

The Script – October / November / December 2025

Pharmacy Highlights for 2026

Continuous Glucose Monitors Covered for Medicare and Commercial Members with Diabetes

New in 2026 - Network Health has decided to cover continuous glucose monitors (CGMs) for all members with diabetes regardless of insulin status. Members will no longer need to be taking insulin for their CGM to be covered.

Out-of-Pocket Threshold for Medicare Part D Members Increase

The out-of-pocket (OOP) threshold for Medicare Part D members will increase from \$2,000 to \$2,100.

Lifescan Bankruptcy and What it Means for Members

Lifescan, the manufacturer of OneTouch products has filed for bankruptcy. While we don't yet know how this will impact supply and whether they continue producing OneTouch test strips and meters, existing Medicare OneTouch utilizers will be brought in as legacy members in 2026 to allow them to continue to get these products while still available.

Our preferred diabetic meters will include FreeStyle and Accu-Chek for Commercial and Medicare members. Members can obtain a voucher for a free meter by [going online for Accu-chek](#) or calling Abbott, at 866-740-8343, if interested in a FreeStyle meter.

Preferred Pharmacy and Network Updates

Kroger subsidiaries, including Pick-N-Save, Metro Market and Copps will be a preferred pharmacy option. CVS pharmacy will be out of network. To confirm in-network pharmacies, [visit our Find a Pharmacy page](#).

For Medicare members, Network Health continues to partner with Express Scripts, Froedtert Home Delivery and Mark Cuban Cost Plus Pharmacy for mail order pharmacy options. Froedtert mail order pharmacy can coordinate benefits with those members who also participate in Wisconsin Senior Care.

Generic Approvals for Entresto and Brilinta

Recent approvals of generics for Entresto and Brilinta provide an opportunity for significant cost savings. Additionally, Mark Cuban Cost Plus Pharmacy continues to provide excellent pricing on hundreds of medications by negotiating directly with the manufacturer and passing the savings on directly to the member. To keep costs low, Cost Plus Drugs has a unique and convenient set-up and is available online only. Members can visit the [Cost Plus Drugs website](#) and get started by clicking Sign Up. It is important that patients include their email address on the prescriptions being sent over to Cost Plus Drugs.

For commercially covered individuals with SaveOn benefits, Stelara will be removed from SaveOn and will increase to a tier 5 (non-preferred specialty) medication on July 1, 2025. If the member has exhausted manufacturer assistance funds, the member will be responsible for the tier 5 charges. Alternatively, the biosimilars listed below will be preferred and will be included on the SaveOn coverage beginning July 1, 2025. If appropriate, doctors may send in a new prescription for Selarsdi or Yesintek to Accredo Specialty Pharmacy.

2026 Medicare Drug Price Negotiation

The 2026 Medicare drug price negotiation program begins on January 1st as a result of the Inflation Reduction Act. Popular drugs on the list include Eliquis, Xarelto and Jardiance. The cost of these medications will be substantially reduced from prices seen in 2025 for our Medicare members.

Medication	Member 2025 Cost 30 days	Member 2026 Cost 30 days
Eliquis	\$521 x 24% = \$125	\$231 x 21% = \$49
Jardiance	\$573 x 24% = \$138	\$197 x 21% = \$41

For the full list of medications and more details on the program, [visit the CMS webpage here](#).

2026 Preventive Drug List

The link for the [2026 Preventive Drug List is available by clicking here](#). The Preventive Drug List applies to members in the Self-Funded/Assure, Small Group ACA, Mid-Large

Group and Custom Group. Medications on the Preventive Drug list are covered at \$0 cost-share.

Medicare 2026 Formulary Changes

Tier Improvements

- Farxiga and generic moving to Tier 3 without PA
- Tolterodine ER moving to Tier 3
- Gemtesa adding to formulary at Tier 3

Exclusions due to being Over-the-Counter (OTC)

- Diclofenac 1% Gel
- Olopatadine eye drops (generic Patanol)

Commercial 2026 Formulary Changes

Positive Changes

- Solifenacin Tier 2 down to Tier 1
- Prednisolone 1% eye drops Tier 3 down to Tier 1
- Hormone replacement medications
 - Estradiol 10mcg vaginal insert Tier 2 down to Tier 1
 - Estradiol vaginal cream Tier 2 down to Tier 1
- Eletriptan Tier 3 down to Tier 2
- Diabetes medications
 - Preferred long-acting: Insulin glargine-yfgn, Tresiba
 - Preferred short-acting: Humalog and Humulin products, insulin lispro products
- Prucalopride (generic Motegrity) on the formulary at Tier 1

Negative Changes

- Victoza is no longer covered. Trulicity, Ozempic, Rybelsus and Mounjaro are covered.
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- Elmiron going from Tier 3 to Tier 4
- Diltiazem LA is no longer covered
 - Diltiazem ER and CD are covered
- Brilinta is no longer covered
 - Generic Ticagrelor is covered

Healthcare Exchange

- Rinvoq and Skyrizi will be non-preferred in 2026.
 - Biosimilar strategy
 - Preferred Stelara biosimilars: Selarsdi, Ustekinumab-ttwe, Imuldosa
 - Preferred Humira biosimilars: Simlandi, adalimumab-ryvk, Adalimumab-adaz, adalimumab-adbm

Pharmacy and Therapeutic Changes for September and November 2025

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Ryonicil	M ¹				C ²
Tryngolza	M ¹ , C ³				
Journavx	M ¹ , C ³				
Onapgo	M ¹				C ²
Vanrafia	M ¹ , C ³				
Ekterly	M ¹ , C ³				

Enflonsia	M ¹ , C ⁴				
Leqselvi	M ¹ , C ³				
Yeztugo	M5				C ²

C indicates commercial preferred drug list (PDL) status

M indicates Medicare PDL status

PA indicates that prior authorization is required

QL indicates a quantity limit

ST indicates that step therapy is required

Footnotes:

1. Excluded on Medicare
2. CCUM Prior Authorization
3. Excluded on Commercial
4. Commercial Tier zero (\$0)
5. Medicare Part B Coverage with PA

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Bonsity 20 mcg/dose pen injector	Add 2.24 ml/28 days
Brukinsa 160 mg tablet	Add 60 tablets/30 days
Cimzia 200 mg/ml syringe	Add 2 mL/28 days
Exxua 18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg tablet	Add 30 tablets/30 days
Fanapt 1-2-6 mg tablet dose pack	Add 8 tablets/30 days
Fanapt 1-2-6-8 mg tablet dose pack	Add 12 tablets/30 days
Fidaxomicin 200 mg tablet	Add 20 tablets/10 days
Ibtozi 200 mg capsule	Add 90 capsules/30 days

Kerendia 40 mg tablet	Add 30 tablets/30 days
Nilotinib 150 mg capsule	Add 120 tablets/30 days
Nilotinib 200 mg capsule	Add 120 tablets/30 days
Nilotinib 50 mg capsule	Add 120 tablets/30 days
Otezla XR 10-30-75 mg titration pack	Add 41 tablets/30 days
Perampanel 10 mg tablet	Add 30 tablets/30 days
Otezla XR 75 mg tablet	Add 30 tablets/30 days
Perampanel 12 mg tablet	Add 30 tablets/30 days
Perampanel 2 mg tablet	Add 30 tablets/30 days
Perampanel 4 mg tablet	Add 30 tablets/30 days
Perampanel 6 mg tablet	Add 30 tablets/30 days
Perampanel 8 mg tablet	Add 30 tablets/30 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Adalimumab-adaz(CF) 40 mg pen	Change from 2/28 days to 4/28 days
Adalimumab-adaz(CF) 40 mg syringe	Change from 2/28 days to 4/28 days
Adalimumab-adbm(CF) pen 40 mg	Change from 2/28 days to 4/28 days
Adalimumab-adbm(CF) 40 mg syringe	Change from 2/28 days to 4/28 days

Adalimumab-ryvk(CF) AI 40 mg	Change from 2/28 days to 4/28 days
Adalimumab-ryvk(CF) 40 mg syringe	Change from 2/28 days to 4/28 days
Adalimumab-ryvk(CF) 80 mg auto-injector	Add 2/28 days
Cyltezo(CF) 40 mg/0.4 ml syringe	Change from 2/28 days to 4/28 days
Cyltezo(CF) pen 40 mg/0.4 ml	Change from 2/28 days to 4/28 days
Cyltezo(CF) 40 mg/0.8 ml syringe	Change from 2/28 days to 4/28 days
Cyltezo(CF) pen 40 mg/0.8 ml	Change from 2/28 days to 4/28 days
Doptelet (10 tab pk) 20 mg tab	Change from 15 tablets/fill to 60 tablets/fill
Doptelet (15 tab pk) 20 mg tab	Change from 15 tablets/fill to 60 tablets/fill
Doptelet (30 tab pk) 20 mg tab	Change from 15 tablets/fill to 60 tablets/fill
Doptelet sprinkle 10 mg cap	Add 60 capsules/fill

Evrysdi 5 mg tablet	Change from 30 tablets/30 days to 30/fill
Evrysdi 60 mg/80 ml	Change from 240 ml/30 days to 240 ml/fill
Fanapt Titration Pack B	Add 1 pack/fill
Fanapt Titration Pack C	Add 1 pack/fill
Kerendia 40 mg tablet	Add 30/30 days
Imuldosa 45 mg/0.5 ml syringe	Add 1 syringe/84 days
Imuldosa 90 mg/ml syringe	Add 1 syringe/56 days
Simlandi(CF) 40 mg/0.4 ml syringe	Change from 2/28 days to 4/28 days
Simlandi(CF) AI 40 mg/0.4 ml	Change from 2/28 days to 4/28 days
Xeljanz 5 mg tablet	Change from 60 tablets/fill to 60 tablets/30 days

Xeljanz 10 mg tablet	Change from 60 tablets/fill to 60 tablets/30 days
Xeljanz XR 11 mg tablet	Change from 30 tablets/fill to 30 tablets/30 days
Xeljanz XR 22 mg tablet	Change from 30 tablets/fill to 30 tablets/30 days
Xeljanz 1 mg/ml solution	Change from 480 ml/fill to 480 ml/30 days
Zelboraf 240 mg tablet	Change from 240 tablets/fill to 224 tablets/fill

2025 Prior Authorization (PA) Updates

Policy	Change
FCR PAR-103 Non-Formulary: Zepbound	Medicare, Commercial and Healthcare Exchange: Added formulary alternative Sunosi (applies to commercial LOB only)
FCR PAR-125 Non-Formulary: Ekterly	Medicare, Commercial and Healthcare Exchange: New Policy
FCR PAR-126 Non-Formulary: Liydelzi	Medicare, Commercial and Healthcare Exchange: New Policy

FCR PAR-127 Non-Formulary: Iqirvo	Medicare, Commercial and Healthcare Exchange: New Policy
FCR PAR-128 Non-Formulary Hereditary Angioedema (HAE) Products	Medicare, Commercial and Healthcare Exchange: New Policy
FCR PAR-129 Non-Formulary PAH Products	Medicare, Commercial and Healthcare Exchange: New Policy
PAR-250 Etanercept (Enbrel)	Medicare only: For psoriasis, changing from double step to single step through prerequisite options
FCR PAR 124 Wegovy	Commercial: Commercial: New non-formulary policy with requirement to trial formulary alternatives for MACE indication
PAR-267 Omalizumab (Xolair)	Commercial and Medicare: Updating to remove systemic corticosteroids and prior surgery as pre- requisites for the nasal polyp indication.
PAR-275 Adalimumab (Humira and biosimilars)	Medicare: For psoriasis, changing from double step to single step through prerequisite options
PAR-277 Certolizumab (Cimzia)	Medicare only: For psoriasis, changing from double step to single step through prerequisite options
PAR-283 Eltrombopag (Promacta, Alvaiz)	<ul style="list-style-type: none"> • Medicare and Commercial: Added hepatologist to prescriber options per CMS kickout • Commercial and Medicare: updated platelet count requirement for thrombocytopenia post-allogeneic transplantation per CMS kickout

