VNS Health

VNS Health EasyCare Plus (HMO D-SNP)
Future Formulary Changes (Updated on 09/21/23)

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
2/1/23	GILENYA 0.5 MG ORAL CAPSULE	FINGOLIMOD 0.5 MG ORAL CAPSULE-1
2/1/23	REVLIMID 2.5 MG ORAL CAPSULE	LENALIDOMIDE 2.5 MG ORAL CAPSULE-1
2/1/23	DALIRESP 500 MCG ORAL TABLET	ROFLUMILAST 500 MCG ORAL TABLET-1
2/1/23	REVLIMID 20 MG ORAL CAPSULE	LENALIDOMIDE 20 MG ORAL CAPSULE-1
3/1/23	DALIRESP 250 MCG ORAL TABLET	ROFLUMILAST 250 MCG ORAL TABLET-1
4/1/23	BIDIL 20-37.5MG ORAL TABLET	N/A
4/1/23	ESBRIET 267 MG ORAL CAPSULE	PIRFENIDONE 267 MG ORAL CAPSULE-1
4/22/23	VIMPAT 200MG/20ML INTRAVEN. VIAL	LACOSAMIDE 200MG/20ML INTRAVEN. VIAL-1

Effective Date	Brand Name Drugs that are no longer covered	Alternate or Generic Drugs that will be covered and tier information
5/1/23	LATUDA 80 MG ORAL TABLET	LURASIDONE HCL 80 MG ORAL TABLET-1
5/1/23	LATUDA 40 MG ORAL TABLET	LURASIDONE HCL 40 MG ORAL TABLET-1
5/1/23	LATUDA 120 MG ORAL TABLET	LURASIDONE HCL 120 MG ORAL TABLET-1
5/1/23	LATUDA 60 MG ORAL TABLET	LURASIDONE HCL 60 MG ORAL TABLET-1
5/1/23	LATUDA 20 MG ORAL TABLET	LURASIDONE HCL 20 MG ORAL TABLET-1
5/1/23	HETLIOZ 20 MG ORAL CAPSULE	TASIMELTEON 20 MG ORAL CAPSULE-1
6/1/23	AUBAGIO 7 MG ORAL TABLET	TERIFLUNOMIDE 7 MG ORAL TABLET-1
6/1/23	AUBAGIO 14 MG ORAL TABLET	TERIFLUNOMIDE 14 MG ORAL TABLET-1
7/1/23	UCERIS 2 MG RECTAL FOAM/APPL	BUDESONIDE 2 MG RECTAL FOAM/APPL-1
7/1/23	NOXAFIL 200 MG/5ML ORAL ORAL SUSP	POSACONAZOLE 200 MG/5ML ORAL ORAL SUSP-1
8/1/23	CELONTIN 300 MG ORAL CAPSULE	METHSUXIMIDE 300 MG ORAL CAPSULE-1
8/1/23	IRESSA 250 MG ORAL TABLET	GEFITINIB 250 MG ORAL TABLET-1
9/1/23	PREZISTA 600 MG ORAL TABLET	DARUNAVIR 600 MG ORAL TABLET-1

Effective Date	Brand Name Drugs that are no longer covered	Alternate or Generic Drugs that will be covered and tier information
9/1/23	PREZISTA 800 MG ORAL TABLET	DARUNAVIR 800 MG ORAL TABLET-1
10/1/23	AMBISOME 50 MG INTRAVEN. VIAL	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL-1
10/1/23	PLASMA-LYTE 148 INTRAVEN. IV SOLN	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN-1