



Samaritan Choice and Samaritan Large Group Formulary Changes

Samaritan Health Plans

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For more recent information or other questions, please contact Pharmacy Services at **541-768-4550** or toll free **800-832-4580** (TTY 800-735-2900) or visit samhealthplans.org. Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

Samaritan Choice and Samaritan Large Group Formulary Changes

Effective Date	Drug Name	Strength and Dosage Form	Type of Change	Utilization Limits	Line of Business Affected	
					Samaritan Choice	Large Group
7/1/2023	Austedo	TAB 6MG TAB 9MG TAB 12MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Calcium Acetate	TAB 667MG CAP 667MG	Added to Formulary		X	X
7/1/2023	Cotellic	TAB 20MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Lanthanum Carbonate	CHEW TAB 500MG CHEW TAB 750MG CHEW TAB 1000MG	Added to Formulary	Prior Authorization	X	X
7/1/2023	Mekinist	TAB 0.5MG TAB 2MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Midazolam	Injection: 5MG/ML, 10MG/2ML, 25MG/5ML, 50MG/ML	Added to Formulary		X	X
7/1/2023	Pemazyre	TAB 4.5MG TAB 9MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Ninlaro	CAP 2MG CAP 3MG CAP 4MG	Added Prior Authorization	Prior Authorization Quantity Limit	X	X
7/1/2023	Reyvow	TAB 50MG TAB 100MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Rezlidhia	CAP 150MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
7/1/2023	Sumatriptan	Nasal Spray: 5MG/ACT, 20MG/ACT	Update Criteria	Step Therapy	X	X
7/1/2023	Tafinlar	CAP 50MG CAP 75MG	Added to Formulary	Prior Authorization Quantity Limit	X	X

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7/1/2023	Zolmitriptan	Nasal Spray: 5MG	Update Criteria	Step Therapy	X	X
5/1/2023	Emcyt	CAP 140MG	Criteria Change	Added Prior Authorization	X	
5/1/2023	Everolimus	TABLET	Added to Formulary	Prior Authorization	X	X
5/1/2023	Gleostine	CAPSULE	Criteria Change	Added Prior Authorization	X	
5/1/2023	Hycamtin	CAPSULE	Criteria Change	Added Prior Authorization	X	
5/1/2023	Ibrance	CAPSULE TABLET	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Imbruvica	SUSPENSION	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Krazati	TAB 200MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Lenalidomide	CAP 20MG CAP 2.5 MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Leukeran	TAB 2MG	Criteria Change	Prior Authorization	X	X
5/1/2023	Lygobi	THERAPY PACK 4MG (16MG DAILY DOSE) THERAPY PACK 4MG (20MG DAILY DOSE)	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Retevmo	CAP 40MG CAP 80MG	Added to Formulary	Prior Authorization Quantity Limit	X	X
5/1/2023	Sorafenib	TAB 200MG	Criteria Change	Prior Authorization Quantity Limit	X	X
5/1/2023	Sprycel	TAB 20MG	Criteria change	Added Prior Authorization	X	X
5/1/2023	Sunlenca	THERAPY PACK 5 X 300 MG THERAPY PACK 4 X 300 MG	Added to Formulary	Prior Authorization Quantity Limit	X	X

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5/1/2023	Terbinafine	TAB 250MG	Remove Prior Authorization	Quantity Limit	X	X
5/1/2023	Thalomid	CAPSULE	Criteria change	Prior Authorization Quantity Limit	X	X
5/1/2023	Triumeq	Triumeq PD	Added to Formulary	Quantity Limit	X	X
5/1/2023	Votrient	TAB 200MG	Criteria Change	Prior Authorization Quantity Limit	X	X
5/1/2023	Zolinza	CAP 100MG	Criteria Change	Added Prior Authorization	X	X
3/1/2023	Calquence	100MG Tablets	Add to Formulary	Prior Authorization Quantity Limit	X	X
3/1/2023	Extavia	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Add to Formulary	Prior Authorization	X	X
3/1/2023	Generic Prevpac	amoxicillin-clarithromycin-lansoprazole	Removed from Formulary		X	X
3/1/2023	Glatopa/Glatiramer	20MG/ML 40MG/ML	Add to Formulary	Prior Authorization	X	X
3/1/2023	Orilissa	150MG Tablet 200MG Tablet	Add to Formulary	Prior Authorization Quantity Limit	X	X
3/1/2023	Pregabalin	Capsule: 25 mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg.	Removed Prior Authorization	Quantity Limit	X	X
3/1/2023	Rebif	22mcg/0.5mL 44mcg/0.5mL	Add to Formulary	Prior Authorization	X	X