



Medicare Advantage Enhanced and Group Formulary Changes

| Brand Drug Name | Category/Class | Type of Change | Alternative | Reason | Effective |
|-------------------------|--|--------------------|-------------------------------------|---------------------------|-----------|
| Teflaro 400mg injection | Antibacterials / Beta-lactam, Cephalosporins | Formulary Deletion | ceftaroline fosamil 400mg injection | Generic Alternative on T5 | 5/1/2026 |
| Teflaro 600mg injection | Antibacterials / Beta-lactam, Cephalosporins | Formulary Deletion | ceftaroline fosamil 600mg injection | Generic Alternative on T5 | 5/1/2026 |
| Pomalyst 1mg cap | Antineoplastics / Antiangiogenic Agents | Formulary Deletion | pomalidomide 1mg cap | Generic Alternative on T5 | 5/1/2026 |
| Pomalyst 2mg cap | Antineoplastics / Antiangiogenic Agents | Formulary Deletion | pomalidomide 2mg cap | Generic Alternative on T5 | 5/1/2026 |
| Pomalyst 3mg cap | Antineoplastics / Antiangiogenic Agents | Formulary Deletion | pomalidomide 3mg cap | Generic Alternative on T5 | 5/1/2026 |
| Pomalyst 4mg cap | Antineoplastics / Antiangiogenic Agents | Formulary Deletion | pomalidomide 4mg cap | Generic Alternative on T5 | 5/1/2026 |

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) 631-2934 or 1-800-247-1466, we are available Monday through Friday from 8 a.m. to 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.