

1TS South Country Notice of Change May 2026

New Additions: **Effective 5/1/2026**

Drug	Reason	Tier	Restrictions
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	Formulary Addition	Tier 1	PA QL
ceftaroline fosamil intravenous solution reconstituted 400 mg	Formulary Addition	Tier 1	
ceftaroline fosamil intravenous solution reconstituted 600 mg	Formulary Addition	Tier 1	
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML	Formulary Addition	Tier 1	PA
GAMMAGARD ERC INJECTION SOLUTION 5 GM/50ML	Formulary Addition	Tier 1	PA
levetiracetam oral tablet disintegrating soluble 250 mg	Formulary Addition	Tier 1	ST QL
levetiracetam oral tablet disintegrating soluble 500 mg	Formulary Addition	Tier 1	ST QL
pomalidomide oral capsule 1 mg	Formulary Addition	Tier 1	PA
pomalidomide oral capsule 2 mg	Formulary Addition	Tier 1	PA
pomalidomide oral capsule 3 mg	Formulary Addition	Tier 1	PA
pomalidomide oral capsule 4 mg	Formulary Addition	Tier 1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	Formulary Addition	Tier 1	PA

Deletions: **Effective 5/1/2026**

Drug	Reason	Alternative
glyburide micronized oral tablet 1.5 mg	Removed from Plan Formulary	Please contact your doctor.
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Removed from Plan Formulary	Please contact your doctor.
POMALYST ORAL CAPSULE 1 MG	Removed from Plan Formulary	pomalidomide 1 mg oral capsule
POMALYST ORAL CAPSULE 2 MG	Removed from Plan Formulary	pomalidomide 2 mg oral capsule
POMALYST ORAL CAPSULE 3 MG	Removed from Plan Formulary	pomalidomide 3 mg oral capsule
POMALYST ORAL CAPSULE 4 MG	Removed from Plan Formulary	pomalidomide 4 mg oral capsule
SRONYX ORAL TABLET 0.1-20 MG-MCG	Removed from Plan Formulary	Please contact your doctor.