



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

Starting on either **2/27/21, 3/01/2021 or 05/01/2021**, 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>Effective Date</b>	<b>Brand Name Drugs that will no longer covered</b>	<b>Alternate or Generic Drugs that will be covered and tier information</b>
2/27/2021	ALINIA 500 MG ORAL TABLET	NITAZOXANIDE 500 MG ORAL TABLET-5
3/1/2021	TECFIDERA 120-240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-5
3/1/2021	BANZEL 40 MG/ML ORAL ORAL SUSP	RUFINAMIDE 40 MG/ML ORAL ORAL SUSP-5
5/1/2021	BETHKIS 300 MG/4ML INHALATION AMPUL-NEB	TOBRAMYCIN 300 MG/4ML INHALATION AMPUL-NEB-5
5/1/2021	DEMSER 250 MG ORAL CAPSULE	METYROSINE 250 MG ORAL CAPSULE-5
5/1/2021	SYMFI LO 400-300 MG ORAL TABLET	EFAVIRENZ-LAMIVU-TENOFOV DISOP 400-300 MG ORAL TABLET-5
5/1/2021	ATRIPLA 600-200MG ORAL TABLET	EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG ORAL TABLET-5
5/1/2021	SYMFI 600-300MG ORAL TABLET	EFAVIRENZ-LAMIVU-TENOFOV DISOP 600-300MG ORAL TABLET-5
5/1/2021	KUVAN 100 MG ORAL TABLET SOL	SAPROPTERIN DIHYDROCHLORIDE 100 MG ORAL TABLET SOL-5
5/1/2021	EMTRIVA 200 MG ORAL CAPSULE	EMTRICITABINE 200 MG ORAL CAPSULE-2
5/1/2021	FERRIPROX 500 MG ORAL TABLET	DEFERIPRONE 500 MG ORAL TABLET-5



**CHOICE**<sup>SM</sup>  
Health Plans

5/1/2021	TECFIDERA 120 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120 MG ORAL CAPSULE DR-5
5/1/2021	TECFIDERA 240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 240 MG ORAL CAPSULE DR-5
5/1/2021	TYKERB 250 MG ORAL TABLET	LAPATINIB 250 MG ORAL TABLET-5
5/1/2021	TRUVADA 200-300 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 200- 300 MG ORAL TABLET-5