICROCLENS WIPES.....	51
MEGA MULTIVITAMIN FOR MEN.....	219	METAMUCIL.....	98	MICRODOT PEN NEEDLE/31G X 6 MM.....	160
MEGA MULTIVITAMIN FOR WOMEN.....	219	METAMUCIL FIBER.....	98	MICRODOT PEN NEEDLE/32G X 4 MM.....	160
MEGAVITE FRUITS & VEGGIES.....	219	metformin hcl.....	27	MICRODOT PEN NEEDLE/33G X 4 MM.....	160
MEGAVITE GOLDEN YEARS 55+.....	219	methacholine/liver.....	233	MICROELITE FILTER REPLACEMENTS.....	195
megestrol acetate.....	45	methadone hcl.....	11,12	MICROELITE RECHARGEABLE BATTERY.....	195
MEIJER ALCOHOL SWABS EXTRA-THICK.....	125	methadone hydrochloride intensol.....	11	microklenz.....	51
MEIJER CALAMINE.....	83	methadose.....	11	MICROLET NEXT.....	119
MEIJER COLOR LANCETS UNIVERSAL 33G.....	119	methazolamide.....	86	MICROLIFE DIGITAL PEAK FLOW METER.....	195
MEIJER LANCETS.....	119	methenamine mandelate.....	19	MICROSPACER.....	195
MEIJER LANCETS THIN.....	119	methergine.....	245	midazolam hcl.....	97
MEIJER LANCETS UNIVERSAL21G.....	119	methimazole.....	251	midodrine hcl.....	262
MEIJER LANCETS UNIVERSAL30G.....	119	METHITEST.....	14	migergot.....	198
MEIJER LANCETS UNIVERSAL33G.....	119	methocarbamol.....	233	MIGRANAL.....	199
MEIJER PEN NEEDLES 29G X12MM.....	160	METHOTREXATE.....	3	MILLIPRED.....	65
MEIJER PEN NEEDLES 31G X6MM.....	160	methotrexate sodium.....	43	MINI LANCING DEVICE.....	119
MEIJER PEN NEEDLES 31G X8MM.....	160	METHYLDOPA.....	41	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE.....	195
MEIJER SUPER THIN LANCETS.....	119	methyl dopa & hydrochlorothiazide.....	42	MINI WRIGHT PEAK FLOW METER.....	195
MEKINIST.....	47	methylergonovine maleate.....	245	MINI WRIGHT PEAK FLOW METER STANDARD RANGE.....	195
MEKTOVI.....	47	methylphenidate hcl.....	2	MINIELITE FILTER REPLACEMENTS.....	195
meloxicam.....	6	methylprednisolone.....	65	MINIELITE RECHARGEABLE BATTERY.....	195
melphalan.....	43	methyltestosterone.....	14	minitran.....	19
memantine hcl.....	247	metoclopramide hcl.....	90	minocycline hcl.....	251
MENACTRA.....	257	metolazone.....	86	minoxidil.....	42
MENEST.....	89	metoprolol & hydrochlorothiazide.....	42	mintox plus.....	16
MENQUADFI.....	257	metoprolol succinate.....	60	MIRASORB SPONGES 2" X 2".....	109
		METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	42	MIRASORB SPONGES 4" X 4".....	109
		metoprolol tartrate.....	60	mirtazapine.....	25
		metronidazole.....	18		
		metronidazole.....	18		
		metronidazole (topical).....	83		

misoprostol.....	256	MONOJECT INSULIN	MONOJECT MAGELLAN
mitoxantrone hcl.....	46	SYRINGE/SAFETY/PERM	SYRINGE/SAFETY
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29G X	NEEDLE/3ML/22G X 1-1/2" 162
100/0.3ML/30G X 5/16".....	160	1/2".....	MONOJECT MAGELLAN
MM INSULIN SYRINGE/U-		MONOJECT INSULIN	SYRINGE/SAFETY
100/0.3ML/31G X 5/16".....	160	SYRINGE/SAFETY/PERM	NEEDLE/3ML/23G X 1".... 162
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29GX1/2"	MONOJECT MAGELLAN
100/1/2ML/30G X 5/16".....	160	SYRINGE/SAFETY
MM INSULIN SYRINGE/U-		MONOJECT INSULIN	NEEDLE/3ML/25G X 1".... 162
