



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

Starting on **11/01/2019**, 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.

Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
CUPRIMINE 250 MG ORAL CAPSULE	PENICILLAMINE 250 MG ORAL CAPSULE-5
FASLODEX 250 MG/5ML INTRAMUSC. SYRINGE	FULVESTRANT 250 MG/5ML INTRAMUSC. SYRINGE-5
FASLODEX 250 MG/5ML INTRAMUSC. SYRINGE	FULVESTRANT 250 MG/5ML INTRAMUSC. SYRINGE-5
LOTEMAX 0.5 % OPHTHALMIC DROPS SUSP	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC-2