

1TS South Country Notice of Change August 2023

New Additions: **Effective 8/1/2023**

Drug	Reason	Tier	Restrictions
FILSPARI ORAL TABLET 200 MG	Formulary Addition	Tier 1	PA
FILSPARI ORAL TABLET 400 MG	Formulary Addition	Tier 1	PA
gefitinib oral tablet 250 mg	Formulary Addition	Tier 1	PA
KALYDECO ORAL PACKET 13.4 MG	Formulary Addition	Tier 1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Formulary Addition	Tier 1	PA
methsuximide oral capsule 300 mg	Formulary Addition	Tier 1	
nitisinone oral capsule 20 mg	Formulary Addition	Tier 1	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Formulary Addition	Tier 1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG	Formulary Addition	Tier 1	PA
TRIKAFTA ORAL THERAPY PACK 80-40-60 & 59.5 MG	Formulary Addition	Tier 1	PA
TURALIO ORAL CAPSULE 125 MG	Formulary Addition	Tier 1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Formulary Addition	Tier 1	PA
VERQUVO ORAL TABLET 10 MG	Formulary Addition	Tier 1	QL
VERQUVO ORAL TABLET 2.5 MG	Formulary Addition	Tier 1	QL
VERQUVO ORAL TABLET 5 MG	Formulary Addition	Tier 1	QL

Deletions: **Effective 8/1/2023**

Drug	Reason	Alternative
CELONTIN ORAL CAPSULE 300 MG	Removed from Plan Formulary	methsuximide oral capsule 300 mg
IRESSA ORAL TABLET 250 MG	Removed from Plan Formulary	gefitinib oral tablet 250 mg
KYNMOBI SUBLINGUAL FILM 10 MG	Removed from Plan Formulary	Please contact your doctor.
KYNMOBI SUBLINGUAL FILM 15 MG	Removed from Plan Formulary	Please contact your doctor.
KYNMOBI SUBLINGUAL FILM 20 MG	Removed from Plan Formulary	Please contact your doctor.
KYNMOBI SUBLINGUAL FILM 25 MG	Removed from Plan Formulary	Please contact your doctor.
KYNMOBI SUBLINGUAL FILM 30 MG	Removed from Plan Formulary	Please contact your doctor.
ORFADIN ORAL CAPSULE 20 MG	Removed from Plan Formulary	nitisinone oral capsule 20 mg
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Removed from Formulary	Please contact your doctor.

Updates: **Effective 8/1/2023**

Drug	New Tier	Old Tier	Restrictions
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML	1	1	ST QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 12.5 MG/0.5ML	1	1	ST QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/0.5ML	1	1	ST QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	1	1	ST QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/0.5ML	1	1	ST QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 7.5 MG/0.5ML	1	1	ST QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	1	ST QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	1	ST QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	1	ST QL
RYBELSUS ORAL TABLET 14 MG	1	1	ST QL
RYBELSUS ORAL TABLET 3 MG	1	1	ST QL
RYBELSUS ORAL TABLET 7 MG	1	1	ST QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML	1	1	ST QL

Drug	New Tier	Old Tier	Restrictions
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 1.5 MG/0.5ML	1	1	ST QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML	1	1	ST QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 4.5 MG/0.5ML	1	1	ST QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	1	ST QL