

**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\*\*\***

<b>Drug Name</b>	<b>Effective Date</b>	<b>Alternative Drug</b>	<b>Alternative Drug Tier</b>
Fazacllo 150 mg Tab	February 1 <sup>st</sup> , 2020	Clozapine ODT 100 mg Tab	2
Azelex 20% Cream	February 1 <sup>st</sup> , 2020	Azelaic Acid 15% Gel (note: this is a different dosage and dosage form)	2
Bactroban Nasal Ointment	February 1 <sup>st</sup> , 2020	Mupirocin 2% Ointment	2
Khedezla 100 mg Tab	February 1 <sup>st</sup> , 2020	Desvenlafaxine ER 100 mg	2
Khedezla 50 mg Tab	February 1 <sup>st</sup> , 2020	Desvenlafaxine ER 50 mg	2
Norlyroc 28 Day Tab	February 1 <sup>st</sup> , 2020	Norethindrone 0.35 mg Tab	2
Zykadia 150 mg Cap	February 1 <sup>st</sup> , 2020	Zykadia 150 mg Tab	5
Delyla 28 Day Tab	February 1 <sup>st</sup> , 2020	Levonor-Eth Estradiol 0.1 – 0.02 mg Tab	2
Mimvey Lo 28 Day Tab	February 1 <sup>st</sup> , 2020	Estradiol – Noreth 0.5 – 0.1 mg Tab	2
Treximet 60 mg/10 mg Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Glucose 50 mg/ml – Sodium Chloride 3.3 mg/ml Injection	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Esomeprazole 49.3 mg Cap	February 1 <sup>st</sup> , 2020	Esomeprazole 40 mg Cap	3

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



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KCL 20 MEQ in D5W-0.3% NACL	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Noctiva 0.83 mcg/0.1 ml Nasal Spray	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Methyclothiazide 5 mg Tab	February 1 <sup>st</sup> , 2020	Hydrochlorothiazide 25 mg Tab (note: this is a different medication in the same class)	1
Bendroflumethiazide 5 mg – Nadolol 40 mg Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Noctiva 1.66 mcg/0.1 ml Nasal Spray	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Oxervate 0.002% Eye Drop	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ribasphere 200 mg Cap	February 1 <sup>st</sup> , 2020	Ribavirin 200 mg Cap	2
Rebetol 40 mg/ml Solution	February 1 <sup>st</sup> , 2020	Ribavirin 200 mg Cap (note: this is an alternative dosage form)	2
Ribasphere 600 mg Tab	February 1 <sup>st</sup> , 2020	Ribavirin 200 mg Cap	2
Cleocin 18 mg/ml Injection	February 1 <sup>st</sup> , 2020	Clindamycin-D5W 900 mg/50 ml	3
Clarinet 0.5 mg/ml Solution	February 1 <sup>st</sup> , 2020	Desloratadine 2.5 mg Tablet (note: different dosage form)	2
Cordran Medicated Tape	February 1 <sup>st</sup> , 2020	Flurandrenolide 0.05% Cream (note: different dosage form)	2
Striant 30 mg Film	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Embeda 100 mg/4 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Embeda 20 mg/0.8 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Embeda 30 mg/1.2 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A

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Embeda 50 mg/2 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Embeda 60 mg/2.4 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Embeda 80 mg/ 3.2 mg Cap	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ribasphere Ribapak 1000	February 1 <sup>st</sup> , 2020	Ribavirin 200 mg Cap	2
Ribasphere Ribapak 1200	February 1 <sup>st</sup> , 2020	Ribavirin 200 mg Cap	2
Thyrolar – 1/4 Strength Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Thyrolar – 3 Strength Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Thyrolar – 2 Strength Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Thyrolar – 1/2 Strength Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Thyrolar – 1 Strength Tab	February 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Gavilyte-G	February 1 <sup>st</sup> , 2020	PEG-3350 and Electrolytes Soln	2
Fazaclo 200 mg Tab	February 1 <sup>st</sup> , 2020	Clozapine ODT 200 mg	4
Abstral 0.8 mg SL Tab	March 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Abstral 0.3 mg SL Tab	March 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Metformin 500 mg/Repaglinide 2 mg Tab	March 1 <sup>st</sup> , 2020	Separate ingredients: Metformin 500 mg Tab Repaglinide 2 mg Tab	2 2
Abstral 0.4 mg SL Tab	March 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Abstral 0.6 mg SL Tab	March 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Isosorbide Dinitrate 40 mg ER Tab	March 1 <sup>st</sup> , 2020	Isosorbide Dinitrate 40 mg Tab (Note: formulation change)	2

