

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.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Depo-Provera 400 mg/ml vial	February 1 st , 2021	Consult your prescriber	N/A
Zofran 8 mg tablet	February 1 st , 2021	Ondansetron 8 mg tablet	2
Arcapta Neohaler 75 mcg cap	February 1 st , 2021	Consult your prescriber	N/A
Gralise 30-day starter pack	February 1 st , 2021	Consult your prescriber	N/A
Aggrenox 25 mg-200 mg capsule	February 1 st , 2021	Aspirin-Dipyridamole ER 25 mg-200 mg capsule	3
Lorcet HD 10-325 mg tablet	February 1 st , 2021	Hydrocodone-Acetaminophen 10-325 mg tablet	2
Lorcet 5-325 mg tablet	February 1 st , 2021	Hydrocodone-Acetaminophen 5-325 mg tablet	2
Bunavail 2.1-0.3 mg film	February 1 st , 2021	Buprenorphine-naloxone 2 mg-0.5 ml film (note: different strength)	2
Bunavail 4.2-0.7 mg film	February 1 st , 2021	Buprenorphine-naloxone 4 mg-1 ml film (note: different strength)	2
Bunavail 6.3-1 mg film	February 1 st , 2021	Consult your prescriber	N/A
Vanatol oral solution	February 1 st , 2021	Vtol LQ 50-325-40 mg/15 ml sol	3
Juxtapid 40 mg capsule	February 1 st , 2021	Juxtapid 20 mg capsule (note: different strength)	5
Juxtapid 60 mg capsule	February 1 st , 2021	Juxtapid 30 mg capsule (note: different strength)	5

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Pegasys Proclick 180 mcg/0.5 ml pen injector	February 1 st , 2021	Pegasys 180 mcg/0.5 ml syringe	5
Utibron Neohaler 27.5-15.6 mcg inhalation powder	February 1 st , 2021	Consult your prescriber	N/A
Seebri 15.6 mcg inhalation powder	February 1 st , 2021	Consult your prescriber	N/A
Roweepra 500 mg tablet	February 1 st , 2021	Levetiracetam 500 mg tablet	2
Roweepra 750 mg tablet	February 1 st , 2021	Levetiracetam 750 mg tablet	2
Roweepra 1000 mg tablet	February 1 st , 2021	Levetiracetam 1000 mg tablet	2
Roweepra XR 500 mg tablet	February 1 st , 2021	Levetiracetam ER 500 mg tablet	2
Roweepra XR 750 mg tablet	February 1 st , 2021	Levetiracetam ER 750 mg tablet	2
Stimate 1.5 mg/ml nasal spray	February 1 st , 2021	Consult your prescriber	N/A
Naloxone 2 mg auto-injector	February 1 st , 2021	Naloxone 2 mg/2 ml syringe	2
Evzio 2 mg auto-injector	February 1 st , 2021	Naloxone 2 mg/2 ml syringe	2
Disulfiram 500 mg tablet	February 1 st , 2021	Disulfiram 250 mg tablet (note: different strength)	2
Peganone 250 mg tablet	February 1 st , 2021	Consult your prescriber	N/A
Flagyl 250 mg tablet	February 1 st , 2021	Metronidazole 250 mg tablet	2
Antabuse 250 mg tablet	February 1 st , 2021	Disulfiram 250 mg tablet	2
Antabuse 500 mg tablet	February 1 st , 2021	Disulfiram 250 mg tablet (note: different strength)	2
Viramune	February 1 st , 2021	Nevirapine 200 mg tablet	2
Zelnorm 6 mg tablet	February 1 st , 2021	Consult your prescriber	N/A
Kionex 15 g/60 ml suspension	February 1 st , 2021	SPS 15 g/60 ml suspension	2
Freamine HBC 6.9% IV solution	February 1 st , 2021	Trophamine 6% IV solution (note: different concentration)	3
DDAVP 0.01% nasal spray	February 1 st , 2021	Desmopressin 10 mcg/0.1 ml spray	4
Actonel 5 mg tablet	February 1 st , 2021	Risedronate sodium 5 mg tablet	2
Golytely Packet	February 1 st , 2021	Consult your prescriber	N/A
Gralise 300 mg tablet	March 1 st , 2021	Consult your prescriber	N/A
Gralise 600 mg tablet	March 1 st , 2021	Consult your prescriber	N/A
Naftin 2% cream	March 1 st , 2021	Naftifine HCl 2% cream	4

