

1TS South Country Notice of Change March 2023

New Additions: **Effective 3/1/2023**

Drug	Reason	Tier	Restrictions
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg	Formulary Addition	Tier 1	
amlodipine-valsartan-hctz oral tablet 10-160-25 mg	Formulary Addition	Tier 1	
amlodipine-valsartan-hctz oral tablet 10-320-25 mg	Formulary Addition	Tier 1	
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	Formulary Addition	Tier 1	
amlodipine-valsartan-hctz oral tablet 5-160-25 mg	Formulary Addition	Tier 1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Formulary Addition	Tier 1	PA
GLEOSTINE ORAL CAPSULE 10 MG	Formulary Addition	Tier 1	PA
GLEOSTINE ORAL CAPSULE 100 MG	Formulary Addition	Tier 1	PA
GLEOSTINE ORAL CAPSULE 40 MG	Formulary Addition	Tier 1	PA
MENEST ORAL TABLET 2.5 MG	Formulary Addition	Tier 1	PA
OXBRYTA ORAL TABLET 300 MG	Formulary Addition	Tier 1	PA
roflumilast oral tablet 250 mcg	Formulary Addition	Tier 1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Formulary Addition	Tier 1	PA

Deletions: **Effective 3/1/2023**

Drug	Reason	Alternative
DALIRESP ORAL TABLET 250 MCG	Removed from Plan Formulary	roflumilast oral tablet 250 mcg
PASER ORAL PACKET 4 GM	Removed from Plan Formulary	Please contact your doctor.

