



Samaritan
Health Plans

2023 Formulary Changes

Effective Date	Drug Name	Strength and Dosage Form	Type of Change	Utilization limits	Line of business affected	
					Samaritan Choice	Large Group
March	Calquence	100MG Tablets	Add to Formulary	Prior Authorization Quantity Limit	X	X
March	Orilissa	150MG Tablet 200MG Tablet	Add to Formulary	Prior Authorization Quantity Limit	X	X
March	Extavia	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Add to Formulary	Prior Authorization	X	X
March	Rebif	22mcg/0.5mL, 44mcg/0.5mL syringe, Rebidose autoinjector	Add to Formulary	Prior Authorization	X	X
March	Glatopa/Glatiramer	20MG/ML 40MG/ML	Add to Formulary	Prior Authorization	X	X
March	Pregabalin	Capsule: 25 mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg. Solution: 200mg/ml	Removed Prior Authorization Add Quantity Limit	Quantity Limit	X	X
March	Generic Prevpac	amoxicillin-clarithromycin-lansoprazole	Removed from Formulary		X	X

Updated on 03/01/2023. 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.