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Metformin 500 mg/Repaglinide 1 mg Tab	March 1 <sup>st</sup> , 2020	Separate ingredients: Metformin 500 mg Tab Repaglinide 1 mg Tab	2 2
Cesamet 1 mg Cap	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Abstral 0.1 mg SL Tab	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Abstral 0.2 mg SL Tab	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Sylatron 0.6 mg Injection	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Prepopik Powder for Oral Solution	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ethinyl estradiol 0.02 mg / ferrous sulfate 75 mg / norethindrone acetate 1 mg Tab	April 1 <sup>st</sup> , 2020	Junel FE 24 Tablet	2
Humira Pediatric Crohn's Disease Starter Package (6 count) 40 mg/0.8 ml Prefilled Syringe	April 1 <sup>st</sup> , 2020	Humira 40 mg/0.8 ml syringe	5
Humira Pediatric Crohn's Disease Starter Package (3 count) 40 mg/0.8 ml Prefilled Syringe	April 1 <sup>st</sup> , 2020	Humira 40 mg/0.8 ml syringe	5
Klor-Con 8 mEq extended release Cap	April 1 <sup>st</sup> , 2020	Potassium chloride ER 8 mEq Cap	2
Ala-Cort 2.5% topical cream	April 1 <sup>st</sup> , 2020	Hydrocortisone 2.5% topical cream	2
Aktipak Topical Gel	April 1 <sup>st</sup> , 2020	Erythromycin-benzoyl Topical Gel	2
Tolbutamide 500 mg Tab	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Eurax 10% Topical Cream	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Eurax 10% Topical Lotion	April 1 <sup>st</sup> , 2020	Crotan 10% Lotion	5

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Sodium lactate 50 mEq/10 ml Injection	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Augmentin 25 mg/ml-6.25 mg/ml Oral Suspension	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Premasol 6% Injectable Solution	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Colocort 100 mg/60 ml Enema	April 1 <sup>st</sup> , 2020	Hydrocortisone 100 mg/60 ml Enema	2
Fenofibric acid 105 mg Tab	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Fenofibric acid 35 mg Tab	April 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
PEG 3350 Electrolyte Powder for Oral Solution	April 1 <sup>st</sup> , 2020	Gavilyte-C Solution	2
Farydak 15 mg oral capsule	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Chlorothiazide 250 mg tablet	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Chlorothiazide 500 mg tablet	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Flurbiprofen 50 mg tablet	May 1 <sup>st</sup> , 2020	Flurbiprofen 100 mg tablet (Note: strength change)	2
Nuzyra 7-day oral pack	May 1 <sup>st</sup> , 2020	Nuzyra 150 mg tablet	5
Nuzyra 7-day oral pack including loading dose	May 1 <sup>st</sup> , 2020	Nuzyra 150 mg tablet	5
Exelderm 1% topical cream	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Exelderm 1% topical solution	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
AVC 15% cream	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ionosol-MB-D5W IV solution	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Morphine 8 mg/ml iSecure syringe	May 1 <sup>st</sup> , 2020	Morphine 4 mg/ml iSecure syringe (Note: strength change)	2

