



**VNSNY CHOICE Total (HMO SNP)  
Future Formulary Changes**

Starting on **08/01/2019**, 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 Member Services at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm.

<b>Brand Name Drugs that will no longer covered</b>	<b>Alternate or Generic Drugs that will be covered and tier information</b>
ELIDEL 1 % TOPICAL CREAM (G)	PIMECROLIMUS 1 % TOPICAL CREAM (G)-2
CANASA 1000 MG RECTAL SUPP.RECT	MESALAMINE 1000 MG RECTAL SUPP.RECT-2
SENSIPAR 90 MG ORAL TABLET	CINACALCET HCL 90 MG ORAL TABLET-5
SENSIPAR 30 MG ORAL TABLET	CINACALCET HCL 30 MG ORAL TABLET-5
ADCIRCA 20 MG ORAL TABLET	TADALAFIL 20 MG ORAL TABLET-5
SENSIPAR 60 MG ORAL TABLET	CINACALCET HCL 60 MG ORAL TABLET-5