PAR-284 Golimumab (Simponi)	Medicare only: Added new indication treatment of UC in pediatric patients weighing at least 15 kg
PAR-286 Ustekinumab (Stelara)	Medicare only: For psoriasis, changing from double step to single step through prerequisite options
PAR-315 Tofacitinib (Xeljanz, Xeljanz XR and Xeljanz oral solution)	Medicare only: Removed UC pouchitis/conventional step therapy requirement for parity with other class drug criteria
PAR-333 Otezla (apremilast)	<ul style="list-style-type: none"> • Medicare and Commercial: New approval for psoriatic arthritis in patients ages 6 and older weighing at least 20kg • Medicare only: For psoriasis, changing from double step to single step through prerequisite options
PAR-338 Cosentyx	Medicare only: For psoriasis, changing from double step to single step through prerequisite options
PAR-351 Multiple Sclerosis Agents	Commercial only: Updated to remove Extavia to reflect non-formulary status
PAR-353 Mepolizumab recombinant (Nucala)	<ul style="list-style-type: none"> • Medicare – updated per CMS kickouts • Commercial and Medicare: Updating to remove systemic corticosteroids and prior surgery as pre-requisites for the nasal poly indication.
PAR-413 Tremfya (Guselkumab)	Medicare only: Updated age restriction for plaque psoriasis and psoriatic arthritis to 6 years of age or older to align with FDA indication
PAR-416 Dupixent (dupilumab)	<ul style="list-style-type: none"> • Medicare – updated per CMS kickouts, added new indication for bullous pemphigoid • Updating to remove systemic corticosteroids and prior surgery as pre-requisites for the nasal poly indication.

PAR-420 Mavyret (glecaprevir/pibrentasvir)	Medicare and Commercial: Added criteria for new indication for treatment of acute hepatitis C infection
PAR-463 Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	Commercial: Ajovy new indication for episodic migraine in patients ages 6-17 weighing at least 45kg
PAR-481 Doptelet (Avatrombopag)	Medicare and Commercial: New indication for treatment of pediatric patients with persistent or chronic ITP
PAR-483 Risankizumab (Skyrizi)	Medicare only: For psoriasis, changing from double step to single step through prerequisite options
PAR-499 Upadacitinib (Rinvoq)	<ul style="list-style-type: none"> • Medicare: Removed disease severity requirement for psoriatic arthritis per CMS kickout. Addition of criteria for giant cell arteritis with updates from July P&T feedback. Commercial: Removed COVID 19 from exclusions, added GCA criteria to align with ESI ICCV criteria • Medicare: Updated UC and Crohn's TNFi requirement language to allow intolerance or trial of other biologic
PAR-508 Koselugo (selumetinib)	Commercial and Medicare: Updated age restriction to 1 year and older to align with FDA indication expansion
PAR-527 Ajovy (fremanezumab-vfrm)	Medicare: New indication for episodic migraine in patients ages 6-17 weighing at least 45kg
PAR-590 Empaveli (pegcetacoplan)	Commercial: New indication for treatment of C3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis. Updated to reflect non-formulary status for Medicare

PAR-592 Kerendia (finerenone)	<ul style="list-style-type: none"> • Medicare and Commercial: Added criteria for new indication for adults with heart failure with EF \geq 40% • Medicare and Commercial: Removed reference to specific lab values in required medical information per CMS kickoff
PAR-622 Anticonvulsant Therapy	Medicare: Adding topiramate oral solution; clarifying which topiramate formulations are preferred products. Adding methsuximide to PAR (inadvertently omitted)
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding Ibtrozi, Lynozyfic, Zusduri
PAR-630 Oncology Products Reviewed by EviCore	Medicare: Adding Hernexeos, Inlexzo, Jobevne, Keyruda Qlex, Modeyso, and Unloxcyt
PAR-700 Wegovy	<ul style="list-style-type: none"> • Medicare only: Removed exclusion criteria and added option for non-invasive elastography to confirm MASH diagnosis per CMS kickouts • Medicare: Added criteria for new indication for treatment of noncirrhotic metabolic
PAR-714 Qutenza (capsaicin 8% topical system)	Medicare, Commercial and Healthcare Exchange: Updating criteria to bring in alternative therapy recommendations.
PAR-732 Lumizyme	Medicare, Commercial and Healthcare Exchange: Creating a formal policy for preferred product strategy with Lumizyme
PAR-734 Exxua (gepirone)	Medicare: New policy for Medicare only

