CMS FORMULARY ID: 21017

Senior Care Plus

FUTURE FORMULARY CHANGE FILE

EFFECTIVE DATE: 03/01/2021

Deletion of Drug From Formulary	Drug Name	Alternate Drug(s)	Tier
REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SAPHRIS 10 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 10 MG SUBLINGUAL TAB SUBL-2	
	SAPHRIS 2.5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 2.5 MG SUBLINGUAL TAB SUBL-2	
	SAPHRIS 5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 5 MG SUBLINGUAL TAB SUBL-2	
	TECFIDERA 120-240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-5	
	BANZEL 40 MG/ML ORAL ORAL SUSP	RUFINAMIDE 40 MG/ML ORAL ORAL SUSP-5	
REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	RANITIDINE HCL 15 MG/ML ORAL SYRUP		
	RANITIDINE HCL 15 MG/ML ORAL SYRUP		
	RANITIDINE HCL 150 MG ORAL TABLET		
	RANITIDINE HCL 25 MG/ML INJECTION VIAL		
	RANITIDINE HCL 300 MG ORAL TABLET		
	RANITIDINE HCL 50 MG/2 ML INJECTION VIAL		