VNS Health EasyCare (HMO)
Future Formulary Changes (Updated on 09/30/25)

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
2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PAZOPANIB HCL 200 MG ORAL TABLET-5
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
4/1/2024	TRACLEER 62.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 62.5 MG ORAL TABLET-5

CMS Formulary ID: 25255 (EasyCare)

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-2
4/1/2024	TRACLEER 125 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 125 MG ORAL TABLET-5
4/1/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-3
4/1/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-2
4/1/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
4/1/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-5
4/1/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-5
5/1/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	N/A
5/1/2024	BROMSITE 0.075 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BROMFENAC SODIUM 0.075 % OPHTHALMIC DROPS-3
5/1/2024	KORLYM 300 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MIFEPRISTONE 300 MG ORAL TABLET-5
5/1/2024	ALREX 0.2 % OPHTHALMIC DROPS SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOTEPREDNOL ETABONATE 0.2 % OPHTHALMIC DROPS SUSP-3

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
6/1/2024	RECTIV 0.4% (W/W) RECTAL OINT. (G)	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NITROGLYCERIN 0.4% (W/W) RECTAL OINT. (G)-2
7/1/2024	AZOPT 1 % OPHTHALMIC DROPS SUSP	FORMULARY DELETION	FORMULARY DELETION	N/A
7/1/2024	MITIGARE 0.6 MG ORAL CAPSULE	FORMULARY DELETION	FORMULARY DELETION	N/A
8/1/2024	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL	N/A	N/A
8/1/2024	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL	N/A	N/A
8/1/2024	FARYDAK 15 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	N/A
8/1/2024	FARYDAK 20 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	N/A
8/1/2024	FARYDAK 10 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	N/A
8/1/2024	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL	N/A	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
8/1/2024	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL	N/A	N/A
10/1/2024	TRULICITY 3 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	MOUNJARO 15MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	MOUNJARO 5 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	TRULICITY 0.75MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	RYBELSUS 7 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	MOUNJARO 7.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
10/1/2024	MOUNJARO 12.5MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	RYBELSUS 3 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	OZEMPIC 1/0.75 (3) SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	MOUNJARO 10MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	TRULICITY 4.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	MOUNJARO 2.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	RYBELSUS 14 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	TRULICITY 1.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
10/1/2024	OZEMPIC .25 OR 0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	OZEMPIC 0.25 OR .5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
10/1/2024	CORLANOR 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 5 MG ORAL TABLET-3
10/1/2024	CORLANOR 7.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 7.5 MG ORAL TABLET-3
10/1/2024	ENDARI 5 G ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	L-GLUTAMINE 5 G ORAL POWD PACK-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
2/1/2025	SPRYCEL 140 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 140 MG ORAL TABLET-5
2/1/2025	SPRYCEL 80 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 80 MG ORAL TABLET-5
2/1/2025	SPRYCEL 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 50 MG ORAL TABLET-5
2/1/2025	SPRYCEL 70 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 70 MG ORAL TABLET-5
2/1/2025	SPRYCEL 20 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 20 MG ORAL TABLET-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
2/1/2025	SPRYCEL 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 100 MG ORAL TABLET-5
4/1/2025	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	N/A
4/1/2025	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	N/A
4/1/2025	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	N/A
4/1/2025	MESNEX 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MESNA 400 MG ORAL TABLET-5
4/1/2025	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	N/A
6/1/2025	PURIXAN 20 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MERCAPTOPURINE 20 MG/ML ORAL ORAL SUSP-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2025	JYNARQUE 60 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 60 MG-30MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 90 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 90 MG-30MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 15 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 15 MG-15MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 30 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 30 MG-15MG ORAL TABLET SEQ-5
8/1/2025	APTIOM 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 400 MG ORAL TABLET-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2025	APTIOM 600 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 600 MG ORAL TABLET-5
8/1/2025	APTIOM 800 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 800 MG ORAL TABLET-5
8/1/2025	APTIOM 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 200 MG ORAL TABLET-5
8/1/2025	JYNARQUE 45 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 45 MG-15MG ORAL TABLET SEQ-5
8/30/2025	IXCHIQ 1000 TCID INTRAMUSC. VIAL	REMOVAL DUE TO FDA MANDATED MARKET WITHDRAWAL	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
9/1/2025	COMPLERA 200-25-300 ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-RILPIVIRNE-TENOF 200-25-300 ORAL TABLET-5
9/1/2025	PROMACTA 12.5 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL POWD PACK-5
9/1/2025	PROMACTA 25 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL POWD PACK-5
9/1/2025	PROMACTA 12.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL TABLET-5
9/1/2025	PROMACTA 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 50 MG ORAL TABLET-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
9/1/2025	PROMACTA 75 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 75 MG ORAL TABLET-5
9/1/2025	PROMACTA 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL TABLET-5
10/1/2025	JYNARQUE 30 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 30 MG ORAL TABLET-5
10/1/2025	JYNARQUE 15 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 15 MG ORAL TABLET-5
10/1/2025	FYCOMPA 6 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 6 MG ORAL TABLET-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
10/1/2025	FYCOMPA 12 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 12 MG ORAL TABLET-5
10/1/2025	FYCOMPA 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 10 MG ORAL TABLET-5
10/1/2025	FYCOMPA 4 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 4 MG ORAL TABLET-5
10/1/2025	FYCOMPA 2 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 2 MG ORAL TABLET-2
10/1/2025	ENTRESTO 97MG-103MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SACUBITRIL-VALSARTAN 97MG-103MG ORAL TABLET-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
10/1/2025	ENTRESTO 49 MG-51MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SACUBITRIL-VALSARTAN 49 MG-51MG ORAL TABLET-2
10/1/2025	ENTRESTO 24 MG-26MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SACUBITRIL-VALSARTAN 24 MG-26MG ORAL TABLET-2
10/1/2025	FYCOMPA 8 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 8 MG ORAL TABLET-5