



**VNSNY CHOICE Total (HMO D-SNP)
Future Formulary Changes (Updated on 08/25/21)**

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 the CHOICE Total Care Team at 1-866-783-1444 (TTY: 711), from 8 am – 8 pm, 7 days a week.

Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
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
4/3/2021	LOTEMAX 0.5 % OPHTHALMIC DROPS GEL	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC DROPS GEL-2
4/3/2021	TRUVADA 167-250 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 167-250 MG ORAL TABLET-5
4/3/2021	TRUVADA 133-200 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 133-200 MG ORAL TABLET-5
4/3/2021	TRUVADA 100-150 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 100-150 MG ORAL TABLET-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



Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
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
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
5/1/2021	NORTHERA 100 MG ORAL CAPSULE	DROXIDOPA 100 MG ORAL CAPSULE-5
5/1/2021	NORTHERA 300 MG ORAL CAPSULE	DROXIDOPA 300 MG ORAL CAPSULE-5
5/1/2021	NORTHERA 200 MG ORAL CAPSULE	DROXIDOPA 200 MG ORAL CAPSULE-5
7/3/2021	THIOLA 100 MG ORAL TABLET	TIOPRONIN 100 MG ORAL TABLET-5
7/31/2021	BEPREVE 1.5 % OPHTHALMIC DROPS	BEPOTASTINE BESILATE 1.5 % OPHTHALMIC DROPS-2
7/31/2021	BANZEL 200 MG ORAL TABLET	RUFINAMIDE 200 MG ORAL TABLET-5



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Effective Date	Brand Name Drugs that will no longer covered	Alternate or Generic Drugs that will be covered and tier information
7/31/2021	BANZEL 400 MG ORAL TABLET	RUFINAMIDE 400 MG ORAL TABLET-5