

PHP Care Complete FIDA-IDD Plan (Medicare - Medicaid Plan) Future Formulary Changes

April 2024

The following brand name drug will be removed from our formulary due to the addition of a new generic equivalent.

CMS Formulary ID	Effective Date	Brand Drug Name (To be Removed)	Generic Replacement Drugs and Tier (New Replacement)
24127	04/01/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-1
24127	04/01/2024	TRACLEER 62.5 MG ORAL TABLET	BOSENTAN 62.5 MG ORAL TABLET-1
24127	04/01/2024	TRACLEER 125 MG ORAL TABLET	BOSENTAN 125 MG ORAL TABLET-1
24127	04/01/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-1
24127	04/01/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-1
24127	04/01/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-1
24127	04/01/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-1
24127	04/01/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-2

The following drugs will be removed from our formulary as it's not a Part D covered drug.

CMS Formulary ID	Effective Date	Drug Name (To be Removed)
24127	05/01/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET