

1TS South Country Notice of Change Effective August 2020

New Additions: **Effective 8/1/2020**

Drug	Reason	Tier	Restrictions
deferasirox 180 mg tablet	Formulary Addition	Tier 1	PA
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS	Formulary Addition	Tier 1	PA
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS	Formulary Addition	Tier 1	PA
KOSELUGO 10 MG CAPSULE	Formulary Addition	Tier 1	PA
KOSELUGO 25 MG CAPSULE	Formulary Addition	Tier 1	PA
micafungin 100 mg intravenous solution	Formulary Addition	Tier 1	PA
micafungin 50 mg intravenous solution	Formulary Addition	Tier 1	PA
NEXLETOL 180 MG TABLET	Formulary Addition	Tier 1	PA
nitisinone 10 mg capsule	Formulary Addition	Tier 1	PA
nitisinone 2 mg capsule	Formulary Addition	Tier 1	PA
nitisinone 5 mg capsule	Formulary Addition	Tier 1	PA
PEMAZYRE 13.5 MG TABLET	Formulary Addition	Tier 1	PA
PEMAZYRE 4.5 MG TABLET	Formulary Addition	Tier 1	PA
PEMAZYRE 9 MG TABLET	Formulary Addition	Tier 1	PA
QINLOCK 50 MG TABLET	Formulary Addition	Tier 1	PA
RETEVMO 40 MG CAPSULE	Formulary Addition	Tier 1	PA

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Drug	Reason	Tier	Restrictions
RETEVMO 80 MG CAPSULE	Formulary Addition	Tier 1	PA
TUKYSA 150 MG TABLET	Formulary Addition	Tier 1	PA
TUKYSA 50 MG TABLET	Formulary Addition	Tier 1	PA
XCOPRI 100 MG TABLET	Formulary Addition	Tier 1	ST
XCOPRI 150 MG TABLET	Formulary Addition	Tier 1	ST
XCOPRI 200 MG TABLET	Formulary Addition	Tier 1	ST
XCOPRI 50 MG TABLET	Formulary Addition	Tier 1	ST
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	Formulary Addition	Tier 1	ST
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	Formulary Addition	Tier 1	ST
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	Formulary Addition	Tier 1	ST
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	Formulary Addition	Tier 1	ST
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	Formulary Addition	Tier 1	ST
ziprasidone 20 mg/ml (final concentration) intramuscular solution	Formulary Addition	Tier 1	PA QL

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Deletions: **Effective 8/1/2020**

Drug	Reason	Alternative
alogliptin 12.5 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 12.5 mg-metformin 1,000 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 12.5 mg-metformin 500 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 12.5 mg-pioglitazone 15 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 12.5 mg-pioglitazone 30 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 12.5 mg-pioglitazone 45 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 25 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 25 mg-pioglitazone 15 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 25 mg-pioglitazone 30 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 25 mg-pioglitazone 45 mg tablet	Removed from Plan Formulary	Please contact your doctor.
alogliptin 6.25 mg tablet	Removed from Plan Formulary	Please contact your doctor.
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION	Removed from Formulary	Please contact your doctor.
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	Removed from Plan Formulary	ziprasidone mesylate intramuscular solution reconstituted 20 mg
JADENU 180 MG TABLET	Removed from Plan Formulary	deferasirox oral tablet 180 mg
MYCAMINE 100 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary	micafungin sodium intravenous solution reconstituted 100 mg
MYCAMINE 50 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary	micafungin sodium intravenous solution reconstituted 50 mg
ORFADIN 10 MG CAPSULE	Removed from Plan Formulary	nitisinone oral capsule 10 mg

Drug	Reason	Alternative
ORFADIN 2 MG CAPSULE	Removed from Plan Formulary	nitisinone oral capsule 2 mg
ORFADIN 5 MG CAPSULE	Removed from Plan Formulary	nitisinone oral capsule 5 mg