100/1/2ML/31G X 5/16".....	160	SYRINGE/SAFETY/PERM	MONOJECT MAGELLAN
MM INSULIN SYRINGE/U-		NEEDLE/0.5ML/29G X	SYRINGE/SAFETY
100/1ML/30G X 5/16".....	160	1/2".....	NEEDLE/3ML/25G X 5/8" .. 162
MM INSULIN SYRINGE/U-		MONOJECT INSULIN	MONOJECT SYRINGE/LUER
100/1ML/31G X 5/16".....	160	SYRINGE/SAFETY/PERM	LOCK/3ML/20G X 1"..... 162
MM LANCING DEVICE.....	119	NEEDLE/1ML/29G X 1/2" 161	MONOJECT SYRINGE/LUER
MM PEN NEEDLES 31G X		MONOJECT INSULIN	LOCK/3ML/20G X 1-1/2" ... 162
1/4".....	161	SYRINGE/SOFTPACK/1ML/27	MONOJECT SYRINGE/LUER
MM PEN NEEDLES 31G X		G X 1/2".....	LOCK/3ML/20G X 3/4"..... 162
3/16".....	161	161	MONOJECT SYRINGE/LUER
MM PEN NEEDLES 31G X		MONOJECT INSULIN	LOCK/3ML/22G X 1"..... 162
5/16".....	161	SYRINGE/SOFTPACK/U-	MONOJECT SYRINGE/LUER
MM PEN NEEDLES 32G X		100/0.5ML/28G X 1/2".....	LOCK/3ML/22G X 1-1/2" ... 162
5/32".....	161	161	MONOJECT SYRINGE/LUER
modafinil.....	2	MONOJECT INSULIN	LOCK/3ML/23G X 1"..... 163
MODERNA COVID-19		SYRINGE/U-100/0.3ML/30G X	MONOJECT SYRINGE/LUER
VACCINE.....	260	5/16".....	LOCK/3ML/25G X 1"..... 163
moexipril hcl.....	41	161	MONOJECT SYRINGE/LUER
MOI-STIR.....	206	MONOJECT INSULIN	LOCK/3ML/25G X 5/8"..... 163
MOLESKIN FOAM		SYRINGE/U-100/1ML/28G X	MONOJECT SYRINGE/LUER
PADDING.....	109	1/2".....	LOCK/3ML/27G X 1-1/4" ... 163
molindone hcl.....	50	162	MONOJECT SYRINGE/LUER-
mometasone furoate.....	80	MONOJECT INSULIN	LOCK/3ML/21G X 1"..... 163
mondoxyne nl.....	251	SYRINGE/U-100/1ML/30G X	MONOJECT SYRINGE/LUER-
MONOCAL.....	204	5/16".....	LOCK/3ML/21G X 1-1/2" ... 163
MONOJECT 3ML		162	MONOJECT
SYRINGE/STANDARD		MONOJECT INSULIN	SYRINGE/STANDARDHYPODE
HYPODERMIC NEEDLE/21GX1-		SYRINGE/REGULAR LUER	RMIC
1/2".....	161	TIP/SOFTPACK/1ML.....	NEEDLE/3ML/20GX1"..... 163
MONOJECT INSULIN		162	MONOJECT
SYRINGE/1ML.....	161	MONOJECT LIFESHIELD	SYRINGE/STANDARDHYPODE
MONOJECT INSULIN		BLUNTCANNULA/LUER LOCK	RMIC NEEDLE/3ML/20GX1-1/2"
SYRINGE/1ML/31G X		SYR/3ML/18G X 1"..... 163
5/16".....	161	162	MONOJECT
MONOJECT INSULIN		MONOJECT MAGELLAN	SYRINGE/STANDARDHYPODE
SYRINGE/DETACH		SYRINGE/SAFETY	RMIC
NEEDLE/1ML/25G X 5/8" ..	161	NEEDLE/3ML/20G X 1" ..	NEEDLE/3ML/21GX1"..... 163
MONOJECT INSULIN		162	MONOJECT
SYRINGE/DETACH		MONOJECT MAGELLAN	SYRINGE/STANDARDHYPODE
NEEDLE/1ML/27G X 1/2" ..	161	SYRINGE/SAFETY	RMIC
MONOJECT INSULIN		NEEDLE/3ML/20G X 1-	NEEDLE/3ML/22GX1"..... 163
SYRINGE/PERM		1/2".....	MONOJECT
NEEDLE/1ML/28G X 1/2" ..	161	162	SYRINGE/STANDARDHYPODE
MONOJECT INSULIN		MONOJECT MAGELLAN	RMIC NEEDLE/3ML/22GX1-1/2"
SYRINGE/PERM NEEDLE/U-		SYRINGE/SAFETY 163
100/0.5ML/28G X 1/2".....	161	NEEDLE/3ML/22G X 1" ..	MONOJECT
		162	SYRINGE/STANDARDHYPODE
			RMIC
			NEEDLE/3ML/23GX1"..... 163

MONOJECT	morphine sulfate beads	12	mycophenolate mofetil	205
SYRINGE/STANDARDHYPODE	motion sickness relief	32	mycophenolate sodium	205
RMIC	MOUTH KOTE	207	MYLERAN	43
NEEDLE/3ML/25GX1"	MOUTH KOTE REMINT	206	MYNATAL	229
MONOJECT	MOVANTIK	91	MYNATAL ADVANCE	229
SYRINGE/STANDARDHYPODE	moxifloxacin hcl (ophth)	242	MYNATAL PLUS	229
