

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes

Brand Drug Name	Category/Class	Type of Change	Alternative	Reason	Effective
Complera tab	Antivirals / Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	Formulary Deletion	emtricitabine/rilpivirine/te nofovir disoproxil fumarate	Generic Alternative on T1	9/1/2025
Prolia 60 mg/mL pref syr	Metabolic Bone Disease Agents	Formulary Deletion	Jubbonti 60 mg/mL SC pref syr	Biosimilar Alternative on T2	9/1/2025
Promacta 12.5 mg tab	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 12.5 mg tab	Generic Alternative on T1	9/1/2025
Promacta 25 mg tab	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 25mg tab	Generic Alternative on T1	9/1/2025
Promacta 50 mg tab	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 50mg tab	Generic Alternative on T1	9/1/2025
Promacta 75 mg tab	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 75mg tab	Generic Alternative on T1	9/1/2025
Promacta 12.5 mg powder packet	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 12.5 mg powder packet	Generic Alternative on T1	9/1/2025
Promacta 25 mg powder packet	Blood Products and Modifiers / Blood Products and Modifiers, Other	Formulary Deletion	eltrombopag 25 mg powder packet	Generic Alternative on T1	9/1/2025

Tasigna 50 mg tab	Antineoplastics / Molecular Target Inhibitors	Formulary Deletion	nilotinib 50 mg tab	Generic Alternative on T1	9/1/2025
Tasigna 150 mg tab	Antineoplastics / Molecular Target Inhibitors	Formulary Deletion	nilotinib 150 mg tab	Generic Alternative on T1	9/1/2025
Tasigna 200 mg tab	Antineoplastics / Molecular Target Inhibitors	Formulary Deletion	nilotinib 200 mg tab	Generic Alternative on T1	9/1/2025
Xgeva 120 mg/1.7 mg inj	Metabolic Bone Disease Agents	Formulary Deletion	Wyost 120 mg/1.7 mL SC	Biosimilar Alternative on T2	9/1/2025

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.

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.