

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes					
Brand Drug Name	Category/Class	Type of Change	Alternative	Reason	Effective
Brilinta 60mg tab	Blood Products and Modifiers / Platelet Modifying Agents	Formulary Deletion	ticagralor 60mg tab	Generic Alternative on T3	8/1/2025
Aptiom 200mg tab	Anticonvulsants / Sodium Channel Agents	Formulary Deletion	eslicarbazepine 200mg tab	Generic Alternative on T5	8/1/2025
Aptiom 400mg tab	Anticonvulsants / Sodium Channel Agents	Formulary Deletion	eslicarbazepine 400mg tab	Generic Alternative on T5	8/1/2025
Aptiom 600mg tab	Anticonvulsants / Sodium Channel Agents	Formulary Deletion	eslicarbazepine 600mg tab	Generic Alternative on T5	8/1/2025
Aptiom 800mg tab	Anticonvulsants / Sodium Channel Agents	Formulary Deletion	eslicarbazepine 800mg tab	Generic Alternative on T5	8/1/2025
Doxy 100 mg IV solution	Antibacterials / Tetracyclines	Formulary Deletion	doxycycline hyclate 100mg IV solution	Generic Alternative on T2	8/1/2025

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.

Pharmacy Benefit Dimensions®

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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.