Provider Update

Trillium Community Health Plan

November 1, 2024

Pharmacy Information and Preferred Drug List Changes – 4th Quarter 2024

This update applies to Trillium Community Health Plan's Oregon Health Plan

UPDATE TO THE OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM

*INCLUDES UPDATE TO THE FAX NUMBER TO SUBMIT REQUESTS FOR BUY & BILL DRUGS

The form for manually submitting prior authorization (PA) requests for outpatient services, including buy and bill drugs, has been updated. The main update to the PA request form is the change in the fax number to submit PA requests for Buy & Bill drugs. The new fax number for Buy & Bill Drug requests is (833) 782-0054. To help ensure that your requests are properly routed for review and there is no delay in determination please ensure that you and your staff are using the updated form and current fax number corresponding to the request type when submitting requests. The updated form is posted on our website and can be accessed directly here.

This update has no impact to PA requests submitted through the provider portal.

TRILLIUM COMMUNITY HEALTH PLAN PREFERRED DRUG LIST CHANGES

Trillium's Preferred Drug List (PDL) is updated monthly and is available online.

- See the table below for a summary of the PDL changes made in the fourth quarter of 2024. For the most current preferred drug list, visit the Pharmacy section of our website.

Medication	Effective Date
Additions	
CAPVAXIVE (Pneumococcal) 21-Valent Conjugate Vaccine Added to PDL; QL-Minimum 18 years of age	11.01.2024
Cyclosporine 0.05% Ophthalmic Emulsion Added to PDL; PA required	11.01.2024
ELIGARD (Leuprolide Acetate) 7.5MG, 22.5MG, 30MG, 45MG Inj. Kit Added to PDL; PA required	01.01.2025
ERVEBO (Ebola Zaire) Vaccine Added to PDL; QL-Minimum 12 months of age	11.01.2024
Freestyle Libria 2 Plus Sensor/Flash Glucose Monitor System Added to PDL; PA required	11.01.2024
Freestyle Libria 3 Plus Sensor/Flash Glucose Monitor System Added to PDL; PA required	11.01.2024
IXCHIQ (Chikungunya) Virus Vaccine Added to PDL; QL-Minimum 18 years of age	11.01.2024
MRESVIA (RSV) Vaccine	11.01.2024

Added to PDL; QL-Minimum 60 years of age	
Ondansetron 16MG Orally Disintegrating Tab Added to PDL; QL 4/day	09.19.2024
Sitagliptin 25MG, 50MG, 100MG Tab Added to PDL; QL 1/day	01.01.2025
Sitagliptin-Metformin HCl 50-500MG, 50-1000MG Tab Added to PDL; QL 2/day	01.01.2025
Changes	
AVONEX (Interferon Beta-1a) 30MCG/0.5ML Prefilled Syringe & Auto-Injector Added PA requirement; current utilizers grandfathered until 1.1.25	10.1.2024
Liraglutide 18MG/3ML PA requirement removed; QL 0.3ML/day	01.01.2025
Removals	
BYDUREON BCISE (Exenatide) 2MG/0.85ML Auto-Injector Removed from PDL; current utilizers grandfathered until 12.31.25	01.01.2024
BYETTA (Exenatide) 5MCG/0.02ML, 10MCG/0.04ML Pen-Injector Removed from PDL; current utilizers grandfathered until 12.31.25	01.01.2025
JANUMET (Sitagliptin-Metformin) 50-500MG, 50-1000MG Tab Removed from PDL; sitagliptin preferred	01.01.2025
Key: AL = Age Limit; PA = prior authorization; PDL = preferred drug list; QL = quantity limit	

PRIOR AUTHORIZATION CHANGES TO SPECIALIZED MEDICATIONS GIVEN IN OFFICE

See the table below for list of new HCPC codes. These codes now require prior authorization for coverage for Trillium Oregon Health Plan members.

