

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
Giazo 1100mg	February 1 st , 2019	Balsalazide 750mg	2
Versacloz 50 mg/ml	February 1 st , 2019	Consult your prescriber	NA
Viramune 100 mg	February 1 st , 2019	Nevirapine ER 100mg	2
Karbinal 0.8 mg/ml	February 1 st , 2019	Carbinoxamine 4 mg/5ml liquid	3
Norvir 100 mg	February 1 st , 2019	Ritonavir 100 mg	3
Hexalen 50 mg	February 1 st , 2019	Consult your prescriber	NA
Tanzeum 60 mg/ml	February 1 st , 2019	Bydureon	3
Tanzeum 100 mg/ml	February 1 st , 2019	Bydureon	3
Kimidess 28 Day	February 1 st , 2019	Pimtree 28 Day	2
Cefotaxime 2000 mg	February 1 st , 2019	Cefotaxime 1000mg	3
Triamcinolone Acet. 0.055 mg/act	February 1 st , 2019	Fluticasone Prop 50 mcg Spray	2
Panlor 325mg/30mg/16mg	February 1 st , 2019	Acetamin-Caff-Dihydrocod 320.5	2
Minocin 100 mg	February 1 st , 2019	Minocycline 100 mg	2
Zemplar 0.001 mg	February 1 st , 2019	Paricalcitol 1 mcg	2
Afeditab CR 60 mg	February 1 st , 2019	Nifedipine ER 60 mg	2
Necon 7/7/7 28 Day	February 1 st , 2019	Cyclafem 7-7-7-28	2
Clinimix 2.75/5	February 1 st , 2019	Consult your prescriber	NA
Clinimix 4.25/20	February 1 st , 2019	Consult your prescriber	NA
Periogard	February 1 st , 2019	Chlorhexidine 0.12% Rinse	2

The following drugs will be removed from the formulary.

OPEN FORMULARY

Drug Name	Effective Date	Alternative Drug	Alternative Drug Tier
Eldepryl 5 mg	February 1 st , 2019	Selegiline 5 mg Cap	2