



VNS Health EasyCare Plus (HMO D-SNP)
&
VNS Health Total (HMO D-SNP)
Future Formulary Changes (Updated on 09/20/24)

Some of 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 | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
|----------------|------------------------------------|---------------------------------|---|--|
| 2/1/2024 | VOTRIENT 200 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | PAZOPANIB HCL 200 MG ORAL TABLET-1 |
| 2/1/2024 | CAROSPIR 25 MG/5 ML ORAL ORAL SUSP | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | SPIRONOLACTONE 25 MG/5 ML ORAL ORAL SUSP-1 |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|---|---------------------------------|---|---|
| 2/1/2024 | ALPHAGAN P 0.1 % OPHTHALMIC DROPS | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-1 |
| 4/1/2024 | FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-1 |
| 4/1/2024 | TRACLEER 125 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BOSENTAN 125 MG ORAL TABLET-1 |
| 4/1/2024 | TRACLEER 62.5 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BOSENTAN 62.5 MG ORAL TABLET-1 |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|--|------------------------------------|---|--|
| 4/1/2024 | RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-1 |
| 4/1/2024 | PROLENSA 0.07 % OPHTHALMIC DROPS | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-1 |
| 4/1/2024 | RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-1 |
| 4/1/2024 | RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-1 |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|--|---------------------------------------|---|--|
| 4/1/2024 | RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-1 |
| 5/1/2024 | LEVONORG-ETH ESTRAD-FE BISGLYC 0.1- 0.02MG ORAL TABLET | DELETION OF DRUG FROM FORMULARY | NOT A PART D COVERED DRUG | N/A |
| 5/1/2024 | KORLYM 300 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | MIFEPRISTONE 300 MG ORAL TABLET-1 |
| 5/1/2024 | BROMSITE 0.075 % OPHTHALMIC DROPS | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BROMFENAC SODIUM 0.075 % OPHTHALMIC DROPS-1 |
| 5/1/2024 | ALREX 0.2 % OPHTHALMIC DROPS SUSP | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | LOTEPREDNOL ETABONATE 0.2 % OPHTHALMIC DROPS SUSP-1 |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|------------------------------------|---------------------------------|---|---|
| 6/1/2024 | RECTIV 0.4% (W/W) RECTAL OINT. (G) | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NITROGLYCERIN 0.4% (W/W) RECTAL OINT. (G)-1 |
| 7/1/2024 | MITIGARE 0.6 MG ORAL CAPSULE | FORMULARY DELETION | FORMULARY DELETION | N/A |
| 7/1/2024 | AZOPT 1 % OPHTHALMIC DROPS SUSP | FORMULARY DELETION | FORMULARY DELETION | N/A |
| 8/1/2024 | FARYDAK 15 MG ORAL CAPSULE | DELETION OF DRUG FROM FORMULARY | PRODUCT WITHDRAWN FROM MARKET | N/A |
| 8/1/2024 | TRUSELTIQ 50 MG/DAY ORAL CAPSULE | FDA WITHDRAWAL | N/A | N/A |
| 8/1/2024 | FARYDAK 20 MG ORAL CAPSULE | DELETION OF DRUG FROM FORMULARY | PRODUCT WITHDRAWN FROM MARKET | N/A |
| 8/1/2024 | TRUSELTIQ 100 MG/DAY ORAL CAPSULE | FDA WITHDRAWAL | N/A | N/A |
| 8/1/2024 | TRUSELTIQ 125 MG/DAY ORAL CAPSULE | FDA WITHDRAWAL | N/A | N/A |
| 8/1/2024 | TRUSELTIQ 75 MG/DAY ORAL CAPSULE | FDA WITHDRAWAL | N/A | N/A |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|--|--|-------------------------------|-----------------|
| 8/1/2024 | FARYDAK 10 MG ORAL CAPSULE | DELETION OF DRUG FROM FORMULARY | PRODUCT WITHDRAWN FROM MARKET | N/A |
| 10/1/2024 | MOUNJARO 12.5MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | RYBELSUS 3 MG ORAL TABLET | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | RYBELSUS 7 MG ORAL TABLET | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | MOUNJARO 10MG/0.5ML SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | OZEMPIC 0.25 OR .5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | TRULICITY 1.5 MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | MOUNJARO 15MG/0.5ML SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|---|---|--------------------|-----------------|
| 10/1/2024 | TRULICITY 0.75MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | TRULICITY 4.5 MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | MOUNJARO 2.5 MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | MOUNJARO 5 MG/0.5ML SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | OZEMPIC .25 OR 0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | RYBELSUS 14 MG ORAL TABLET | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | TRULICITY 3 MG/0.5ML SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | MOUNJARO 7.5 MG/0.5 SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs |
|----------------|---|---|---|--|
| 10/1/2024 | OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | OZEMPIC 1/0.75 (3) SUBCUTANE. PEN INJCTR | PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION | N/A | N/A |
| 10/1/2024 | CORLANOR 5 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | IVABRADINE HCL 5 MG ORAL TABLET-1 |
| 10/1/2024 | CORLANOR 7.5 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | IVABRADINE HCL 7.5 MG ORAL TABLET-1 |
| 10/1/2024 | ENDARI 5 G ORAL POWD PACK | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | L-GLUTAMINE 5 G ORAL POWD PACK-1 |