

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

May 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	05/01/2024	KORLYM 300 MG ORAL TABLET	MIFEPRISTONE 300 MG ORAL TABLET-1
24127	05/01/2024	ALREX 0.2 % OPHTHALMIC DROPS SUSP	LOTEPREDNOL ETABONATE 0.2 % OPHTHALMIC DROPS SUSP-2
24127	05/01/2024	BROMSITE 0.075 % OPHTHALMIC DROPS	BROMFENAC SODIUM 0.075 % OPHTHALMIC DROPS-2

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 (To be Removed)
24127	05/01/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET