

Pharmacy Benefit Dimensions®

An Independent Health  company

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes					
Brand Drug Name	Category/Class	Type of Change	Generic Alternative	Reason	Effective
Victoza 18mg/3mL injection	Blood Glucose Regulator, Antidiabetic Agent	Formulary Deletion	liraglutide 18mg/3mL injection	Generic Alternative on T3	10/1/2024
Endari 5gm packet	Genetic or Enzyme or Protein Disorder: Replacement, Modifier, Treatment	Formulary Deletion	l-glutamine 5gm powder packets	Generic Alternative on T5	10/1/2024
Corlanor 5mg tablet	Cardiovascular Agent	Formulary Deletion	ivabradine 5mg tablet	Generic Alternative on T4	10/1/2024
Corlanor 7.5mg tablet	Cardiovascular Agent	Formulary Deletion	ivabradine 7.5mg tablet	Generic Alternative on T4	10/1/2024

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) 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.