



**VNS Health EasyCare (HMO)  
Future Formulary Changes (Updated on 1/23/26)**

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	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-5
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-5
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-2

<b>Effective Date</b>	<b>Drug Name</b>	<b>Change Description</b>	<b>Reason Description</b>	<b>Alternate Drugs and Tier</b>
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-2
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-5
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-2
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-2
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-2

<b>Effective Date</b>	<b>Drug Name</b>	<b>Change Description</b>	<b>Reason Description</b>	<b>Alternate Drugs</b>
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-2
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-5
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-5
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-3
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-3
3/1/2026	USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3

			OF NEW GENERIC EQUIVALENT	
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-3
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-3
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-3