



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

Starting on **06/01/2019**, 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>
FARESTON 60 MG ORAL TABLET	TOREMIFENE CITRATE 60 MG ORAL TABLET-5
ZOVIRAX 5 % TOPICAL CREAM (G)	ACYCLOVIR 5 % TOPICAL CREAM (G)-5
RAPAMUNE 1 MG/ML ORAL SOLUTION	SIROLIMUS 1 MG/ML ORAL SOLUTION-5