

# PRESCRIPTION TRANSITION FORM

## *How to continue coverage for medications that require prior authorization*

We want your first experiences with Health Net to be positive, so we've created a program to help ensure that if you're taking a maintenance medication that requires Prior Authorization, we can transition it into our plans as smoothly as possible. This form is to be used only for new members who have transitioned to Health Net. This program is for prescriptions that you take regularly. Here's how the program works:

- Health Net will use this transition form to enter authorizations for the selected medications in the pharmacy claims processing system. This will allow your maintenance medication to process without requiring additional authorization.
- This form is to be used for only the prescription drugs below.
- The list below is not a comprehensive list of drugs that require Prior Authorization from Health Net. For a comprehensive list of medications that require prior authorization or if you have questions related to prescriptions not on the list visit [www.healthnet.com](http://www.healthnet.com) > *View Our Drug List > California > Prior Authorization (Printable)* or, if you are a member, contact us at the number on the back of your ID card.

### INSTRUCTIONS:

1. Please print in blue or black ink **ALL** information requested. Complete a separate form for each family member.
2. A form is not required if a member is currently **not** taking any of the drugs listed.
3. If the individual listed is currently established on any of the drugs listed below, please circle the correct drug **AND** strength if provided:
4. Fax completed form(s) to the Health Net of California Pharmacy Department at **(818) 676-8086** or mail the form to Health Net at: P.O. Box 9103 Van Nuys, California 91409-9103, ATTN: PHARMACY.

Example: **Singular** 4 mg, 5 mg, **10 mg**

Last Name: _____	First Name: _____	Middle Name: _____
Date of birth: _____	Member I.D. (if applicable): _____	Phone number: _____
Employer group name (if applicable): _____	Effective date with Health Net: _____	

PRESCRIPTION	STRENGTH
ANDRODERM	
ARICEPT	5MG, 10MG
ATACAND	4MG, 8MG, 16MG, 32MG
ATACAND HCT	16-12.5MG, 32-12.5MG
AVAPRO	75MG, 150MG, 300MG
AVODART	0.5MG
BARACLUDE	.5MG, 1MG
CELEBREX	100MG, 200MG, 400MG
COZAAR	25MG, 50MG, 100MG
CRESTOR	5MG, 10MG 20MG 40MG
EMSAM	6MG, 9MG, 12MG
EXELON	1.5MG, 3MG, 4.5MG, 6MG; 2MG SOL
EXUBERA	
GLEEVEC	100MG, 400MG
HEPSERA	10MG
HYZAAR	50-12.5MG, 100-25MG
INSPRA	25MG, 50MG
IRESSA	250MG
LIPITOR	10MG, 20MG, 40MG
LOTRONEX	0.5MG, 1MG
LYRICA	100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG
MICARDIS	20MG, 40MG, 80-12.5MG, 80-25MG
MICARDIS HCT	40-12.5MG, 80-12.5MG, 80.25MG

PRESCRIPTION	STRENGTH
NAMENDA	5MG, 10MG
NEFAZODONE	50MG, 100MG, 150MG, 200MG, 250MG
NEXAVAR	200MG
NEXIUM	20MG, 40MG
OMACOR	
PREVACID	15MG, 30MG
PROTOPIC	
PROVIGIL	100MG, 200MG
PREVACID	15MG, 30MG CAPSULE
RAZADYNE	4MG, 8MG, 12MG
REVLIMID	5mg, 10mg, 15MG, 25MG
RESTASIS	
RANEXA	500mg
ROZEREM	8MG
SENSIPAR	30MG, 60MG, 90MG
SINGULAIR	4MG, 5MG, 10MG
STRATTERA	10MG, 18MG, 25MG, 40MG, 60MG
SUTENT	12.5MG, 25MG, 50MG
TARCEVA	25MG, 100MG, 150MG
TEVETEN	400MG, 600MG
TEVETEN HCT	600-12.5MG, 600-25MG
TOBI	
TRACLEER	62.5MG, 125MG