

1TS South Country Notice of Change May 2024

New Additions: **Effective 5/1/2024**

Drug	Reason	Tier	Restrictions
mifepristone oral tablet 300 mg	Formulary Addition	Tier 1	PA
ROZLYTREK ORAL PACKET 50 MG	Formulary Addition	Tier 1	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Formulary Addition	Tier 1	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Formulary Addition	Tier 1	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Formulary Addition	Tier 1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Formulary Addition	Tier 1	PA

Deletions: **Effective 5/1/2024**

Drug	Reason	Alternative
EMCYT ORAL CAPSULE 140 MG	Removed from Plan Formulary	Please contact your doctor.
KORLYM ORAL TABLET 300 MG	Removed from Plan Formulary	mifepristone oral tablet 300 mg