



# Health Net<sup>®</sup> Connecticut and New York New Account Prescription Transition Form

Dear New Health Net Member: If you are currently taking any of the drugs listed below, you may be eligible for up to a 60-day transitional grace period while you and your physician seek Prior Authorization. Please send this completed form to Health Net's Pharmacy Department to obtain your transitional grace period.

### WHAT IS STEP THERAPY?

Step Therapy is a form of Prior Authorization, which is the process of obtaining approval from Health Net before a prescription drug on the Prior Authorization list can be covered. Prior Authorization ensures the safe, appropriate and cost-effective use of selected prescription drugs. These drugs are usually restricted for use under certain conditions based on current Food and Drug Administration (FDA)-approved indications and other clinical research on the effectiveness and safety of the drug. The Health Net Pharmacy & Therapeutics Committee, a panel of clinicians, and practicing physicians and pharmacists determine which drugs are subject to our Step Therapy program.

In the Step Therapy program, you may be required to try one or more "prerequisite" medicine(s) first before the "Step-Therapy" (tier three) medication will be covered. Prerequisite drugs and their corresponding Step Therapy drugs are FDA-approved to treat the same conditions. Step Therapy helps you control out-of-pocket costs, as tier one and tier two drugs require a smaller copayment than tier three drugs. The Health Net Step Therapy program is based upon current medical practice and FDA-approved manufacturer labeling information. All Step Therapy drugs require Prior Authorization.

### WHY DO I NEED TO OBTAIN PRIOR AUTHORIZATION FOR STEP THERAPY DRUGS?

Prior Authorization is required for you to continue receiving coverage for the drugs listed below. However, these drugs are also **eligible for a 60-day transition supply** from your effective date of coverage. After the 60-day grace period, if you do not obtain authorization, you will not be covered for the prescription\*.

Be sure to have your physician fill out a Prior Authorization form for all drugs that you are taking that require prior authorization, including the drugs listed below. For those, we request that your physician include the Prior Authorization form as well as any additional information that may clarify the medical appropriateness for your prescription. Prior Authorization forms can be found on our website at [www.healthnet.com](http://www.healthnet.com).

Please note: Not all Step Therapy prescriptions under your Health Net benefit plan are eligible for a 60-day transition supply. You should always consult with your physician about medications. For a full listing of drugs requiring prior authorization, log in at: [www.healthnet.com](http://www.healthnet.com)>View Prescription Coverage>Your Drug List>Prior Authorization.

### PLEASE COMPLETE A SEPARATE FORM FOR EACH FAMILY MEMBER

Print all information Please allow 2 business days for a Health Net representative to contact you about the status of your request.

|                                    |                      |                           |  |                            |
|------------------------------------|----------------------|---------------------------|--|----------------------------|
| Last Name:                         | First Name:          | Middle Initial:           | Date of Birth:                                   | HN # or Social Security #: |
| Phone Number: (    )               | Employer Group Name: |                           | Effective Date of your coverage with Health Net: |                            |
| Prescribing Physician's Full Name: | Physician's Address: | Physician's Phone Number: | Physician's Fax Number:                          |                            |

Please circle the drug(s) below that you are currently taking. Only the drugs listed below are eligible for a 60-day transition supply:

- |           |            |           |          |
|-----------|------------|-----------|----------|
| ALLEGRA   | CLARINEX-D | PROTONIX  | ZYRTEC-D |
| ALLEGRA-D | LYRICA     | SINGULAIR |          |
| CELEBREX  | NEXIUM     | ZEGERID   |          |
| CLARINEX  | PRILOSEC   | ZYRTEC    |          |

Fax the completed form(s) to the Health Net Pharmacy Department at (203) 225-3232, or mail (marked "urgent") to the following address:

Health Net, Inc.  
Attention: Pharmacy Department  
PO BOX 904  
Shelton, CT 06484

\*Coverage determinations are subject to the terms, conditions, and limitations of your benefit agreement.  
STEP THERAPY LIST Reviewed: September 7, 2006 (subject to change). Health Net Quantity Limits still apply.

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