RMIC NEEDLE/3ML/25GX1-1/4"	MS INSULIN		MYNATAL ULTRACAPLET	229
.	SYRINGE/0.3ML/31G X		MYNATAL-Z	229
163	5/16"	164	MYNATE 90 PLUS	229
MONOJECT	MS INSULIN		mynephrocaps	207
SYRINGE/STANDARDHYPODE	SYRINGE/0.5ML/31G X		MYOBLOC	237
RMIC NEEDLE/3ML/25GX5/8"	5/16"	164	nabumetone	6
.	MS INSULIN		nadolol	60
163	SYRINGE/0.5ML/31G X		nafcillin sodium	246
MONOJECT	5/16"	164	NAFCILLIN SODIUM	246
SYRINGE/STANDARDHYPODE	MS INSULIN		nafrinse	204
RMIC NEEDLE/3ML/27GX1-1/4"	SYRINGE/1ML/31G X		naftifine hcl	74
.	5/16"	164	NAFTIN	74
164	MULTAQ	20	NAGLAZYME	88
MONOJECT ULTRA COMFORT	MULTI PRENATAL	229	naloxone hcl	32
INSULIN SYRINGE/0.3ML/29G X	MULTI VITAMIN	225	NALTREXONE	32
1/2"	MULTI VITAMIN/D-3	225	naltrexone hcl	32
164	MULTI-BETIC DIABETES	219	NAMENDA XR TITRATION	
MONOJECT ULTRA COMFORT	MULTI-LANCET DEVICE	119	PACK	247
INSULIN SYRINGE/0.3ML/30G X	MULTI-LANCET DEVICE		naproxen	6
5/16"	2	119	naproxen sodium	6
164	multi-vit/iron/fluoride	227	naratriptan hcl	199
MONOJECT ULTRA COMFORT	MULTI-VITAMIN		NARCAN	32
INSULIN SYRINGE/0.5ML/28G X	MONOCAPS	219	NARDIL	25
1/2"	multi-vitamin/fluoride		nasal decongestant	236
164	drops	226	NAT-RUL THERAVITE-	
MONOJECT ULTRA COMFORT	multilex	213	M/HIGHPOTENCY	220
INSULIN SYRINGE/0.5ML/30G X	MULTILEX	219	NATACYN	242
5/16"	MULTILEX T&M	219	NATALVIT	229
164	multiple vitamin	225	nateglinide	30
MONOJECT ULTRA COMFORT	multiple vitamins w/ iron	208	NATRUL-VITES	220
INSULIN SYRINGE/1ML/28G X	multiple vitamins w/		natural vitamin e	263
1/2"	minerals	219	NATURE-THROID	251
164	MULTIVITAMIN	220,225	NATURE-THROID NT-2.5	251
MONOJECT ULTRA COMFORT	MULTIVITAMIN ADULT	225	NAYZILAM	24
INSULIN SYRINGE/1ML/29G X	multivitamin adults	213	NEBULIZER AIR	
1/2"	MULTIVITAMIN ADULTS	220	TUBE/PLUGS	195
164	multivitamin childrens	227	NEBULIZER PEDIATRIC	
MONOLET LANCETS	MULTIVITAMIN MEN	220	MASK	195
119	multivitamin		nebusal	69
MONOLET OPD LANCETS	select/fluoride	226	nefazodone hcl	26
119	multivitamin women	213	neo-polycin	242
MONONINE	MULTIVITAMIN WOMEN	220	neo-polycin hc	243
93	multivitamin/fluoride	226		
montelukast sodium	MULTIVITAMIN/ZINC			
21	STRESSFORMULA	220		
morgidox 1x100mg	mupirocin	72		
251	mupirocin calcium (topical)	72		
morphine sulfate	MURO 128	244		
12				
MORPHINE SULFATE				
12				
morphine sulfate				
12				
MORPHINE SULFATE				
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morphine sulfate				
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MORPHINE SULFATE				
12				
morphine sulfate				
12				

NEOMULTIVITE.....	225	nitroglycerin.....	20	NOVOLIN N.....	29
neomycin sulfate.....	2	NIVA-PLUS.....	229	NOVOLIN N FLEXPEN.....	29
neomycin-bacitracin zn- polymyxin.....	242	nizoral a-d.....	73	NOVOLIN N FLEXPEN RELION.....	29
neomycin-polymy- dexameth.....	243	NIZORAL A-D.....	74	NOVOLIN N RELION.....	29
neomycin-polymyxin-gramicidin	242	NO IRON MULTIPLE VITAMIN/MINERALS.....	220	NOVOLIN R.....	29
neomycin-polymyxin-hc (ophth).....	243	noble formula hc.....	78	NOVOLIN R RELION.....	29
