

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
Vyvanse 10mg chewable tablets	Formulary Deletion	lisdexamfetamine 10mg chewable tablets	Generic Alternative on T4	3/1/2024
Vyvanse 20mg chewable tablets	Formulary Deletion	lisdexamfetamine 20mg chewable tablets	Generic Alternative on T4	3/1/2024
Vyvanse 30mg chewable tablets	Formulary Deletion	lisdexamfetamine 30mg chewable tablets	Generic Alternative on T4	3/1/2024
Vyvanse 40mg chewable tablets	Formulary Deletion	lisdexamfetamine 40mg chewable tablets	Generic Alternative on T4	3/1/2024
Vyvanse 50mg chewable tablets	Formulary Deletion	lisdexamfetamine 50mg chewable tablets	Generic Alternative on T4	3/1/2024
Vyvanse 60mg chewable tablets	Formulary Deletion	lisdexamfetamine 60mg chewable tablets	Generic Alternative on T4	3/1/2024
Condylox 0.5% topical gel	Formulary Deletion	podofilox 0.5% topical gel	Generic Alternative on T3	3/1/2024

### 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) 250-7105 or 1-800-806-8083, 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.

# Pharmacy Benefit Dimensions®

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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.