



2022 Formulary Changes

Effective Date	Drug Name	Strength and Dosage Form	Type of Change	Utilization limits	Line of Business Affected		
					<i>Samaritan Choice</i>	<i>Large Group</i>	<i>IHN-CCO</i>
2/1/2022	Skyrizi		Added to formulary	Prior Authorization	X	X	
2/1/2022	Actemra		Added to formulary	Prior Authorization	X	X	
2/1/2022	Enbrel		Removed from formulary		X	X	
2/1/2022	Cosentyx		Removed from formulary		X	X	
2/1/2022	Oxcarbazepine	150/300/600mg Tablets 300mg/5mL, 200mg/5mL Suspension	Added to formulary				X
2/1/2022	Exkivity	40mg capsules	Added to formulary	Prior Authorization Quantity Limit	X	X	X
2/1/2022	Lorbrena		Added to formulary	Prior Authorization Quantity Limit	X	X	X
2/1/2022	Xalkori		Added to formulary	Prior Authorization Quantity Limit	X	X	X
3/14/2022	Ajovy		Added to formulary	Prior Authorization	X	X	
3/14/2022	Aimovig	140mg/mL	Removed Step Therapy criteria	Prior Authorization Quantity Limit			
4/1/2022	Lenvima		Added to formulary	Prior Authorization	X	X	X
4/1/2022	Tibsovo	250mg Tablets	Added to formulary	Prior Authorization Quantity Limit	X	X	X
4/1/2022	Scemblix	20/40mg tablets	Added to formulary	Prior Authorization Quantity Limit	X	X	X
4/1/2022	Vocabria	30mg tablets	Added to formulary	Prior Authorization	X	X	X

Updated on 8/1/2022. 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.



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					Quantity Limit		
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4/1/2022	Rezurock	200mg tablets	Added to formulary	Prior Authorization Quantity Limit		X	X
4/1/2022	Farxiga	5/10mg tablets	Removed Step Therapy criteria	Prior Authorization Quantity Limit	X		X
4/1/2022	Farxiga	5/10mg tablets	Added Quantity Limit	Step therapy Quantity Limit		X	
4/1/2022	Jardiance		Removed Step Therapy criteria	Prior Authorization Quantity Limit	X		X
4/1/2022	Jardiance		Changed tier	Step Therapy Quantity Limit		X	
4/1/2022	Invokana	100/300mg	Added Quantity Limit	Quantity Limit	X		X
4/1/2022	Invokana Invokamet Invokamet XR		Removed from formulary			X	
4/1/2022	Synjardy Synjardy XR Xigduo Glyxambi		Changed tier	Step Therapy	X	X	
4/1/2022	Trijardy XR		Added to formulary	Step Therapy	X	X	
6/1/2022	Verzenio	50/100/150/200mg tablets	Added to formulary	Prior Authorization Quantity Limit	X	X	X
6/1/2022	Tasigna	50/150/200mg capsules	Added to formulary	Prior Authorization Quantity Limit	X	X	X
6/1/2022	Cabometyx		Added to formulary	Prior Authorization Quantity Limit	X	X	X
6/1/2022	Brukinsa		Added to formulary	Prior Authorization Quantity Limit	X	X	X

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6/1/2022	Dexilant		Remove from formulary		X	X	X
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6/1/2022	Dicyclomine	10mg capsules 20mg tablets	Added to formulary		X		X
6/1/2022	Dicyclomine	10mg/5mL solution	Added to formulary		X	X	X
8/1/2022	Rexulti		Added to Formulary	Prior Authorization Quantity Limit	X		X
8/1/2022	Pyrukynd			Prior Authorization	X	X	X
8/1/2022	Kisqali		Added to Formulary	Prior Authorization	X	X	X
8/1/2022	Loratadine	Children's Syrup & Solution	Removed Prior Authorization	Age restriction of 13 and under			X
8/1/2022	Vivitrol		Updated criteria	Prior Authorization	X	X	X

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