



**VNSNY CHOICE Total (HMO D-SNP)
Future Formulary Changes (Updated on 02/26/22)**

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 Care 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 3 MG ORAL TAB SUSP	EVEROLIMUS 3 MG ORAL TAB SUSP-5
01/01/2022	CHANTIX 1 MG ORAL TABLET	VARENICLINE TARTRATE 1 MG ORAL TABLET-2
01/01/2022	EPANED 1 MG/ML ORAL SOLUTION	ENALAPRIL MALEATE 1 MG/ML ORAL SOLUTION-2
01/01/2022	DUREZOL 0.05 % OPHTHALMIC DROPS	DIFLUPREDNATE 0.05 % OPHTHALMIC DROPS-2
01/01/2022	BYSTOLIC 20 MG ORAL TABLET	NEBIVOLOL HCL 20 MG ORAL TABLET-2
01/01/2022	BYSTOLIC 5 MG ORAL TABLET	NEBIVOLOL HCL 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	VARENICLINE TARTRATE 0.5 MG ORAL TABLET-2
01/01/2022	BYSTOLIC 2.5 MG ORAL TABLET	NEBIVOLOL HCL 2.5 MG ORAL TABLET-2
01/01/2022	PAXIL 10 MG/5 ML ORAL ORAL SUSP	PAROXETINE HCL 10 MG/5 ML ORAL ORAL SUSP-2
01/01/2022	AFINITOR DISPERZ 5 MG ORAL TAB SUSP	EVEROLIMUS 5 MG ORAL TAB SUSP-5



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 10 MG ORAL TABLET	EVEROLIMUS 10 MG ORAL TABLET-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 3 MG ORAL TAB SUSP-5
03/01/2022	ZORTRESS 1 MG ORAL TABLET	EVEROLIMUS 1 MG ORAL TABLET-5
03/01/2022	ZOSTAVAX 19400 UNIT SUBCUTANE. VIAL	Removal due to market availability
04/01/2022	ZYTIGA 500 MG ORAL TABLET	ABIRATERONE ACETATE 500 MG ORAL TABLET-5