

1TS South Country Notice of Change July 2024

New Additions: **Effective 7/1/2024**

Drug	Reason	Tier	Restrictions
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Formulary Addition	Tier 1	
JYLAMVO ORAL SOLUTION 2 MG/ML	Formulary Addition	Tier 1	PA
OPSUMIT ORAL TABLET 10 MG	Formulary Addition	Tier 1	PA QL
QULIPTA ORAL TABLET 10 MG	Formulary Addition	Tier 1	PA
QULIPTA ORAL TABLET 30 MG	Formulary Addition	Tier 1	PA
QULIPTA ORAL TABLET 60 MG	Formulary Addition	Tier 1	PA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG	Formulary Addition	Tier 1	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG	Formulary Addition	Tier 1	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG	Formulary Addition	Tier 1	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG	Formulary Addition	Tier 1	QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML	Formulary Addition	Tier 1	PA QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML	Formulary Addition	Tier 1	PA QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.5ML	Formulary Addition	Tier 1	PA QL

Drug	Reason	Tier	Restrictions
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML	Formulary Addition	Tier 1	PA QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML	Formulary Addition	Tier 1	PA QL
XCOPRI ORAL TABLET 25 MG	Formulary Addition	Tier 1	ST
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	Formulary Addition	Tier 1	PA

Deletions: **Effective 7/1/2024**

Drug	Reason	Alternative
AMABELZ ORAL TABLET 0.5-0.1 MG	Removed from Plan Formulary	Please contact your doctor.
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Removed from Plan Formulary	Please contact your doctor.

Updates: **Effective 7/1/2024**

Drug	New Tier	Old Tier	Restrictions
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	1	PA updated