

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

**September 2021**

The following brand name drugs 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)
21423	08/28/2021	KALETRA 100MG-25MG ORAL TABLET	LOPINAVIR-RITONAVIR 100MG-25MG ORAL TABLET-1
21423	08/28/2021	INTELENCE 100 MG ORAL TABLET	ETRAVIRINE 100 MG ORAL TABLET-1
21423	08/28/2021	INTELENCE 200 MG ORAL TABLET	ETRAVIRINE 200 MG ORAL TABLET-1
21423	08/28/2021	KALETRA 200MG-50MG ORAL TABLET	LOPINAVIR-RITONAVIR 200MG-50MG ORAL TABLET-1

The following drug will be removed from our formulary due to not being a Part D Covered Drug.

CMS Formulary ID	Effective Date	Drug Name (To be Removed)
21423	11/01/2021	ALINIA 100 MG/5ML ORAL SUSP RECON