neomycin-polymyxin-hc (otic).....	245	NORDITROPIN FLEXPEN.....	87	NOVOLOG MIX 70/30.....	30
NEONATAL COMPLETE.....	229	norethin acet & estrad-fe.....	64	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	29
NEONATAL PLUS.....	229	norethindrone & ethinyl estradiol-fe.....	64	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION.....	29
NEONATAL VITAMIN.....	229	norethindrone (contraceptive).....	64	NOVOLOG MIX 70/30 RELION.....	30
NEOVITE.....	220	norethindrone acet & eth estra.....	64	NOVOSEVEN RT.....	93
NEPHRAMINE.....	240	norethindrone acetate.....	246	NOVOTWIST PEN NEEDLE 32GX 5MM.....	164
NERLYNX.....	47	norethindrone acetate-ethinyl estradiol.....	88	np thyroid 120.....	251
nevirapine.....	57	norgestimate-ethinyl estradiol.....	64	NPLATE.....	94
NEXAFED SINUS PRESSURE +PAIN.....	69	norgestimate-ethinyl estradiol (triphasic).....	64	NU GAUZE 4PLY 4"X4".....	109
NEXAVAR.....	47	NORMOSOL -R.....	203	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	109
NEXCARE ABSOLUTE WATERPROOF PAD.....	109	NORMOSOL-M IN D5W.....	203	NUCALA.....	21
niacin.....	265	NORMOSOL-M/D5W.....	203	NUCYNTA ER.....	12
niacin (antihyperlipidemic).....	40	NORMOSOL-R.....	203	NUMOISYN.....	207
NIACIN TR.....	265	NORPACE.....	20	NUPLAZID.....	49
niacor.....	40	NORPACE CR.....	20	NUTRATEAR.....	241
NICADAN.....	220	NORTEMP INFANTS.....	9	NUTRICAP.....	220
NICADAN ZX.....	220	nortriptyline hcl.....	26	NUTRILIPID.....	237
nicardipine hcl.....	60	NORVIR.....	57	NUWIQ.....	93
NICAZEL.....	220	NOSE CLIP.....	195	nyamyc.....	73
NICAZEL FORTE.....	220	NOVA MAX PLUS KETONE TESTSTRIPS.....	85	NYMALIZE.....	60
nicotine.....	250	NOVA SUREFLEX LANCETS.....	120	nystatin.....	33
nicotine polacrilex.....	250	NOVA SUREFLEX LANCING DEVICE.....	120	nystatin (mouth-throat).....	206
NICOTINE TRANSDERMAL SYSTEM.....	250	NOVAVAX COVID-19 VACCINE.....	260	nystatin (topical).....	74
NICOTROL INHALER.....	250	NOVOEIGHT.....	93	nystatin-triamcinolone.....	74
NICOTROL NS.....	250	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM.....	164	O-CAL FA.....	229
nifedipine.....	60	NOVOFINE PEN NEEDLE 32G X 4MM.....	164	O-CAL PRENATAL.....	229
nimodipine.....	60	NOVOFINE PLUS PEN NEEDLE 32G X 4MM.....	164	OBIZUR.....	93
NINLARO.....	47	NOVOLIN 70/30.....	29	OBSTETRIX EC.....	229
nisoldipine.....	60	NOVOLIN 70/30 FLEXPEN.....	29	OBTREX.....	229
NITRO-BID.....	20	NOVOLIN 70/30 FLEXPEN RELION.....	29	OCREVUS.....	247
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ofloxacin (otic).....	245	ONE-A-DAY WOMENS ..	221	oralone dental paste.....	206
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olanzapine-fluoxetine hcl.....	247	ONETOUCH DELICA LANCING DEVICE.....	120	ORENCIA.....	6
olmesartan medoxomil.....	41	ONETOUCH DELICA PLUS LANCING DEVICE.....	120	ORENCIA CLICKJECT.....	6
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olmesartan medoxomil- hydrochlorothiazide	42	ONETOUCH SURESOFT LANCING DEVICE/18G ..	120	orphenadrine citrate	234
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omeprazole.....	256	ONETOUCH SURESOFT LANCING DEVICE/28G ..	120	oscimin sr.....	252
