



**VNSNY CHOICE Total (HMO SNP)
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 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
ONFI 10 MG ORAL TABLET	CLOBAZAM 10 MG ORAL TABLET-2
ANDROGEL 1.25G-1.62 TRANSDERM. GEL PACKET	TESTOSTERONE 1.25G-1.62 TRANSDERM. GEL PACKET-2
CIALIS 5 MG ORAL TABLET	TADALAFIL 5 MG ORAL TABLET-2
CIALIS 2.5 MG ORAL TABLET	TADALAFIL 2.5 MG ORAL TABLET-2
ANDROGEL 20.25/1.25 TRANSDERM. GEL MD PMP	TESTOSTERONE 20.25/1.25 TRANSDERM. GEL MD PMP-2
ONFI 20 MG ORAL TABLET	CLOBAZAM 20 MG ORAL TABLET-2
AMPYRA 10 MG ORAL TAB ER 12H	DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H-5
ONFI 2.5 MG/ML ORAL ORAL SUSP	CLOBAZAM 2.5 MG/ML ORAL ORAL SUSP-2
ANDROGEL 2.5G-1.62% TRANSDERM. GEL PACKET	TESTOSTERONE 2.5G-1.62% TRANSDERM. GEL PACKET-2
SPORANOX 10 MG/ML ORAL SOLUTION	ITRACONAZOLE 10 MG/ML ORAL SOLUTION-3
TORISEL FDN 30MG/3 INTRAVEN. VIAL	TEMSIROLIMUS FDN 30MG/3 INTRAVEN. VIAL-5
ADCIRCA 20 MG ORAL TABLET	TADALAFIL 20 MG ORAL TABLET-5
ALBENZA 200 MG ORAL TABLET	ALBENDAZOLE 200 MG ORAL TABLET-5
INVANZ 1 G INJECTION VIAL	ERTAPENEM 1 G INJECTION VIAL-2