

Medicare Advantage Individual and Group Formulary Changes

| Brand Drug Name | Category/Class | Type of Change | Alternative | Reason | Effective |
|-----------------------|---|--------------------|---------------------------------------|--|-----------|
| Fycompa 2mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 2mg tab | Generic Alternative on T4; Quantity Limit 30/30 days | 10/1/2025 |
| Fycompa 4mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 4mg tab | Generic Alternative on T5; Quantity Limit 30/30 days | 10/1/2025 |
| Fycompa 6mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 6mg tab | Generic Alternative on T5; Quantity Limit 30/30 days | 10/1/2025 |
| Fycompa 8mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 8mg tab | Generic Alternative on T5; Quantity Limit 30/30 days | 10/1/2025 |
| Fycompa 10mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 10mg tab | Generic Alternative on T5; Quantity Limit 30/30 days | 10/1/2025 |
| Fycompa 12mg tab | Anticonvulsants / Anticonvulsants, Other | Formulary Deletion | perampenal 12mg tab | Generic Alternative on T5; Quantity Limit 30/30 days | 10/1/2025 |
| Entresto 24-26mg tab | Cardiovascular Agents / Cardiovascular Agents, Other | Formulary Deletion | sacubitril/valsartan 24- 26mg tab | Generic Alternative on T3 (IND); Generic Alternative on T2 (C-SNP); Quantity Limit 60/60 days | 10/1/2025 |
| Entresto 49-51mg tab | Cardiovascular Agents / Cardiovascular Agents, Other | Formulary Deletion | sacubitril/valsartan 49- 51mg tab | Generic Alternative on T3 (IND); Generic Alternative on T2 (C-SNP); Quantity Limit 60/60 days | 10/1/2025 |
| Entresto 97-103mg tab | Cardiovascular Agents / Cardiovascular Agents, Other | Formulary Deletion | sacubitril/valsartan 97- 103mg tab | Generic Alternative on T3 (IND); Generic Alternative on T2 (C-SNP); Quantity Limit N/A | 10/1/2025 |

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.