

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

August 2024

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

CMS Formulary ID	Effective Date	Drug Name <i>(To be Removed)</i>
24127	08/01/2024	FARYDAK 10 MG ORAL CAPSULE
24127	08/01/2024	FARYDAK 15 MG ORAL CAPSULE
24127	08/01/2024	FARYDAK 20 MG ORAL CAPSULE

The following drug will be removed from our formulary due to FDA withdrawal.

CMS Formulary ID	Effective Date	Drug Name <i>(To be Removed)</i>
24127	08/01/2024	TRUSELTIQ 50 MG/DAY ORAL CAPSULE
24127	08/01/2024	TRUSELTIQ 75 MG/DAY ORAL CAPSULE
24127	08/01/2024	TRUSELTIQ 100 MG/DAY ORAL CAPSULE
24127	08/01/2024	TRUSELTIQ 125 MG/DAY ORAL CAPSULE

The following drugs require Part D verification for prior authorization.

CMS Formulary ID	Effective Date	Drug Name <i>(To be Removed)</i>
24127	10/01/2024	MOUNJARO 2.5 MG/0.5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	MOUNJARO 5 MG/0.5ML SUBCUTANE. PEN INJCTR
24127	10/01/2024	MOUNJARO 7.5 MG/0.5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	MOUNJARO 10MG/0.5ML SUBCUTANE. PEN INJCTR
24127	10/01/2024	MOUNJARO 12.5MG/0.5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	MOUNJARO 15MG/0.5ML SUBCUTANE. PEN INJCTR
24127	10/01/2024	OZEMPIC .25 OR 0.5 SUBCUTANE. PEN INJCTR

24127	10/01/2024	OZEMPIC 0.25 OR .5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	OZEMPIC 1/0.75 (3) SUBCUTANE. PEN INJCTR
24127	10/01/2024	OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR
24127	10/01/2024	RYBELSUS 3 MG ORAL TABLET
24127	10/01/2024	RYBELSUS 7 MG ORAL TABLET
24127	10/01/2024	RYBELSUS 14 MG ORAL TABLET
24127	10/01/2024	TRULICITY 0.75MG/0.5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	TRULICITY 1.5 MG/0.5 SUBCUTANE. PEN INJCTR
24127	10/01/2024	TRULICITY 3 MG/0.5ML SUBCUTANE. PEN INJCTR
24127	10/01/2024	TRULICITY 4.5 MG/0.5 SUBCUTANE. PEN INJCTR