

### Medicare Advantage Enhanced and Group Formulary Changes

| Brand Drug Name       | Category/Class                                                   | Type of Change     | Alternative               | Reason                    | Effective |
|-----------------------|------------------------------------------------------------------|--------------------|---------------------------|---------------------------|-----------|
| Bosulif 400 mg tabs   | Antineoplastics / Molecular Target Inhibitors                    | Formulary Deletion | bosutinib 400 mg tabs     | Generic Alternative on T5 | 9/1/2026  |
| Januvia 25 mg tabs    | Respiratory Tract/Pulmonary Agents / Pulmonary Antihypertensives | Formulary Deletion | sitagliptin 25 mg tabs    | Generic Alternative on T3 | 9/1/2026  |
| Januvia 50 mg tabs    | Blood Glucose Regulators / Antidiabetic Agents                   | Formulary Deletion | sitagliptin 50 mg tabs    | Generic Alternative on T3 | 9/1/2026  |
| Januvia 100 mg tabs   | Blood Glucose Regulators / Antidiabetic Agents                   | Formulary Deletion | sitagliptin 100 mg tabs   | Generic Alternative on T3 | 9/1/2026  |
| Opsumit 10 mg tab     | Blood Glucose Regulators / Antidiabetic Agents                   | Formulary Deletion | macitentan 10 mg tabs     | Generic Alternative on T5 | 9/1/2026  |
| Xeljanz 5 mg tabs     | Immunological Agents / Immunological Agents, Other               | Formulary Deletion | tofacitinib 5 mg tabs     | Generic Alternative on T3 | 9/1/2026  |
| Xeljanz 10 mg tabs    | Immunological Agents / Immunological Agents, Other               | Formulary Deletion | tofacitinib 10 mg tabs    | Generic Alternative on T3 | 9/1/2026  |
| Xeljanz XR 11 mg tabs | Immunological Agents / Immunological Agents, Other               | Formulary Deletion | tofacitinib XR 11 mg tabs | Generic Alternative on T3 | 9/1/2026  |
| Xeljanz XR 22 mg tabs | Immunological Agents / Immunological Agents, Other               | Formulary Deletion | tofacitinib XR 22 mg tabs | Generic Alternative on T5 | 9/1/2026  |

|                          |                                                       |                    |                              |                           |          |
|--------------------------|-------------------------------------------------------|--------------------|------------------------------|---------------------------|----------|
| Xeljanz 1 mg/mL oral sol | Immunological Agents /<br>Immunological Agents, Other | Formulary Deletion | tofacitinib 1 mg/mL oral sol | Generic Alternative on T5 | 9/1/2026 |
|--------------------------|-------------------------------------------------------|--------------------|------------------------------|---------------------------|----------|

**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.