

Requesting an Exception to the Formulary

You can ask Network Health Insurance Corporation to make an exception to our coverage rules. Generally, we will only approve your request for an exception if alternative formulary drugs would not be as effective in treating your condition and would have a negative effect on your health. Contact us to ask for an initial coverage decision for a formulary, tier or utilization restriction (specific criteria) exception. When you're requesting an exception, please submit a statement from your physician supporting your request. For more detailed information about your Network Health Insurance Corporation prescription drug coverage, please review your Evidence of Coverage and other plan materials.

The following drugs will be removed from the formulary.

*****CLOSED FORMULARY*****

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Giazo 1100mg	February 1, 2019	Balsalazide 750 mg	2
Versacloz 50 mg/ml	February 1, 2019	Consult your prescriber	N/A
Karbinal 0.8 mg/ml	February 1, 2019	Carbinoxamine 4 mg/5 ml liquid	3
Norvir 100 mg	February 1, 2019	Ritonavir 100 mg	3
Hexalen 50 mg	February 1, 2019	Consult your prescriber	N/A
Tanzeum 60 mg/ml	February 1, 2019	Bydureon	3
Tanzeum 100 mg/ml	February 1, 2019	Bydureon	3
Kimidess 28 Day	February 1, 2019	Pimtreea 28 Day	2
Cefotaxime 2000 mg	February 1, 2019	Cefotaxime 1000 mg	3
Triamcinolone Acetonide 0.055 mg/act	February 1, 2019	Fluticasone Prop 50 mcg Spray	2
Panlor 325mg/30mg/16mg	February 1, 2019	Acetamin-Caff-Dihydrocod 320.5	2
Afeditab CR 60 mg	February 1, 2019	Nifedipine ER 60 mg	2
Necon 7/7/7 28 Day	February 1, 2019	Cyclafem 7-7-7-28	2
Clinimix 2.75/5	February 1, 2019	Consult your prescriber	N/A
Clinimix 4.25/20	February 1, 2019	Consult your prescriber	N/A
Periogard	February 1, 2019	Chlorhexidine 0.12% Rinse	2
Clinimix E 5/25	March 1, 2019	Consult your prescriber	N/A
Zenchent 28 Day	March 1, 2019	Vyfemla 28 Tablet	2
Bydureon 2 mg Injectable	March 1, 2019	Bydureon 2 mg Pen Injectable	3
Nutrestore 5000 mg	March 1, 2019	Consult your prescriber	N/A
Metipranolol 3 mg/ml	March 1, 2019	Timolol Maleate Solution	2
Afeditab 30 mg CR	March 1, 2019	Nifedipine ER 30 mg Tab	2
Lynparza 50 mg Cap	March 1, 2019	Lynparza 100 mg Tab	5
Polyethylene Glycol 3350 Oral Solution	March 1, 2019	Consult your prescriber	N/A

Network Health Insurance Corporation
Upcoming Negative Changes to the Medicare Part D Formulary



The following drugs will be removed from the formulary.

*****CLOSED FORMULARY*****

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Moderiba 800 Dose Pack	March 1, 2019	Consult your prescriber	N/A
Invirase 200 mg Cap	March 1, 2019	Invirase 500 mg Tab	5
Zerit 1 mg/ml Solution	March 1, 2019	Consult your prescriber	N/A
Armonair 0.055 mg/act Inhaler	April 1, 2019	Consult your prescriber	N/A
Armonair 0.113 mg/act Inhaler	April 1, 2019	Consult your prescriber	N/A
Armonair 0.232 mg/act Inhaler	April 1, 2019	Consult your prescriber	N/A
Moderiba 200 mg Tab	April 1, 2019	Ribavirin 200 mg Tab	2
Moderiba 1200 Dose Pack	April 1, 2019	Consult your prescriber	N/A
Codeine 15 mg Tablet	May 1, 2019	Consult your prescriber	N/A
Moexipril-HCTZ 15-12.5 mg Tab	June 1, 2019	Consult your prescriber	N/A
Moexipril-HCTZ 7.5-12.5 mg Tab	June 1, 2019	Consult your prescriber	N/A
Moexipril-HCTZ 15-25 mg Tab	June 1, 2019	Consult your prescriber	N/A
Klor-Con Sprinkle ER 10 mEq Cap	June 1, 2019	Potassium chloride 10 mEq ER Cap	2
Zurampic 200 mg Tab	June 1, 2019	Consult your prescriber	N/A
Nuplazid 17 mg Tab	June 1, 2019	Consult your prescriber	N/A
Technivie Dose Pack	June 1, 2019	Consult your prescriber	N/A
Daklinza 90 mg Tab	June 1, 2019	Consult your prescriber	N/A
Viekira XR Pak	June 1, 2019	Consult your prescriber	N/A
Carimune Injectable	June 1, 2019	Consult your prescriber	N/A
Ribasphere Ribapak 600	June 1, 2019	Ribavirin 200 mg Cap	2
Duzallo 300/200 mg Tab	June 1, 2019	Consult your prescriber	N/A
Bendroflumethiazide 5mg/Nadolol 80 mg Tab	June 1, 2019	Bendroflumethiazide 5mg/Nadolol 40 mg Tab (note: different strength)	2
Ciprofloxacin 50 mg/ml Suspension	June 1, 2019	Ciprofloxacin 250 mg/5ml Suspension	2
Estropiate 0.75 mg Tab	June 1, 2019	Consult your prescriber	N/A
Ribasphere 200 mg Tab	June 1, 2019	Ribavirin 200 mg Tab	2
Ribasphere 400 mg Tab	June 1, 2019	Ribavirin 200 mg Tab (note: dose change)	2
Trinessa 28-day	June 1, 2019	Tri-Sprintec Tab	2