2026 Prior Authorization Updates

Policy	Change
PAR-216_F Itraconazole	Medicare and Commercial: 1.1.2026 Updating coverage to allow 1 year for treatment of

	blastomycosis, histoplasmosis and aspergillosis, following CMS' review.
PAR-231_E Epoetin alfa (Retacrit), Darbepoetin alfa (Aranesp)	Medicare: 1.1.2026 Clarified that anemic patients willing to donate autologous blood is specific to pre-operative scenarios.
PAR-250 Etanercept (Enbrel)Kineret)	1.1.2026 Medicare: Updating continuation coverage requirements.
PAR-267 Omalizumab (Xolair)	Medicare and Commercial: 1.1.2026 Updating FEV1 and FEV1/FVC to bring in pediatric values based on current guidelines.
PAR-276 Anakinra (Kineret)	Medicare only: 1.1.2026 Updating Medicare Still's disease criteria to require one pre-requisite trial. Per CMS review, two non-biologic drugs may not be required because widely accepted treatment guidelines do not support using them prior to Kineret.
PAR-283_A Eltrombopag (Promacta, Alvaiz)	Medicare and Commercial: 1.1.2026: Including persistent ITP in criteria.
PAR-286 Ustekinumab (Stelara)	Medicare only: 1.1.2026 Medicare: Updating PsA requirements to remove pre-requisite therapy.
PAR-287 Tocilizumab (Actemra and Tyenne)	Medicare only: 1.1.2026 Medicare: Updating to remove pre-requisite therapies from systemic juvenile idiopathic arthritis following CMS' review.

PAR-292 Dalfampridine	Medicare: 1.1.2026 Updating initial coverage duration due to 3 months deemed overly burdensome per CMS' review.
PAR-338 Cosentyx	Medicare only: 1.1.2026 Updating to include biologic drugs as a pre-requisite option for psoriatic arthritis based on CMS call out.
PAR-416 Dupixent (dupilumab)	Medicare only: 1.1.2026 Adding bullous pemphigoid criteria to 2026 formulary (matching 2025 submission). Updating to remove systemic corticosteroids and prior surgery as pre-requisites for the nasal polyp indication. Updating prurigo nodularis and atopic dermatitis to match 2025 formulary following CMS review of 2026 PAs. Addressing CMS' review on COPD exclusions and FEV1 parameters.
PAR-432 Gattex (Teduglutide)	Medicare and Commercial: 1.1.2026 Updating to remove requirement of 12 months of parenteral nutrition as it was deemed inconsistent with FDA label, per CMS review.
PAR-434 Icatibant	Medicare and Commercial: 1.1.2026 Updating to remove exclusion for autoantibodies against the C1-INH protein due to not being supported by labeling per CMS review.
PAR-435 Nuplazid	Medicare and Commercial: 1.1.2026 Updating coverage duration to 1 year as CMS deemed 3 months overly burdensome.
PAR-477 Continuous Glucose Monitor (CGM)-MNPA	Medicare and Commercial: Updating to remove insulin requirement
PAR-483 Risankizumab (Skyrizi)	Medicare only: 1.1.2026 Updating psoriatic arthritis criteria to remove pre-requisite therapy.

PAR-509 Isturisa (osilodrostat)	Medicare and Commercial: 1.1.2026 Updating coverage duration to 1 year for both initial and continuation of therapy following CMS' review.
PAR-518 Imbruvica (ibrutinib)	Medicare: 1.1.2026 Updating to include FDA-indications in other criteria following CMS' review.
PAR-569 Parathyroid Hormone Agents – Osteoporosis (teriparatide)	Medicare: 1.1.2026 Removed restriction on length of therapy following CMS' review – may be used longer than 2 years in those who remain at or return to having a high risk for fracture.
PAR-578 Haegarda	Medicare and Commercial: 1.1.2026 Updating to remove exclusion of autoantibodies, per CMS review. Removing requirement of history of 2 or more severe HAE attacks per month, as it is not consistent with current treatment guidelines, per CMS review. Updating continuation therapy where prior PA with previous plan does not need to meet initial criteria.
PAR-592 Kerendia (finerenone)	Medicare and Commercial: 1.1.2026 Updating to remove SGLT2 pre-requisite from diabetic kidney disease criteria following CMS' review.
PAR-603 Opzelura (ruxolitinib)	<ul style="list-style-type: none"> • Medicare and Commercial: Updating age restriction for atopic dermatitis to align with FDA label • Medicare and Commercial: Updated atopic dermatitis criteria to align with and require step through Zoryve
PAR-631 Nurtec ODT	Medicare and Commercial: 1.1.2026 Updating Medicare's acute treatment criteria to remove requirement of having an intolerance to two triptans. Including specific contraindications to use of triptans following CMS' review.

