



**VNSNY CHOICE EasyCare (HMO)
Future Formulary Changes (Updated on 05/23/22)**

The brand name drugs listed below will be removed from the Formulary and will no longer be covered. These drugs can be replaced by alternate or generic drugs. Please refer to the list below for more information.

If you have any questions, please call the CHOICE Care Team at 1-866-783-1444 (TTY: 711), from 8 am – 8 pm, 7 days a week.

Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
01/01/2022	CHANTIX 1 MG ORAL TABLET	VARENICLINE TARTRATE 1 MG ORAL TABLET-2
01/01/2022	AFINITOR DISPERZ 3 MG ORAL TAB SUSP	EVEROLIMUS 3 MG ORAL TAB SUSP-5
01/01/2022	AFINITOR DISPERZ 2 MG ORAL TAB SUSP	EVEROLIMUS 2 MG ORAL TAB SUSP-5
01/01/2022	AFINITOR 10 MG ORAL TABLET	EVEROLIMUS 10 MG ORAL TABLET-5
01/01/2022	AFINITOR DISPERZ 5 MG ORAL TAB SUSP	EVEROLIMUS 5 MG ORAL TAB SUSP-5
01/01/2022	BYSTOLIC 2.5 MG ORAL TABLET	NEBIVOLOL HCL 2.5 MG ORAL TABLET-2
01/01/2022	CHANTIX 0.5 MG ORAL TABLET	VARENICLINE TARTRATE 0.5 MG ORAL TABLET-2
01/01/2022	BYSTOLIC 10 MG ORAL TABLET	NEBIVOLOL HCL 10 MG ORAL TABLET-2
01/01/2022	BYSTOLIC 5 MG ORAL TABLET	NEBIVOLOL HCL 5 MG ORAL TABLET-2
01/01/2022	BYSTOLIC 20 MG ORAL TABLET	NEBIVOLOL HCL 20 MG ORAL TABLET-2
01/01/2022	PAXIL 10 MG/5 ML ORAL ORAL SUSP	PAROXETINE HCL 10 MG/5 ML ORAL ORAL SUSP-2



Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
01/01/2022	DUREZOL 0.05 % OPHTHALMIC DROPS	DIFLUPREDNATE 0.05 % OPHTHALMIC DROPS-2
03/01/2022	ZOSTAVAX 19400 UNIT SUBCUTANE. VIAL	Removal due to market availability
03/01/2022	ZORTRESS 1 MG ORAL TABLET	EVEROLIMUS 1 MG ORAL TABLET-5
04/01/2022	ZYTIGA 500 MG ORAL TABLET	ABIRATERONE ACETATE 500 MG ORAL TABLET-5
05/01/2022	SELZENTRY 300 MG ORAL TABLET	MARAVIROC 300 MG ORAL TABLET-5
05/01/2022	SELZENTRY 150 MG ORAL TABLET	MARAVIROC 150 MG ORAL TABLET-5
05/01/2022	CARBAGLU 200 MG ORAL TAB DISPER	CARGLUMIC ACID 200 MG ORAL TAB DISPER-5
06/01/2022	VIMPAT 200 MG ORAL TABLET	LACOSAMIDE 200 MG ORAL TABLET-2
06/01/2022	VIMPAT 150 MG ORAL TABLET	LACOSAMIDE 150 MG ORAL TABLET-2
06/01/2022	VIMPAT 100 MG ORAL TABLET	LACOSAMIDE 100 MG ORAL TABLET-2
06/01/2022	CYSTADANE 1G/SCOOP ORAL POWDER	BETAINE ANHYDROUS 1G/SCOOP ORAL POWDER-5
06/01/2022	REVLIMID 5 MG ORAL CAPSULE	LENALIDOMIDE 5 MG ORAL CAPSULE-5
06/01/2022	REVLIMID 25 MG ORAL CAPSULE	LENALIDOMIDE 25 MG ORAL CAPSULE-5
06/01/2022	REVLIMID 15 MG ORAL CAPSULE	LENALIDOMIDE 15 MG ORAL CAPSULE-5
06/01/2022	REVLIMID 10 MG ORAL CAPSULE	LENALIDOMIDE 10 MG ORAL CAPSULE-5



Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
06/01/2022	APOKYN 10 MG/ML SUBCUTANE. CARTRIDGE	APOMORPHINE HCL 10 MG/ML SUBCUTANE. CARTRIDGE-5
06/01/2022	VIMPAT 50 MG ORAL TABLET	LACOSAMIDE 50 MG ORAL TABLET-2
07/01/2022	ZYTIGA 250 MG ORAL TABLET	Formulary Deletion