



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

Starting on **10/01/2019**, 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
DELZICOL 400 MG ORAL CAP(DRTAB)	MESALAMINE DR 400 MG ORAL CAP(DRTAB)-2
LETAIRIS 10 MG ORAL TABLET	AMBRISENTAN 10 MG ORAL TABLET-5
LETAIRIS 5 MG ORAL TABLET	AMBRISENTAN 5 MG ORAL TABLET-5
TARCEVA 100 MG ORAL TABLET	ERLOTINIB HCL 100 MG ORAL TABLET-5
TARCEVA 150 MG ORAL TABLET	ERLOTINIB HCL 150 MG ORAL TABLET-5
TARCEVA 25 MG ORAL TABLET	ERLOTINIB HCL 25 MG ORAL TABLET-5
TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM. PATCH TD 3	SCOPOLAMINE 1 MG/3 DAY TRANSDERM. PATCH TD 3-2
VOLTAREN 1 % TOPICAL GEL (GRAM)	DICLOFENAC SODIUM 1 % TOPICAL GEL (GRAM)-2
WELCHOL 625 MG ORAL TABLET	COLESEVELAM HCL 625 MG ORAL TABLET-2