

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.

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Suprax 100 mg chewable tablet	February 1 st , 2024	Cefixime 100 mg/5 ml suspension (please note: Concentration and formulation difference)	3
Suprax 200 mg chewable tablet	February 1 st , 2024	Cefixime 100 mg/5 ml suspension (please note: Concentration and formulation difference)	3
Suprax 500 mg/5 ml suspension	February 1 st , 2024	Cefixime 100 mg/5 ml suspension (please note: Concentration and formulation difference)	3
Kombiglyze XR 5-500 mg tablet	February 1 st , 2024	Saxagliptin-metformin ER 5-500 mg	4
Kombiglyze XR 2.5-1000 mg tablet	February 1 st , 2024	Saxagliptin-metformin ER 2.5-1000 mg	4
Kombiglyze XR 5-1000 mg tablet	February 1 st , 2024	Saxagliptin-metformin ER 5-1000 mg	4
Olopatadine HCl 0.1% eye drops	February 1 st , 2024	Olopatadine 0.2% eye drops	2
Synribo 3.5 mg/ml vial	February 1 st , 2024	Consult Prescriber	N/A
Nevirapine ER 100 mg tablet	February 1 st , 2024	Nevirapine 50 mg/5 ml suspension (please note: Concentration and formulation difference)	2
Clindamycin ph 300 mg/2 ml vial	February 1 st , 2024	Clindamycin ph 600 mg/4 ml vial (please note: strength difference)	3
Synjardy XR 10-1000 mg tablet	February 1 st , 2024	Jardiance 10 mg tablet Two tablets of Metformin ER 500 mg	3 1

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The following drugs will be removed from the formulary.

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Synjardy XR 12.5-1000 mg tablet	February 1 st , 2024	One-half tablet of Jardiance 25 mg (please note strength) Two tablets of Metformin ER 500 mg	3 1
Synjardy XR 25-1000 mg tablet	February 1 st , 2024	Jardiance 25 mg tablet Two tablets of Metformin ER 500 mg	3 1
Synjardy XR 5-1000 mg tablet	February 1 st , 2024	One-half tablet of Jardiance 10 mg (please note strength) Two tablets of Metformin ER 500 mg	3 1
Symjepi 0.3 mg/0.3 ml syringe	February 1 st , 2024	Epinephrine 0.3 mg auto-injector	3
Symjepi 0.15 mg/0.3 ml syringe	February 1 st , 2024	Epinephrine 0.15 mg auto-injector	3
Ciprofloxacin HCl 100 mg tab	February 1 st , 2024	Ciprofloxacin 250 mg tablet (please note: strength difference)	2
Saizen 5 mg vial	February 1 st , 2024	Saizen 8.8 mg Saizenprep cartridge	5
Saizen 8.8 mg vial	February 1 st , 2024	Saizen 8.8 mg Saizenprep cartridge	5
Isturisa 10 mg tablet	February 1 st , 2024	Isturisa 5 mg tablet (please note: strength difference)	5
Reditrex 15 mg/0.6 ml syringe	February 1 st , 2024	Methotrexate 25 mg/ml vial (please note: concentration and formulation difference)	2
Reditrex 20 mg/0.8 ml syringe	February 1 st , 2024	Methotrexate 25 mg/ml vial (please note: concentration and formulation difference)	2
Reditrex 22.5 mg/0.9 ml syringe	February 1 st , 2024	Methotrexate 25 mg/ml vial (please note: concentration and formulation difference)	2
Reditrex 25 mg/ml syringe	February 1 st , 2024	Methotrexate 25 mg/ml vial (please note: concentration and formulation difference)	2
Cefaclor 375 mg/5 ml suspension	February 1 st , 2024	Cefaclor 250 mg/5 ml suspension	2
Cefaclor 125 mg/5 ml suspension	February 1 st , 2024	Cefaclor 250 mg/5 ml suspension	2
Onglyza 5 mg tablet	February 1 st , 2024	Saxagliptin 5 mg tablet	4
Onglyza 2.5 mg tablet	February 1 st , 2024	Saxagliptin 2.5 mg tablet	4

