EXHIBIT E. Example of Chart 4 (Changes to the Formulary)

The pages that follow show an example of Chart 4 in the model Part D EOB. Chart 4 gives updates to the formulary.

This example is for a fictional MA-PD plan called “Birchwood Medicare Plus.” The example illustrates model language for different types of changes described in the Notice of Formulary Change. It uses placeholders for the names of the drugs. To help show how this section would look in an actual Part D EOB, the example includes fictional information for the rest of the drug-related text. To help members scan quickly through the list, the drug names are accented with boxes.

Plans that use Chart 4 of the EOB in lieu of providing a separate written notice of formulary change must ensure the EOB includes the content of written notice required under § 423.120(f)(4), including a list of alternative drugs, and otherwise comply with applicable requirements under § 423.120(e) and (f), including providing notice within required timeframes.

**CHART 4**

## Changes to our Drug List that affect drugs you take

We may make changes to our Drug List during the year, like adding new drugs, removing drugs, changing coverage restrictions, or moving drugs from one cost-sharing tier to another. **The information below provides updates that affect plan-covered prescriptions you filled in 2025.**

[Drug A]

#### Step therapy

* Beginning June 1, 2025, “step therapy” will be required for the drug [Drug-name A]. This means you will be required to try a different drug first before we will cover [Drug-name A]. This requirement encourages you to try another drug that is less costly but can be used to treat the same condition as [Drug-name A]. If this other drug does not work for you, the plan will then cover [Drug-name A].
* Step therapy criteria, which lists the specific drug(s) required to be tried first, are posted on our website at [www.birchwood-step-therapy.com](http://www.birchwood-step-therapy.com) or can be obtained by calling Birchwood Member Services using the plan contact information provided at the end of this document.

[Drug B]

#### Quantity limit

* Beginning October 1, 2025, there will be a new limit on the amount of the drug [Drug-name B] you can have: **no more than 60 tablets (extended release 80 mg tablets) for a 30-day supply**. This is a reduction from the current limit of 120 tablets (extended release 80 mg tablets) for a 30-day supply.

[Drug C]

#### Prior authorization

* Beginning June 1, 2025, prior authorization will be required for this drug [Drug-name C]. This means you or your prescriber need to get approval from us before we will agree to cover the drug for you. To obtain approval, you or your prescriber can ask for a coverage determination by calling Birchwood Member Services using the plan contact information provided at the end of this document.
* Prior authorization coverage criteria are posted on our website at [www.birchwood-prior-authorization.com](http://www.birchwood-prior-authorization.com) or can be obtained by calling Birchwood Member Services using the plan contact information provided at the end of this document.

[Drug D]

#### Future Drug Substitution

* Beginning on June 1, 2025, the original biological product [Biological Drug-name D] will be removed from our Drug List. We have added a new biosimilar of [Biological Drug-name D] to the Drug List. It is called [Biosimilar Drug-name D]. We are making this change because [Biosimilar Drug-name D], a biosimilar of [Biological Drug-name D] is now being added to our Drug List. [Biosimilar Drug-name D] is on Tier 2, which is on a lower cost-sharing tier than [Biological Drug-name D], the drug you have been taking, and has the same restrictions.

### Understanding these changes

If any of the above terms are new to you, for a discussion of drug types, please see our Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

You can ask us for an exception. This means asking us to agree that the change to our Drug List should not apply to you or asking for a drug that isn’t on our Drug List. Your prescriber will need to tell us why making an exception is medically necessary for you.

### How much will you pay?

For information on how the change to our Drug List may change the amount you pay out of pocket, call Birchwood Member Services at the contact information provided at the end of this document. You can also use our Real Time Benefit Tool at [www.birchwood-real-time-benefit-tool.com](http://www.birchwood-real-time-benefit-tool.com) to look up costs of drugs on the Drug List as of the moment of the search.