Independent Health

Medicare Advantage Standard 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 / 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.