

## 1TS South Country Notice of Change July 2026

New Additions: **Effective 7/1/2026**

Drug	Reason	Tier	Restrictions
<b>AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>	Formulary Addition	Tier 1	PA QL
<b>AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>	Formulary Addition	Tier 1	PA QL
<b>ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML</b>	Formulary Addition	Tier 1	QL
<b>KOMZIFTI ORAL CAPSULE 200 MG</b>	Formulary Addition	Tier 1	PA
<b>MYQORZO ORAL TABLET 10 MG</b>	Formulary Addition	Tier 1	PA QL
<b>MYQORZO ORAL TABLET 15 MG</b>	Formulary Addition	Tier 1	PA QL
<b>MYQORZO ORAL TABLET 20 MG</b>	Formulary Addition	Tier 1	PA QL
<b>MYQORZO ORAL TABLET 5 MG</b>	Formulary Addition	Tier 1	PA QL
<b>nintedanib esylate oral capsule 100 mg</b>	Formulary Addition	Tier 1	PA
<b>nintedanib esylate oral capsule 150 mg</b>	Formulary Addition	Tier 1	PA
<b>RELGAABI ORAL CAPSULE 200 MG</b>	Formulary Addition	Tier 1	ST QL
<b>STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	Formulary Addition	Tier 1	PA QL
<b>XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML</b>	Formulary Addition	Tier 1	
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 12.5 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL

Drug	Reason	Tier	Restrictions
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 15 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 2.5 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL
<b>ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 7.5 MG/0.6ML</b>	Formulary Addition	Tier 1	PA QL

Deletions: **Effective 7/1/2026**

<b>Drug</b>	<b>Reason</b>	<b>Alternative</b>
<b>FARXIGA ORAL TABLET 10 MG</b>	Removed from Plan Formulary	DAPAGLIFLOZIN 10 MG ORAL TABLET
<b>FARXIGA ORAL TABLET 5 MG</b>	Removed from Plan Formulary	DAPAGLIFLOZIN 5 MG ORAL TABLET