Brand (Generic Name)	HCPC Code	Description
Anktiva (nogapendekin alfa inbak-pmln)	C9169	Inject nogapendekin alfa inbakicept-pmln 1 mcg
Beqvez (fidanacogene elaparvovec-dzkt)	C9172	Inj fidanacogene elaparvovec-dzkt per ther dose
Capecitabine	J8522	Capecitabine oral 50 mg
Hemady (dexamethasone)	J8541	Dexamethasone (Hemady) oral 0.25 mg
Imdelltra (tarlatamab-dlle)	C9170	Injection tarlatamab-dlle 1 mg
Jubbonti (denosumab-bbdz)	Q5136	Injection denosumab-bbdz biosimilar 1 mg
Kisunla (donanemab-azbt)	J0175	Injection donanemab-azbt 2 mg
Tevimbra (tislelizumab-jsgr)	J9329	Injection Tislelizumab-Jsgr 1mg
Tyenne (tocilizumab-aazg)	Q5135	Injectn tocilizumab-aazg tyenne biosimilar 1 mg
Wyost (denosumab-bbdz)	Q5136	Injection denosumab-bbdz biosimilar 1 mg

* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by Evolvent (previously known as New Century Health)

QUARTERLY UPDATE ON PHARMACY COVERAGE GUIDELINES

The P&T Committee determines updates to coverage guidelines (criteria) based on quarterly, comprehensive reviews. Criteria serves as a reference for providers to use when prescribing pharmaceutical products for Trillium members with pharmacy coverage. Prior authorization (PA) does not guarantee payment. PA determination is based on multiple factors in conjunction to the criteria posted in drug coverage guidelines. These factors include but are not limited to: treatment of a funded vs non-funded condition as defined by the Oregon Prioritized List and applicable guidelines; prior trial and failure of agents on the PDL; comparative costs of available treatment options.

- See the table below for all the updated or new Trillium Community Health Plan coverage guidelines that were approved by P&T in the fourth quarter of 2024. All coverage guidelines will go into effect January 1, 2025 and will become available to view in their entirety at our website approximately 2 weeks prior to their implementation date.