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Hydromorphone 2 mg/ml iSecure syringe	May 1 <sup>st</sup> , 2020	Hydromorphone 1 mg/ml syringe (Note: strength change)	2
Alendronate 40 mg tablet	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Alendronate 5 mg tablet	May 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ranitidine 150 mg capsule	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ranitidine 150 mg tablet	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ranitidine 300 mg capsule	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ranitidine 300 mg tablet	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Eprosartan 600 mg tablet	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ranitidine 15 mg/ml oral solution	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Rescriptor 200 mg tablet	June 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Metadate ER 20 mg tablet	July 1 <sup>st</sup> , 2020	Methylphenidate ER 20 mg tablet	4
Lazanda 100 mcg nasal spray	July 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Lazanda 300 mcg nasal spray	July 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Lazanda 400 mcg nasal spray	July 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Videx EC 125 mg capsule	July 1 <sup>st</sup> , 2020	Didanosine DR 125 mg capsule	2
Videx 10 mg/ml oral solution	July 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ivermectin 1% cream	August 1 <sup>st</sup> , 2020	Soolantra 1% cream	4
Havrix 720 units/0.5 ml vial	August 1 <sup>st</sup> , 2020	Havrix 720 units/0.5 ml syringe	3
Morphabond ER 15 mg tablet	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Morphabond ER 30 mg tablet	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Morphabond ER 60 mg tablet	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A

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Morphabond ER 100 mg tablet	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Ketorolac 15.75 mg nasal spray	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Gonitro 0.4 mg sublingual powder pack	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Aminosyn-PF 10% IV solution	August 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Oxycodone-Ibuprofen 5-400 mg tablet	September 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Trophamine 6%	September 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Bevyxxa 40 mg oral capsule	September 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Bevyxxa 80 mg oral capsule	September 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Rifater 50 mg-300-120 mg tablet	September 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Didanosine 200 mg delayed release capsule	September 1 <sup>st</sup> , 2020	Videx EC 200 mg capsule	4
Potassium chloride 40 mEq in 5% dextrose in water	September 1 <sup>st</sup> , 2020	Potassium chloride 20 mEq in 5% dextrose in water (Note: strength change)	2
E.E.S. 400 mg Filmtab	September 1 <sup>st</sup> , 2020	Erythromycin ES 400 mg tablet	2
Egrifta 2 mg injection	October 1 <sup>st</sup> , 2020	Egrifta 1 mg vial (Note: strength change)	5
Sylatron 300 mcg kit	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Sylatron 200 mcg kit	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A

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Normosol-R-Dextrose 5% IV solution	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Zostavax vial	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Lorcet Plus 7.5-325 mg tablet	October 1 <sup>st</sup> , 2020	Hydrocodone-Acetaminophen 7.5-325 mg tablet	2
Omeprazole DR 10 mg capsule	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Desogestrel-Ethinyl Estradiol 0.15-0.03 mg tablet	October 1 <sup>st</sup> , 2020	Apri 28 day tablet	2
Veregen 15% ointment	October 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Duramorph 5 mg/10 ml ampule	October 1 <sup>st</sup> , 2020	Morphine 5 mg/10 ml vial	2
Duramorph 10 mg/10 ml ampule	October 1 <sup>st</sup> , 2020	Morphine 10 mg/10 ml vial	2
Lorcet HD 10-325 mg tablet	November 1 <sup>st</sup> , 2020	Hydrocodone-acetaminophen 10-325 mg	2
Lorcet 5-325 mg tablet	November 1 <sup>st</sup> , 2020	Hydrocodone-acetaminophen 5-325 mg	2
Dexamethasone Intensol 1 mg/ml oral solution	November 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Normosol-R injectable solution	November 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Acuvail 0.45% ophthalmic solution	November 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Gralise 30-Day Starter Pack	December 1 <sup>st</sup> , 2020	Consult your prescriber	N/A



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Juxtapid 40 mg capsule	December 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Juxtapid 60 mg capsule	December 1 <sup>st</sup> , 2020	Consult your prescriber	N/A
Naloxone 2 mg auto-injector	December 1 <sup>st</sup> , 2020	Naloxone 2 mg/2ml syringe	2
Evzio 2 mg auto-injector	December 1 <sup>st</sup> , 2020	Naloxone 2 mg/2ml syringe	2
Zypitamag 1 mg tablet	December 1 <sup>st</sup> , 2020	Livalo 1 mg tablet	4