



**VNS Health EasyCare Plus (HMO D-SNP)
&
VNS Health Total (HMO D-SNP)
Future Formulary Changes (Updated on 01/19/24)**

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-1
2/1/2024	CAROSPIR 25 MG/5 ML ORAL ORAL SUSP	SPIRONOLACTONE 25 MG/5 ML ORAL ORAL SUSP-1
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-1