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Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Quasense 91-day	June 1, 2019	Introvale 0.15-0.03 mg Tab	2
Millipred 2 mg/ml Solution	June 1, 2019	Prednisolone 10 mg/5 ml Solution	2
Clinimix E 2.75/10	June 1, 2019	Consult your prescriber	N/A
Clinimix E 4.25/25	June 1, 2019	Consult your prescriber	N/A
Rescriptor 100 mg Tab	June 1, 2019	Rescriptor 200 mg Tab (note: dose change)	4
Acetaminophen 325 mg/Hydrocodone 2.5 mg Tab	June 1, 2019	Acetaminophen 325 mg/Hydrocodone 5 mg Tab (note: dose change)	2
Actoplus Met 1000mg/15 mg ER Tab	June 1, 2019	Consult your prescriber	N/A
Actoplus Met 1000mg/30 mg ER Tab	June 1, 2019	Consult your prescriber	N/A
Ribasphere Ribapak 800	June 1, 2019	Ribavirin 200 mg Tab	2
Plixda 1 mg/ml Medicated Pads	July 1, 2019	Adapalene 0.1% Gel	2
Aminosyn 8.5% with electrolytes, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Aminosyn-HBC 7%, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Aminosyn II 8.5% with electrolytes, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Aminosyn II 8.5%, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Aminosyn 7% with electrolytes, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Aminosyn-RF 5.2%, sulfite-free	July 1, 2019	Consult your prescriber	N/A
Cloderm Topical Cream	July 1, 2019	Clocortolone 0.1% Cream	4
Emadine 0.5 mg/ml Ophthalmic Solution	July 1, 2019	Consult your prescriber	N/A
Blisovi 21 FE 1/20 28 Day Pack	July 1, 2019	Microgestin FE 1-20 Tab	2
Profeno 600 mg Tab	July 1, 2019	Fenoprofen 600 mg Tab	2
Ciprofloxacin 1000 mg ER Tab	August 1 st , 2019	Ciprofloxacin 500 mg Tab (non-ER version)	2
Ciprofloxacin 500 mg ER Tab	August 1 st , 2019	Ciprofloxacin 500 mg Tab (non-ER version)	2

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The following drugs will be removed from the formulary.

*****CLOSED FORMULARY*****

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Methyclothiazide 5 mg Tab	August 1 st , 2019	Consult your prescriber	N/A
Byvalson 5 mg/80 mg Tab	September 1 st , 2019	Consult your prescriber	N/A
Clocortolone 1 mg/ml Topical Cream	September 1 st , 2019	Consult your prescriber	N/A
Braftovi 50 mg Cap	September 1 st , 2019	Braftovi 75 mg Cap (note this is a higher strength)	5
Doripenem 500 mg Injection	September 1 st , 2019	Consult your prescriber	N/A
Elestat 0.5 mg/ml Ophthalmic Solution	September 1 st , 2019	Epinastine 0.05% Eye Drops	2
Vicodin 300 mg/5 mg Tab	October 1 st , 2019	Oxycodone-acetaminophen 5 mg/325 mg (note this is a higher strength of acetaminophen)	2
Daklinza 30 mg Tab	October 1 st , 2019	Consult your prescriber	N/A
Daklinza 60 mg Tab	October 1 st , 2019	Consult your prescriber	N/A
Mononessa 28 day Tab	October 1 st , 2019	Sprintec 28 day Tab	2
Bivigam 100 mg/ml injection	October 1 st , 2019	Gammagard Liquid 10% vial	5
Avonex 0.03 mg injection	October 1 st , 2019	Consult your prescriber	N/A
Metaproterenol sulfate 10 mg Tab	October 1 st , 2019	Consult your prescriber	N/A
Metaproterenol sulfate 20 mg Tab	October 1 st , 2019	Consult your prescriber	N/A
Jolivette 28 day Tab	October 1 st , 2019	Norethindrone 0.35 mg Tab	2
Tolazamide 250 mg Tab	October 1 st , 2019	Consult your prescriber	N/A
Tolazamide 500 mg Tab	October 1 st , 2019	Consult your prescriber	N/A