



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

Starting on either **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>
3/1/2021	BANZEL 40 MG/ML ORAL ORAL SUSP	RUFINAMIDE 40 MG/ML ORAL ORAL SUSP-5
3/1/2021	SAPHRIS 10 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 10 MG SUBLINGUAL TAB SUBL-2
3/1/2021	SAPHRIS 2.5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 2.5 MG SUBLINGUAL TAB SUBL-2
3/1/2021	SAPHRIS 5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 5 MG SUBLINGUAL TAB SUBL-2
3/1/2021	TECFIDERA 120-240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-5
5/1/2021	RANITIDINE HCL 15 MG/ML ORAL SYRUP	
5/1/2021	RANITIDINE HCL 15 MG/ML ORAL SYRUP	
5/1/2021	RANITIDINE HCL 150 MG ORAL TABLET	
5/1/2021	RANITIDINE HCL 25 MG/ML INJECTION VIAL	
5/1/2021	RANITIDINE HCL 300 MG ORAL TABLET	
5/1/2021	RANITIDINE HCL 50 MG/2 ML INJECTION VIAL	