Pharmacy Benefit Dimensions®

An Independent Health company

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes					
Brand Drug Name	**Category/Class**	**Type of Change**	**Alternative**	**Reason**	**Effective**
Bosulif 100 mg tabs	Antineoplastics / Molecular Target Inhibitors	Formulary Deletion	bosutinib 100 mg tabs	Generic Alternative on T1	12/1/2026
Bosulif 500 mg tabs	Antineoplastics / Molecular Target Inhibitors	Formulary Deletion	bosutinib 500 mg tabs	Generic Alternative on T1	12/1/2026
Nitro-Bid 2% ointment	Cardiovascular Agents / Vasodilators, Direct-acting Arterial/Venous	Formulary Deletion	nitroglycerin 2% ointment	Generic Alternative on T1	12/1/2026
Xolair 75 mg/0.5 mL prefilled syringe	Immunological Agents / Immunological Agents, Other	Formulary Deletion	Omlyclo 75 mg/0.5 mL prefilled syringe	Biosimilar Alternative on T2	12/1/2026
Xolair 150 mg/mL prefilled syringe	Immunological Agents / Immunological Agents, Other	Formulary Deletion	Omlyclo 150 mg/mL prefilled syringe	Biosimilar Alternative on T2	12/1/2026
Xolair 300 mg/2 mL prefilled syringe	Immunological Agents / Immunological Agents, Other	Formulary Deletion	Omlyclo 300 mg/2 mL prefilled syringe	Biosimilar Alternative on T2	12/1/2026

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.