VNSNY CHOICE EasyCare Plus (HMO D-SNP)
Future Formulary Changes (Updated on 01/21/22)

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 EasyCare Plus 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	AFINITOR DISPERZ 5 MG ORAL TAB SUSP	VARENICLINE TARTRATE 1 MG ORAL TABLET-2
01/01/2022	AFINITOR 10 MG ORAL TABLET	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 DISPERZ 3 MG ORAL TAB SUSP	EVEROLIMUS 10 MG ORAL TABLET-5
01/01/2022	PAXIL 10 MG/5 ML ORAL ORAL SUSP	EVEROLIMUS 5 MG ORAL TAB SUSP-5
01/01/2022	DUREZOL 0.05 % OPHTHALMIC DROPS	NEBIVOLOL HCL 2.5 MG ORAL TABLET-2
03/01/2022	BYSTOLIC 20 MG ORAL TABLET	Removal due to market availability
01/01/2022	BYSTOLIC 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	CHANTIX 0.5 MG ORAL TABLET	NEBIVOLOL HCL 5 MG ORAL TABLET-2
01/01/2022	CHANTIX 1 MG ORAL TABLET	NEBIVOLOL HCL 20 MG ORAL TABLET-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	BYSTOLIC 2.5 MG ORAL TABLET	PAROXETINE HCL 10 MG/5 ML ORAL ORAL SUSP-2
03/01/2022	ZOSTAVAX 19400 UNIT SUBCUTANE. VIAL	DIFLUPREDNATE 0.05 % OPHTHALMIC DROPS-2