

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
NOXAFIL SUSPENSION 40MG/ML	Formulary Deletion	POSACONAZOLE SUSPENSION 200/5ML	Generic Alternative on T5	7/1/2023
PYLERA CAPSULE	Formulary Deletion	BISMUTH/ METRONIDAZOLE/ TETRACYCLINE CAPSULE	Generic Alternative on T4	7/1/2023
UCERIS AEROSOL 2MG/ACT	Formulary Deletion	BUDESONIDE AEROSOL 2MG/ACT	Generic Alternative on T4	7/1/2023

### How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health’s Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 250-4401 or 1-800-665-1502, we are available Monday through Friday between the hours of 8 a.m. and 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn’t be appropriate given your patient’s condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient’s life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.