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Sklice 0.5% lotion	March 1 st , 2021	Ivermectin 0.5% lotion	2
Kadian ER 30 mg capsule	March 1 st , 2021	Morphine sulfate ER 30 mg capsule	2
Kadian ER 40 mg capsule	March 1 st , 2021	Morphine sulfate ER 40 mg capsule	3
Kadian ER 50 mg capsule	March 1 st , 2021	Morphine sulfate ER 50 mg capsule	2
Kadian ER 200 mg capsule	March 1 st , 2021	Morphine sulfate ER 100 mg capsule (note: strength difference)	2
Tivorbex 20 mg capsule	March 1 st , 2021	Consult your prescriber	N/A
Tivorbex 40 mg capsule	March 1 st , 2021	Consult your prescriber	N/A
Crixivan 400 mg capsule	March 1 st , 2021	Crixivan 200 mg capsule (note: strength change)	3
Lopreeza 1 mg-0.5 mg tablet	March 1 st , 2021	Estradiol-norethindrone 1 mg-0.5 mg tablet	2
Humira 10 mg/0.2 ml syringe	March 1 st , 2021	Humira (CF) 10 mg/0.1 ml syringe (note: concentration difference)	5
Humira 20 mg/0.4 ml syringe	March 1 st , 2021	Humira (CF) 20 mg/0.2 ml syringe (note: concentration difference)	5
Pazeo 0.7% eye drops	March 1 st , 2021	Consult your prescriber	N/A
Dyazide 37.5-25 mg capsule	March 1 st , 2021	Triamterene-hydrochlorothiazide 37.5-25 mg capsule	2
Riomet ER 500 mg/5 ml suspension	March 1 st , 2021	Metformin 500 mg/5 ml solution (note: this is not an extended release formulation)	3
Sarafem 10 mg tablet	March 1 st , 2021	Fluoxetine 10 mg capsule (note: this is a capsule formulation)	1
Sarafem 20 mg tablet	March 1 st , 2021	Fluoxetine 20 mg capsule (note: this is a capsule formulation)	1
Norco 5-325 mg tablet	March 1 st , 2021	Hydrocodone-acetaminophen 5-325 mg tablet	2
Norco 7.5-325 mg tablet	March 1 st , 2021	Hydrocodone-acetaminophen 7.5-325 mg tablet	2
Norco 10-325 mg tablet	March 1 st , 2021	Hydrocodone-acetaminophen 10-325 mg tablet	2
Lopressor HCT 50-25 mg tablet	March 1 st , 2021	Metoprolol-HCTZ 50-25 mg tablet	2

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Plegridy Syringe Starter Pack	April 1 st , 2021	Plegridy 125 mcg/0.5 ml syringe (note: concentration difference)	5
Plegridy Pen Injector Starter Pack	April 1 st , 2021	Plegridy 125 mcg/0.5 ml syringe (note: concentration difference)	5
Havrix 1,440 units/ml vial	April 1 st , 2021	Havrix 1,440 units/ml syringe	3
Glucotrol 5 mg tablet	April 1 st , 2021	Glipizide 5 mg tablet	1
Prinivil 10 mg tablet	April 1 st , 2021	Lisinopril 10 mg tablet	1
Precose 25 mg tablet	April 1 st , 2021	Acarbose 25 mg tablet	2
Precose 50 mg tablet	April 1 st , 2021	Acarbose 50 mg tablet	2
Precose 100 mg tablet	April 1 st , 2021	Acarbose 100 mg tablet	2
Glyset 25 mg tablet	April 1 st , 2021	Miglitol 25 mg tablet	2
Glyset 50 mg tablet	April 1 st , 2021	Miglitol 50 mg tablet	2
Glyset 100 mg tablet	April 1 st , 2021	Miglitol 100 mg tablet	2
Didanosine 250 mg delayed release capsule	April 1 st , 2021	Videx EC 250 mg capsule	4
Didanosine 400 mg delayed release capsule	April 1 st , 2021	Videx EC 400 mg capsule	4
Stavudine 15 mg capsule	April 1 st , 2021	Zerit 15 mg capsule	4
Stavudine 20 mg capsule	April 1 st , 2021	Zerit 20 mg capsule	4
Stavudine 30 mg capsule	April 1 st , 2021	Zerit 30 mg capsule	4
Stavudine 40 mg capsule	April 1 st , 2021	Zerit 40 mg capsule	4
Triglide 160 mg tablet	April 1 st , 2021	Fenofibrate 160 mg tablet	2
Normosol-M and Dextrose 5%	April 1 st , 2021	Consult your prescriber	N/A
Cleocin T 1% gel	April 1 st , 2021	Clindamycin phosphate 1% gel	2
Cortisone 25 mg tablet	April 1 st , 2021	Consult your prescriber	N/A
DDAVP 10 mcg/0.1 ml solution	April 1 st , 2021	Desmopressin 10 mcg/0.1 ml spray	4
Actigall 300 mg capsule	April 1 st , 2021	Ursodiol 300 mg capsule	3
Dolophine 5 mg tablet	April 1 st , 2021	Methadone 5 mg tablet	2
Dolophine 10 mg tablet	April 1 st , 2021	Methadone 10 mg tablet	2
Catapres 0.1 mg tablet	April 1 st , 2021	Clonidine 0.1 mg tablet	1
Catapres 0.2 mg tablet	April 1 st , 2021	Clonidine 0.2 mg tablet	1
Catapres 0.3 mg tablet	April 1 st , 2021	Clonidine 0.3 mg tablet	1
Lidocaine HCl 2% jelly	May 1 st , 2021	Consult your prescriber	N/A

