



VNSNY CHOICE FIDA Complete Future Formulary Changes

Starting on **05/01/2019**, 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 Participant Services at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm.

Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
ANDROGEL 1.25G-1.62 TRANSDERM. GEL PACKET	TESTOSTERONE 1.25G-1.62 TRANSDERM. GEL PACKET-1
INVANZ 1 G INJECTION VIAL	ERTAPENEM 1 G INJECTION VIAL-1
ONFI 10 MG ORAL TABLET	CLOBAZAM 10 MG ORAL TABLET-1
ONFI 20 MG ORAL TABLET	CLOBAZAM 20 MG ORAL TABLET-1
ANDROGEL 20.25/1.25 TRANSDERM. GEL MD PMP	TESTOSTERONE 20.25/1.25 TRANSDERM. GEL MD PMP-1
ONFI 2.5 MG/ML ORAL ORAL SUSP	CLOBAZAM 2.5 MG/ML ORAL ORAL SUSP-1
ALBENZA 200 MG ORAL TABLET	ALBENDAZOLE 200 MG ORAL TABLET-1
ADCIRCA 20 MG ORAL TABLET	TADALAFIL 20 MG ORAL TABLET-1
AMPYRA 10 MG ORAL TAB ER 12H	DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H-1
ANDROGEL 2.5G-1.62% TRANSDERM. GEL PACKET	TESTOSTERONE 2.5G-1.62% TRANSDERM. GEL PACKET-1