PAR-634 GLP-1 Agonist	Medicare and Commercial: 1.1.2026 Updating to remove Byetta and Bydureon that have been withdrawn from the market.
PAR-639 GIP/GLP-1 Agonist	Medicare and Commercial: 1.1.2026 Updating to remove reference to Bydureon and Byetta that have been withdrawn from the market.
PAR-643 Anticonvulsant Therapy	Commercial: Adding in vigabatrin to policy. Removing Spritam, Motpoly XR, brand Aptiom and brand Fycompa from formulary
PAR-644 Antispasmodic Therapy	Commercial: Remove PA on solifenacin giving improved pricing (tier 1 in 2026)
PAR-645 Atypical Antipsychotics	Commercial: Removing Uzedy
PAR-649 Ztalmy	Medicare and Commercial: 1.1.2026 Updating to remove pre-requisites following CMS review due to lack of other FDA-approved drugs for the same indication.
PAR-673 Filgrastim	Medicare: 1.1.2026 Updating to include FDA-approved indications in other criteria following CMS review.
PAR-683 Skyclarys	Medicare and Commercial: 1.1.2026 Updating to remove LVEF, A1c and mFARS requirements following CMS' review.
PAR-690 Zurzuvae (zuranolone)	Medicare and Commercial: 1.1.2026 Updating requirement for having severe depression.
PAR-699 Jylamyo	Medicare: 1.1.2026 Updating to remove reference to failure following CMS' review.
PAR-708 Xdemvy	Medicare: 1.1.2026 Updating to remove specific count on collarettes following CMS' review.

PAR-709 Continuous Glucose Monitor	Medicare and Commercial – Updating to remove insulin requirement
PAR-720 Increlex (mecasermin)	Medicare and Commercial: 1.1.2026 Removing concurrent medications from required medical information. Updating prescriber to endocrinologist (pediatric endocrinologist considered overly burdensome per CMS review). Adjusting wording on continuation of therapy requirements as CMS stated this was inconsistent with FDA-approved labeling.
PAR-722 Jynarque (tolvaptan)	Medicare: 1.1.2026 Updating diagnostic criteria to align with guidelines following CMS’ review.
PAR-723 Zoryve (roflumilast)	Medicare: 1.1.2026: Removing exclusion criteria following CMS’ review since not supported by labeling.
PAR-725 Rezdifra	Medicare: 1.1.2026 Updating exclusions to reference only those included in labeling and allowing for additional diagnostic pathways for confirming diagnosis.
PAR-726 Cresemba (isavuconazole) capsules	Medicare: For 1.1.2026: Updating coverage duration based on CMS review.
PAR-730 Winrevair	Medicare: Updating diagnostic criteria on pulmonary vascular resistance as it is inconsistent with current guidelines, per CMS review.
PAR-731 CNS Stimulants	Commercial: New PA to align with rebate considerations
PAR-733 Irritable Bowel Syndrome Agents	Commercial: Creating a formal policy for preferred product strategy with Lumizyme.

Contact Network Health Pharmacy Department

A pharmacist at Network Health is always available to help your office staff with any pharmacy-related questions. The pharmacist contact information is listed below.

- General pharmacist pharmacist@networkhealth.com
- Beth Coopman bcoopman@networkhealth.com
- Lauren Lubinski llubinsk@networkhealth.com
- Anna Peterson Sanders apeterso@networkhealth.com
- Jessica Reeve jreeve@networkhealth.com
- Ted Regalia tregalia@networkhealth.com
- Andy Wheaton awheaton@networkhealth.com
- Sarah Wilczek swilczek@networkhealth.com



Pharmacy Review

If you have questions about the 2025 or 2026 pharmacy prescription benefits for Network Health members or about resources where members can learn more about patient assistance programs to help cover the cost of medications, contact the Network Health pharmacists at 920 720-1287 or pharmacists@networkhealth.com



Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at networkhealth.com/look-up-medications.