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Tramadol ER 100 mg capsule	May 1 st , 2021	Tramadol ER 100 mg tablet	2
Tramadol ER 200 mg capsule	May 1 st , 2021	Tramadol ER 200 mg tablet	2
Tramadol ER 300 mg capsule	May 1 st , 2021	Tramadol ER 300 mg tablet	2
Cortisporin Cream	May 1 st , 2021	Consult your prescriber	N/A
Bydureon 2 mg pen injector	May 1 st , 2021	Bydureon Bcise 2 mg autoinject	3
Proprantheline 15 mg tablet	May 1 st , 2021	Consult your prescriber	N/A
Symjepi 0.3 mg/0.3 ml syringe	May 1 st , 2021	Epinephrine 0.3 mg auto-injector (note: formulation difference)	3
Symjepi 0.15 mg/0.3 ml syringe	May 1 st , 2021	Epinephrine 0.15 mg auto-injector (note: formulation difference)	3
Lucemyra 0.18 mg tablet	May 1 st , 2021	Consult your prescriber	N/A
Cortisporin ointment	May 1 st , 2021	Consult your prescriber	N/A
Symbyax 12-50 mg capsule	May 1 st , 2021	Olanzapine-fluoxetine 12-50 mg	4
Symbyax 6-50 mg capsule	May 1 st , 2021	Olanzapine-fluoxetine 6-50 mg	4
Somatuline Depot 60 mg/0.2 ml syringe	May 1 st , 2021	Consult your prescriber	N/A
Somatuline Depot 120 mg/0.5 ml syringe	May 1 st , 2021	Consult your prescriber	N/A
Somatuline Depot 90 mg/0.3 ml syringe	May 1 st , 2021	Consult your prescriber	N/A
Anadrol-50 tablet	May 1 st , 2021	Consult your prescriber	N/A
Metaproterenol 10 mg/5 ml syrup	May 1 st , 2021	Metaproterenol 10 mg tablet (note: formulation difference)	2
Tridesilon 0.05% topical cream	June 1 st , 2021	Desonide 0.05% cream	4
Crixivan 200 mg capsule	June 1 st , 2021	Consult your prescriber	N/A
Sernivo 0.05% spray	June 1 st , 2021	Betamethasone dipropionate 0.05% ointment, cream, lotion or gel (note: formulation difference)	2
Impoyz 0.025% cream	June 1 st , 2021	Clobetasol 0.05% cream (note: concentration difference)	2
Sumatriptan 6 mg/0.5 ml syringe	June 1 st , 2021	Sumatriptan 6 mg/0.5 ml pen injector	3

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Nephramine 5.4% IV solution	June 1 st , 2021	Consult your prescriber	N/A
Gianvi 3 mg-0.02 mg tablet	June 1 st , 2021	Drospirenone-Ethinyl estradiol 3 mg-0.02 mg tablet	2