

1TS South Country Notice of Change September 2025

New Additions: **Effective 9/1/2025**

Drug	Reason	Tier	Restrictions
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Formulary Addition	Tier 1	
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral packet 12.5 mg	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral packet 25 mg	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral tablet 12.5 mg	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral tablet 25 mg	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral tablet 50 mg	Formulary Addition	Tier 1	PA QL
eltrombopag olamine oral tablet 75 mg	Formulary Addition	Tier 1	PA QL
emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg	Formulary Addition	Tier 1	QL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Formulary Addition	Tier 1	PA QL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Formulary Addition	Tier 1	PA QL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Formulary Addition	Tier 1	PA QL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	Formulary Addition	Tier 1	PA QL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Formulary Addition	Tier 1	PA QL

Drug	Reason	Tier	Restrictions
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Formulary Addition	Tier 1	PA QL
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Formulary Addition	Tier 1	
levetiracetam oral tablet disintegrating soluble 250 mg	Formulary Addition	Tier 1	
MELEYA ORAL TABLET 0.35 MG	Formulary Addition	Tier 1	
nilotinib hcl oral capsule 150 mg	Formulary Addition	Tier 1	PA
nilotinib hcl oral capsule 200 mg	Formulary Addition	Tier 1	PA
nilotinib hcl oral capsule 50 mg	Formulary Addition	Tier 1	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Formulary Addition	Tier 1	PA

Deletions: **Effective 9/1/2025**

Drug	Reason	Alternative
COMPLERA ORAL TABLET 200-25-300 MG	Removed from Plan Formulary	emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg
EUTHYROX ORAL TABLET 100 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 112 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 125 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 137 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 150 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 175 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 200 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 25 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 50 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 75 MCG	Removed from Plan Formulary	Please contact your doctor.
EUTHYROX ORAL TABLET 88 MCG	Removed from Plan Formulary	Please contact your doctor.
PROMACTA ORAL PACKET 12.5 MG	Removed from Plan Formulary	eltrombopag olamine oral packet 12.5 mg
PROMACTA ORAL PACKET 25 MG	Removed from Plan Formulary	eltrombopag olamine oral packet 25 mg
PROMACTA ORAL TABLET 12.5 MG	Removed from Plan Formulary	eltrombopag olamine oral tablet 12.5 mg
PROMACTA ORAL TABLET 25 MG	Removed from Plan Formulary	eltrombopag olamine oral tablet 25 mg
PROMACTA ORAL TABLET 50 MG	Removed from Plan Formulary	eltrombopag olamine oral tablet 50 mg
PROMACTA ORAL TABLET 75 MG	Removed from Plan Formulary	eltrombopag olamine oral tablet 75 mg

Drug	Reason	Alternative
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	Removed from Plan Formulary	Please contact your doctor.
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	Removed from Plan Formulary	Please contact your doctor.
TASIGNA ORAL CAPSULE 150 MG	Removed from Plan Formulary	nilotinib hcl oral capsule 150 mg
TASIGNA ORAL CAPSULE 200 MG	Removed from Plan Formulary	nilotinib hcl oral capsule 200 mg
TASIGNA ORAL CAPSULE 50 MG	Removed from Plan Formulary	nilotinib hcl oral capsule 50 mg
TRIVORA (28) ORAL TABLET 50- 30/75-40/ 125-30 MCG	Removed from Plan Formulary	Please contact your doctor.