VNS Health EasyCare Plus (HMO D-SNP)
&
VNS Health Total (HMO D-SNP)
Future Formulary Changes (Updated on 10/21/26)

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
2/1/2026	PREMARIN 0.3 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.3 MG ORAL TABLET-1
2/1/2026	PREMARIN 0.45MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.45MG ORAL TABLET-1

CMS Formulary ID: 26372 (EasyCare Plus & Total)

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
2/1/2026	PREMARIN 0.625 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.625 MG ORAL TABLET-1
2/1/2026	PREMARIN 0.9 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.9 MG ORAL TABLET-1
2/1/2026	PREMARIN 1.25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-1
2/1/2026	GLEOSTINE 10 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 10 MG ORAL CAPSULE-1

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
2/1/2026	RAVICTI 1.1GRAM/ML ORAL LIQUID	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	GLYCEROL PHENYLBUTYRATE 1.1GRAM/ML ORAL LIQUID-4
2/1/2026	GLEOSTINE 100 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 100 MG ORAL CAPSULE-4
2/1/2026	GLEOSTINE 40 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 40 MG ORAL CAPSULE-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
2/1/2026	DIFICID 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FIDAXOMICIN 200 MG ORAL TABLET-4
3/1/2026	STELARA 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-4
3/1/2026	USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-4
3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-2
3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-2
3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-2
3/1/2026	USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
3/1/2026	STELARA 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-2
4/1/2026	BRILINTA 90 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TICAGRELOR 90 MG ORAL TABLET-1
4/1/2026	XGEVA 120 MG/1.7 SUBCUTANE. VIAL	DELETION OF DRUG FROM FORMULARY	REMOVAL OF DRUG FROM FORMULARY DUE TO NEW CLINICAL GUIDELINES	N/A
4/1/2026	RIVAROXABAN 2.5 MG ORAL TABLET	QL ADD	ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES	N/A
4/1/2026	FYCOMPA 0.5 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
5/1/2026	TEFLARO 400 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-4
5/1/2026	ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-1
5/1/2026	TEFLARO 600 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-4
5/23/2026	TAZVERIK 200 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	N/A
6/1/2026	BRIVIACT 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG ORAL TABLET-4
6/1/2026	BRIVIACT 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 25 MG ORAL TABLET-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
6/1/2026	BRIVIACT 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 50 MG ORAL TABLET-4
6/1/2026	BRIVIACT 75 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 75 MG ORAL TABLET-4
6/1/2026	BRIVIACT 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 100 MG ORAL TABLET-4
6/1/2026	BRIVIACT 10 MG/ML ORAL SOLUTION	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG/ML ORAL SOLUTION-1

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
7/1/2026	FARXIGA 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 10 MG ORAL TABLET-1
7/1/2026	FARXIGA 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 5 MG ORAL TABLET-1
7/1/2026	OFEV 150 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 150 MG ORAL CAPSULE-4
7/1/2026	OFEV 100 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 100 MG ORAL CAPSULE-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
7/1/2026	XIGDUO XR 10MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 10MG-500MG ORAL TAB BP 24H-1
7/1/2026	XIGDUO XR 5 MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 5 MG-500MG ORAL TAB BP 24H-1
8/1/2026	TASIGNA 150 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 150 MG ORAL CAPSULE-4
8/1/2026	METFORMIN HCL 750 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	FORMULARY DELETION	N/A
8/1/2026	TASIGNA 50 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 50 MG ORAL CAPSULE-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2026	TASIGNA 200 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 200 MG ORAL CAPSULE-4
8/1/2026	ASTAGRAF XL 1 MG ORAL CAP ER 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TACROLIMUS XL 1 MG ORAL CAP ER 24H-1
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4
8/1/2026	ATROVENT HFA 17MCG INHALATION HFA AER AD	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IPRATROPIUM BROMIDE 17MCG INHALATION HFA AER AD-1
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-4
9/1/2026	JANUMET 50-1000 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN 50-1000 MG ORAL TABLET-1
9/1/2026	JANUVIA 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 50 MG ORAL TABLET-1
9/1/2026	JANUVIA 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 25 MG ORAL TABLET-1

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
9/1/2026	JANUVIA 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 100 MG ORAL TABLET-1
9/1/2026	XELJANZ 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 5 MG ORAL TABLET-4
9/1/2026	JANUMET 50MG-500MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN 50MG-500MG ORAL TABLET-1
9/1/2026	BOSULIF 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSUTINIB 400 MG ORAL TABLET-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
9/1/2026	XELJANZ 1 MG/ML ORAL SOLUTION	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 1 MG/ML ORAL SOLUTION-4
9/1/2026	XELJANZ 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 10 MG ORAL TABLET-4
9/1/2026	XELJANZ XR 11 MG ORAL TAB ER 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE ER 11 MG ORAL TAB ER 24H-4
9/1/2026	XELJANZ XR 22 MG ORAL TAB ER 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE ER 22 MG ORAL TAB ER 24H-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
9/1/2026	OPSUMIT 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MACITENTAN 10 MG ORAL TABLET-4
11/1/2026	JANUMET XR 50MG-500MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 50MG-500MG ORAL TBMP 24HR-1
11/1/2026	JANUMET XR 100-1000MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 100-1000MG ORAL TBMP 24HR-1
11/1/2026	JANUMET XR 50-1000 MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 50-1000 MG ORAL TBMP 24HR-1

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
11/1/2026	PRIFTIN 150 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RIFAPENTINE 150 MG ORAL TABLET-1