omeprazole magnesium.....	256	ONEVITE.....	221	oseltamivir phosphate.....	59
OMNICAP.....	225	ONGLYZA.....	28	OSMOLEX ER.....	48
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OMNITROPE.....	87	OPTICHAMBER ADVANTAGE/LARGE MASK.....	195	OTEZLA.....	6
ON CALL LANCING DEVICE.....	120	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	195	oxandrolone.....	14
ON CALL PLUS LANCING DEVICE.....	120	OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	195	oxaprozin.....	6
ONCOVITE.....	220	OPTICHAMBER DIAMOND.....	195	OXAYDO.....	12
ondansetron.....	32	OPTICHAMBER DIAMOND/LARGEFACE MASK.....	195	oxazepam.....	20
ondansetron hcl.....	32	OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	195	oxcarbazepine.....	24
ONE A DAY PRENATAL ..	229	OPTICHAMBER DIAMOND/SMALLFACE MASK.....	195	oxybutynin chloride.....	256
ONE A DAY WOMENS PRENATAL/DHA.....	230	OPTIFOAM.....	109	oxycodone hcl.....	12,13
ONE A DAY WOMENS PRENATAL1.....	230	OPTIHALER.....	196	oxycodone w/ acetaminophen.....	13
one daily essential.....	225	OPTIHALER MDI DRUG DELIVERY SYSTEM.....	196	oxycodone-aspirin.....	13
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one daily womens.....	213	oral electrolytes.....	203	pacerone.....	20
ONE DAILY WOMENS.....	221			pain & fever childrens.....	8,9
ONE VITE WOMENS PRENATALVITAMIN.....	230			paliperidone.....	49
ONE VITE WOMENS PRENATALVITAMIN PLUS	230			PANCREAZE.....	86
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ONE-A-DAY MENS HEALTH FORMULA.....	221			PARI BABY CONVERSION KIT SIZE 2.....	196
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ONE-A-DAY PROACTIVE 65+.....	221			PARI ERAPID NEBULIZER HANDSET.....	196
				PARI EXPIRATORY FILTER VALVE SET.....	196
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paricalcitol.....	88	PEN NEEDLES 31GX6MM (1/4").....	165	perphenazine.....	50
PARNATE.....	25	PEN NEEDLES 31GX8MM.....	165	perphenazine-amitriptyline.....	247
paroex.....	206	PEN NEEDLES 31GX8MM (5/16").....	165	PERRY PRENATAL.....	230
paromomycin sulfate.....	2	PEN NEEDLES 32G X 4MM.....	165	PERSERIS.....	49
paroxetine hcl.....	26	PEN NEEDLES 32G X 5MM.....	165	PERSONAL BEST FULL RANGE.....	196
PARVA-CAL.....	201	PEN NEEDLES 32G X 6MM.....	165	PERSONAL BEST LOW RANGE.....	196
PARVLEX.....	221	PEN NEEDLES 32GX4MM.....	165	PFIZER-BIONTECH COVID-19VACCINE.....	260
PC LANCETS SUPER THIN 30G.....	120	PEN NEEDLES 33G X 5/32".....	165	PFLEX.....	196
PC PEDIATRIC POLY-VITAMIN DROPS/IRON.....	226	PEN NEEDLES/29G X 1/2".....	165	pharmacist choice d-vitamin pediatric drops.....	262
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PC UNIFINE PENTIPS 31G X5MM MINI.....	164	PEN NEEDLES/31G X 3/16".....	165	PHARMACY COUNTER LANCETS.....	120
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	164	PEN NEEDLES/31G X 5/16".....	165	phazyme.....	90
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PEDIATRIC MOUTHPIECE/DISPOSABLE.....	196	PENLET II AUTOMATIC BLOODSAMPLER.....	120	phenelzine sulfate.....	25
