



## Future Formulary Changes

CMS Formulary ID: 23415  
Changes effective: 09/01/2023

Drug Name	Reason	Alternate Drugs	Tier
PREZISTA 600 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 600 MG ORAL TABLET	5
PREZISTA 800 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 800 MG ORAL TABLET	5