



## Changes to Formulary

The following drugs are no longer considered eligible under Medicare Part D and will be excluded.  
They will be removed from the formulary.

Drug Name	Effective Date	Alternative Drug; Alternative Drug Tier
AMINESS 5.2% IV SOLUTION	April 25, 2010	Aminosyn; Tier 3: Preferred Brand. Travasol; Tier 3: Preferred Brand
COTAZYM CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
CREON 10 EC CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
CREON 20 EC CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
CREON 5 EC CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
DYGASE CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
ENZYCAP CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
KUTRASE CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
KU-ZYME CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
KU-ZYME HP CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LAPASE CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM 4,500 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-CR 10 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-CR20 CAPSULE SA	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-CR5 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-PN10 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-PN16 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-PN20 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-UL12 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-UL18 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
LIPRAM-UL20 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALCAPS 10 CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALCAPS 20 CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALIPASE CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALIPASE MT 16 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALIPASE MT 20 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALPEON DR 10 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALPEON DR 20 CAPSULE SA	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALPEON MT 20 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PALTRASE V8 TABLET	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PANCREASE CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
PANCREASE EC CAPSULE	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand





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ULTRASE MT 12 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
ULTRASE MT 18 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
ULTRASE MT 20 CAPSULE EC	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
VIOKASE 16 TABLET	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
VIOKASE 8 TABLET	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand
VIOKASE POWDER	September 22, 2010	Creon DR; Tier 3: Preferred Brand. Zenpep DR; Tier 4: Non-Preferred Brand

**The following brand name drugs will have a tier increase, with an increase in member cost-share.  
For each of them, a generic alternative is now available.**

Drug Name	New Tier	Effective Date	Alternative Drug; Alternative Drug Tier
SUBUTEX 2 MG TABLET	Tier 4: Non-Preferred Brand	June 1, 2010	Buprenorphine 2mg tablet; Tier 2: Non-Preferred Generic
SUBUTEX 8 MG TABLET	Tier 4: Non-Preferred Brand	June 1, 2010	Buprenorphine 8mg tablet; Tier 2: Non-Preferred Generic
ALKERAN 50 MG VIAL	Tier 4: Non-Preferred Brand	June 1, 2010	Melphalan 50mg Solution; Tier 2: Non-Preferred Generic
ELOXATIN 100 MG/20 ML VIAL	Tier 5: Specialty	June 1, 2010	Oxaloplatin 100 mg/20 mg vial; Tier 2: Non-Preferred Generic
ZOSYN 3/0.375 GM ADD-VANTAGE	Tier 4: Non-Preferred Brand	June 1, 2010	Piperacillin/Tazobactam 3.375 gm vial; Tier 2: Non-Preferred Generic
PROGRAF 0.5 MG CAPSULE	Tier 4: Non-Preferred Brand	June 1, 2010	Tacrolimus 0.5 mg capsule; Tier 2: Non-Preferred Generic
PROGRAF 1 MG CAPSULE	Tier 4: Non-Preferred Brand	June 1, 2010	Tacrolimus 1 mg capsule; Tier 2: Non-Preferred Generic
PROGRAF 5 MG CAPSULE	Tier 4: Non-Preferred Brand	June 1, 2010	Tacrolimus 5 mg capsule; Tier 2: Non-Preferred Generic
MIRAPEX 0.125 MG TABLET	Tier 4: Non-Preferred Brand	July 1, 2010	Pramipexole 0.125 mg tablet; Tier 2: Non-Preferred Generic
MIRAPEX 0.25 MG TABLET	Tier 4: Non-Preferred Brand	July 1, 2010	Pramipexole 0.25 mg tablet; Tier 2: Non-Preferred Generic
MIRAPEX 1 MG TABLET	Tier 4: Non-Preferred Brand	July 1, 2010	Pramipexole 1 mg tablet; Tier 2: Non-Preferred Generic
MIRAPEX 1.5 MG TABLET	Tier 4: Non-Preferred Brand	July 1, 2010	Pramipexole 1.5 mg tablet; Tier 2: Non-Preferred Generic
MIRAPEX 0.5 MG TABLET	Tier 4: Non-Preferred Brand	July 1, 2010	Pramipexole 0.5 mg tablet; Tier 2: Non-Preferred Generic
XOPENEX 0.417 MG/ML SOLUTION	Tier 4: Non-Preferred Brand	July 1, 2010	Levalbuterol 1.25 mg/0.5 ml solution; Tier 2: Non-Preferred Generic
PULMICORT 0.25 MG/2 ML RESPULE	Tier 4: Non-Preferred Brand	August 1, 2010	Budesonide 0.25 mg/2 ml respule; Tier 2: Non-Preferred Generic
PULMICORT 0.5 MG/2 ML RESPULE	Tier 4: Non-Preferred Brand	August 1, 2010	Budesonide 0.5 mg/2 ml respule; Tier 2: Non-Preferred Generic
ALDARA 50MG/ML TOPICAL CREAM	Tier 4: Non-Preferred Brand	September 1, 2010	Imiquimod 50mg/ml cream; Tier 2: Non-Preferred Generic
FLOMAX 0.4MG CAPSULE	Tier 4: Non-Preferred Brand	September 1, 2010	Tamsulosin 0.4mg capsule; Tier 2: Non-Preferred Generic
HYZAAR 100-12.5 TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan-HCTZ 100-12.5mg tablet; Tier 2: Non-Preferred Generic
HYZAAR 50-12.5 TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan-HCTZ 50-12.5mg tablet; Tier 2: Non-Preferred Generic
HYZAAR 100-25 TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan-HCTZ 100-25 mg tablet; Tier 2: Non-Preferred Generic
COZAAR 100 MG TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan 100mg tablet; Tier 2: Non-Preferred Generic
COZAAR 25 MG TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan 25mg tablet; Tier 2: Non-Preferred Generic
COZAAR 50 MG TABLET	Tier 4: Non-Preferred Brand	October 1, 2010	Losartan 50mg tablet; Tier 2: Non-Preferred Generic



**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 the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and would cause you to have adverse medical effects. You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception, you should 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.