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peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	100	PENLET II REPLACEMENT CAPS-DEEP.....	120	PHENOL.....	51
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PEN NEEDLES 29GX12MM.....	165	PENTIPS 31GX6MM.....	166	phenytoin infatabs.....	25
PEN NEEDLES 30GX5/16".....	165	PENTIPS 31GX8MM.....	166	phenytoin sodium extended.....	25
PEN NEEDLES 30GX5MM.....	165	PENTIPS 32G X 4MM.....	166	phillips milk of magnesia.....	101
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pimecrolimus.....	81	potassium chloride		INSULIN SYRINGE/0.3ML/30G X	
pimozide.....	248	microencapsulated crystals		5/16".....	166
pindolol.....	60	er.....	204	PRECISION SURE-DOSE	
pioglitazone hcl.....	28	POTASSIUM		INSULIN SYRINGE/0.5ML/28G X	
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pioglitazone hcl-metformin		POTASSIUM		PRECISION SURE-DOSE	
hcl.....	27	CHLORIDE/DEXTROSE/LACT		INSULIN SYRINGE/0.5ML/29G X	
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POCKET CHAMBER.....	197	CHLORIDE/SODIUMCHLORID		SYRINGE/0.3ML/29G X	
POCKET PEAK FLOW		E.....	203	1/2".....	166
METER.....	197	potassium citrate		PRECISION SURE-DOSE	
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METER LOW RANGE.....	197	POVIDONE-IODINE.....	55	PRECISION THINS GP	
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720 LPM.....	197	POVIDONE-IODINE PREP		PRECISION XTRA BLOOD	
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polyethylene glycol 3350...	100	SMALL WINGED		prednisolone.....	65
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polymyxin b-trimethoprim..	242	PRADAXA.....	23	F.....	243
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polyvinyl alcohol.....	241	dihydrochloride.....	48	phosphate.....	65
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monobasic.....	204	pravastatin sodium.....	40	PREDNISONE INTENSOL..	65
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		PRE-NATAL FORMULA..	230	1/2".....	166
		PRECISION GLUCOSE		PREFERRED PLUS INSULIN	
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PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	166	PRENATAL MULTIVITAMIN + DHA.....	231	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	167
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	167	PRENATAL MULTIVITAMIN PLUS DHA.....	231	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	167
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promethazine-dm.....	69	PX LANCET AUTO INJECTOR.....	121	quetiapine fumarate.....	50
promethazine-phenylephrine-codeine.....	69	PX LANCETS ULTRA THIN.....	121	QUFLORA PEDIATRIC.....	226
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PSS SELECT PLATFORMS.....	121	QC IODIDES TINCTURE.....	55	RA E-ZJECT LANCETS 28G.....	121
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PULMOZYME.....	250	QC MULTI-VITE.....	222	RA FIRST AID NON-STICK PADS.....	110
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