

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

September 2023

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)
23267	09/01/2023	PREZISTA 800 MG ORAL TABLET	DARUNAVIR 800 MG ORAL TABLET-1
23267	09/01/2023	PREZISTA 600 MG ORAL TABLET	DARUNAVIR 600 MG ORAL TABLET-1