Clinically Significant Change(s)	
CP.PHAR.79 Lapatinib (Tykerb)	CP.PHAR.438 Trientine (Cuvrior, Syprine)
CP.PHAR.93 Bevacizumab (Alymsys, Avastin, Avzivi, Mvasi, Vegzelma, Zirabev)	CP.PHAR.439 Valrubicin (Valstar)
CP.PHAR.96 Naltrexone (Vivitrol)	CP.PHAR.441 Entrectinib (Rozlytrek)
CP.PHAR.128 Erenumab-aooe (Aimovig)	CP.PHAR.461 Nadofaragene Firadenovec-vncg (Adstiladrin)
CP.PHAR.129 Venetoclax (Venclexta)	CP.PHAR.476 Ubrogepant (Ubrelvy)
CP.PHAR.130 Avatrombopag (Doptelet)	CP.PHAR.489 Eptinezumab-jjmr (Vyepti)
CP.PHAR.133 Idelalisib (Zydelig)	CP.PHAR.490 Rimegepant (Nurtec ODT)
CP.PHAR.136 Elagolix (Orilissa), Elagolix/Estradiol/Norethinedrone (Oriahnn)	CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymoglobulin)
CP.PHAR.137 Ivosidenib (Tibsovo)	CP.PHAR.508 Tafasitamab-cxix (Monjuvi)
CP.PHAR.138 Lenvatinib (Lenvima)	CP.PHAR.513 Plasminogen, Human-tvmh (Ryplazim)
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	CP.PHAR.551 Anifrolumab-fnia (Saphnelo)
CP.PHAR.141 Ribavirin (Rebetol, Ribasphere RibaPak)	CP.PHAR.553 Belzutifan (Welireg)
CP.PHAR.149 Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	CP.PHAR.554 Chlorambucil (Leukeran)
CP.PHAR.304 Irinotecan Liposome (Onivyde)	CP.PHAR.555 Efgartigimod alfa, efgartigimod-hyaluronidase (Vyvgart, Vyvgart Hytrulo)
CP.PHAR.305 Obinutuzumab (Gazyva)	CP.PHAR.558 Mitapivat (Pyrukynd)
CP.PHAR.307 Bendamustine (Belrapzo, Bendeka, Treanda, Vivimusta)	CP.PHAR.566 Atogepant (Qulipta)
CP.PHAR.308 Elotuzumab (Empliciti)	CP.PHAR.580 Etranacogene Dezaparvovec-drlb (Hemgenix)
CP.PHAR.309 Carfilzomib (Kyprolis)	CP.PHAR.591 Tofersen (Qalsody)
CP.PHAR.311 Belinostat (Beleodaq)	CP.PHAR.594 Donanemab-azbt (Kinsunla)
CP.PHAR.313 Pralatrexate (Folotyn)	CP.PHAR.641 Avacincaptad pegol (Izervay)
CP.PHAR.314 Romidepsin (Istodax)	CP.PHAR.643 Fidanacogene Elaparvovec-dzkt (Beqvez)
CP.PHAR.317 Cetuximab (Erbitux)	CP.PHAR.645 Niraparib + Abiraterone (Akeega)
CP.PHAR.321 Panitumumab (Vectibix)	CP.PHAR.646 Quizartinib (Vanflyta)
CP.PHAR.324 Temsirolimus (Torisel)	CP.PHAR.647 Resmetirom (Rezdiffra)
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	CP.PHAR.648 Rozanolixizumab-noli (Rystiggo)
CP.PHAR.334 Ribociclib (Kisqali), Ribociclib/Letrozole (Kisqali Femara)	CP.PHAR.649 Talquetamab-tgvs (Talvey)
CP.PHAR.352 Daunorubicin/Cytarabine (Vyxeos)	CP.PHAR.652 Elranatamab-bcmm (Elrexfio)
CP.PHAR.353 Pegaspargase (Oncaspar), Calaspargase Pegol-mknl (Asparlas)	CP.PHAR.678 Afamitresgene Autoleucel (Tecelra)
CP.PHAR.355 Abemaciclib (Verzenio)	CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Klarity-C, Restasis, Verkazia, Vevye)
CP.PHAR.357 Copanlisib (Aliqopa)	CP.PMN.53 Off-Label Use
CP.PHAR.358 Gemtuzumab Ozogamicin (Mylotarg)	CP.PMN.59 Quantity Limit Override and Dose Optimization
CP.PHAR.359 Inotuzumab Ozogamicin (Besponsa)	CP.PMN.116 L-glutamine (Endari)
CP.PHAR.363 Enasidenib (Idhifa)	CP.PMN.179 Megestrol Acetate (Megace ES)
CP.PHAR.365 Neratinib (Nerlynx)	CP.PMN.244 Tazarotene (Arazlo, Fabior, Tazorac)
CP.PHAR.373 Benralizumab (Fasenra)	CP.PMN.248 Ciprofloxacin/Dexamethasone (Ciprodex)
CP.PHAR.387 Azacitidine (Onureg, Vidaza)	CP.PMN.249 Ciprofloxacin/Fluocinolone (Otovel)
CP.PHAR.389 Pegvisomant (Somavert)	CP.PMN.252 Metoclopramide (Gimoti)
CP.PHAR.391 Lanreotide (Somatuline Depot and Unbranded)	CP.PMN.255 No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update
CP.PHAR.393 Leucovorin Injection	CP.PMN.256 Nifurtimox (Lampit)
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PHAR.400 Duvelisib (Copiktra)	CP.PMN.266 Finerenone (Kerendia)
CP.PHAR.403 Fremanezumab-vfrm (Ajovy)	CP.PMN.273 Varenicline (Tyrvaya)

CP.PHAR.404 Galcanezumab-gnlm (Emgality)	CP.PMN.277 Ulcer Therapy Products (Omeclamox Pak, Pylera, Talicia, Voquezna)
CP.PHAR.436 Pexidartinib (Turalio)	CP.PMN.282 Ketorolac Nasal Spray (Sprix)
CP.PHAR.437 Thioguanine (Tabloid)	OR.CP.PHAR.354 Testosterone
New Coverage Guidelines	
CP.PHAR.691 Axatilimab-csfr (Niktimvo)	CP.PHAR.696 Palopegteriparatide (Yorvipath)
CP.PHAR.693 Denileukin Diftitox-cxdl (Lymphir)	CP.PHAR.698 Seladelpar (Livdelzi)
CP.PHAR.695 Lazertinib (Lazcluze)	CP.PHAR.699 Vorasidenib (Voranigo)

ADDITIONAL INFORMATION

For additional information regarding changes to the Trillium Preferred Drug List (PDL), contact Trillium by telephone at 1-877-600-5472. For the most current version of the PDL, visit the Trillium website.

For additional information on medication coverage guidelines visit the Provider Resources section of Trillium's website.

If you have questions regarding the information contained in this update, contact Trillium Provider Services through the Trillium website or by telephone at 1-877-600-5472.