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Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Triamcinolone 0.147 mg/g spray	March 1 st , 2024	Consult Prescriber	N/A
Amabelz 1 mg-0.5 mg tablet	March 1 st , 2024	Mimvey 1-0.5 mg tablet	2
Flebogamma Dif 10% vial	March 1 st , 2024	Consult Prescriber	N/A
Amcinonide 0.1% lotion	March 1 st , 2024	Consult Prescriber	N/A
Gvoke PFS 0.5 mg/0.1 ml syringe	March 1 st , 2024	Gvoke Hypopen 0.5 mg/0.1 ml	4
Accutane 30 mg capsule	March 1 st , 2024	Zenatane 30 mg capsule	3
Sorine 240 mg tablet	March 1 st , 2024	Sotalol 240 mg tablet	2
Tyvaso DPI 16-32 mcg titration kit	April 1 st , 2024	Consult Prescriber	N/A
Paromomycin 250 mg capsule	April 1 st , 2024	Consult Prescriber	N/A
Humalog Mix 50-50 vial	April 1 st , 2024	Humalog Mix 50-50 Kwikpen	4
Humira pen Crohn-UC-HS	April 1 st , 2024	Humira(CF) pen Crhn-UC-HS	5
Natpara 100 mcg dose cartridge	May 1 st , 2024	Consult Prescriber	N/A
Natpara 25 mcg dose cartridge	May 1 st , 2024	Consult Prescriber	N/A
Natpara 50 mcg dose cartridge	May 1 st , 2024	Consult Prescriber	N/A
Natpara 75 mcg dose cartridge	May 1 st , 2024	Consult Prescriber	N/A
Rhofade 1% cream	May 1 st , 2024	Consult Prescriber	N/A
Emcyt 140 mg capsule	May 1 st , 2024	Consult Prescriber	N/A
Capex shampoo	June 1 st , 2024	Consult Prescriber	N/A
Vraylar 1.5 mg-3 mg pack	June 1 st , 2024	Vraylar 1.5 mg capsule or 3 mg capsule	5
Evekeo ODT 10 mg	June 1 st , 2024	Amphetamine sulfate 10 mg tab (please note: formulation difference)	3
Evekeo ODT 15 mg	June 1 st , 2024	Amphetamine sulfate 10 mg or 5 mg tab (please note: strength and formulation difference)	3
Evekeo ODT 20 mg	June 1 st , 2024	Amphetamine sulfate 10 mg tab (please note: strength and formulation difference)	3
Evekeo ODT 5 mg	June 1 st , 2024	Amphetamine sulfate 5 mg tab (please note: formulation difference)	3

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The following drugs will be removed from the formulary.

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Relyvrio 3 gm-1gm powder packet	June 1 st , 2024	Consult Prescriber	N/A
Clindamycin phosphate 1% gel	June 1 st , 2024	Clindamycin Ph 1% gel	2
Sorine 80 mg tablet	June 1 st , 2024	Sotalol 80 mg tablet	2
Amabelz 0.5 mg-0.1 mg tablet	July 1 st , 2024	Estradiol-Norethindrone 0.5-0.1 mg tablet	2
Xenleta 600 mg tablet	July 1 st , 2024	Consult Prescriber	N/A
Extavio 0.3 mg kit or vial	July 1 st , 2024	Betaseron 0.3 mg kit or vial	5
Humira pen PS-UV-Adol HS 40 mg	August 1 st , 2024	Humira Pen 40 mg/0.8 ml	5
Humira(CF) Pedi Crohn 80-40 mg	August 1 st , 2024	Humira(CF) Pen PS-UV-AHS 80-40	5
Humira(CF) Pedi Crohn 80 mg/0.8 ml	August 1 st , 2024	Humira(CF) Pen Pedi UC 80 mg	5
Exkivity 40 mg capsule	August 1 st , 2024	Consult Prescriber	N/A
Insulin glargine Solostar U100	August 1 st , 2024	Lantus Solostar 100 unit/ml	3
Insulin glargine 100 unit/ml	August 1 st , 2024	Lantus 100 unit/ml	3
Ventavis 10 mcg/1 ml solution	August 1 st , 2024	Consult Prescriber	N/A
Ventavis 20 mcg/1 ml solution	August 1 st , 2024	Consult Prescriber	N/A
Prefest tablet	August 1 st , 2024	Consult Prescriber	N/A