



**VNS Health EasyCare (HMO)
Future Formulary Changes (Updated on 03/21/24)**

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 us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.).

Effective Date	Brand Name Drugs that are no longer covered	Alternate or Generic Drugs that will be covered and tier information
2/1/2024	VOTRIENT 200 MG ORAL TABLET	PAZOPANIB HCL 200 MG ORAL TABLET-5
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
4/1/2024	TRACLEER 62.5 MG ORAL TABLET	BOSENTAN 62.5 MG ORAL TABLET-5
4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-2
4/1/2024	TRACLEER 125 MG ORAL TABLET	BOSENTAN 125 MG ORAL TABLET-5
4/1/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-3
4/1/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-2
4/1/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-2
4/1/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-5

Effective Date	Brand Name Drugs that are no longer covered	Alternate or Generic Drugs that will be covered and tier information
4/1/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-5
5/1/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET	N/A