Provider Update

Trillium Community Health Plan

May 1, 2025

Pharmacy Information and Preferred Drug List Changes –2nd Quarter 2025

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

TRILLIUM COMMUNITY HEALTH PLAN PREFERRED LONG-ACTING INSULIN COVERAGE

Trillium's Preferred long-acting insulin is insulin glargine-yfgn. In February the manufacturer of insulin glargine-yfgn announced that they were anticipating a shortage of the branded and unbranded pens which they expected to be resolved the first week of March. In response to this announcement Trillium entered overrides for Latus for members currently utilizing insulin glargine-yfgn through March 31, 2025. Unfortunately, the impact of the insulin glargine-yfgn shortage is ongoing and many pharmacies within our service area continue to have difficulty obtaining insulin glargine-yfgn.

As of April 21st, Lantus (insulin glargine) vials and SoloStar pens have been added to Trillium's Preferred Drug List temporarily to address the continued shortage of insulin glargine-yfgn. Lantus and insulin glargine-yfgn are interchangeable and thus members do not require a new prescription for pharmacies to dispense. Please continue to prescribe insulin glargine-yfgn to help promote utilization of the lowest cost agent when available. Any pharmacy unable to obtain insulin glargine-yfgn should be instructed to run the claim for Lantus.

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 second quarter of 2025. For the most current preferred drug list, visit the Pharmacy section of our website.

Medication	Effective Date
Additions	
Adalimumab-adaz 20 MG/0.2ML Prefilled Syringe & 80 MG/0.8ML Soln Auto-injector New adalimumab-adaz formulations added to PDL; PA required	03.01.2025
AMITIZA (Lubiprostone) 8 MCG, 24 MCG Cap Added to PDL; PA required	07.01.2025
Epinephrine 0.15 MG/0.3ML (1:2000) Auto-injector Added to PDL	07.01.2025
Exenatide 10 MCG/0.04ML Pen-injector Added to PDL; QL=0.08 ML/day; AL=at least 18 years old	05.01.2025
*LANTUS (insulin glargine) 100 units/mL vial and SoloStar pen Added to PDL; Insulin glargine-yfgn preferred. *Temporary addition; see TRILLIUM COMMUNITY HEALTH PLAN PREFERRED LONG-ACTING INSULIN COVERAGE section above for details	04.21.2025

LOQTORZI (toripalimab-tpzi) 240 MG/6ML (40 MG/ML) IV Soln Added to PDL; PA required	07.01.2025
Topiramate 50 MG Sprinkle Cap New topiramate product added to PDL	02.24.2025
Removals	
EXTAVIA (Interferon Beta-1b) 0.3 MG Inj Removed from PDL; product has been discontinued and is no longer available	06.01.2025
Key: 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
Abrilada (adalimumab-afzb)	Q5145	INJECTION ADALIMUMAB-AFZB ABRILADA BS 1 MG
Ahzantive (aflibercept-mrbb)	Q5150	INJECTION AFLIBERCEPT MRBB AHZANTIVE BS 1 MG
Alyglo (immune globulin [human]-stwk)	J1552	INJECTION IMMUNE GLOBULIN ALYGLO 500 MG
Anktiva (nogapendekin alfa inbak-pmln)	J9028	INJ NOGAPENDEKIN ALFA INBAKICEPT-PMLN IVES 1 MCG
Aucatzyl (obecabtagene autoleucel)	C9301	OBECABTAGENE AUTOLEUCEL POS T CELLS Q THER D
Auryxia (ferric citrate)	J0609	FERRIC CITRATE ORAL 3 MG FERRIC IRON
Axtle (pemetrexed dipotassium)	J9292	INJECTN PEM AVYXA NOT THER EQUIV TO J9305 10 MG
Azmiro (testosterone cypionate)	J1072	INJECTION TESTOSTERONE CYPIONATE AZMIRO 1 MG
Beqvez (fidanacogene elaparvovec-dzkt)	J1414	INJECTION FIDANACOGENE ELAPARVOVEC-DZKT PER TX D
Bkemv (eculizumab-aeeb)	Q5139	INJECTION ECULIZUMAB-AEEB BKEMV BIOSIMILAR 10 MG
Bkemv (eculizumab-aeeb)	Q5152	INJECTION ECULIZUMAB AEEB BKEMV BIOSIMILAR 2 MG
Boruzu (bortezomib)	J9054	INJECTION BORTEZOMIB BORUZU 0.1 MG
Casgevy (exagamglogene autotemcel)	J3392	INJECTION EXAGAMGLOGENE AUTOTEMCEL PER TREATMENT
Cyclophosphamide	J9076	INJECTION CYCLOPHOSPHAMIDE BAXTER 5 MG
Cyltezo (adalimumab-adbm)	Q5143	INJECTION ADALIMUMAB-ADBM BIOSIMILAR 1 MG
Enzeevu (aflibercept-abzv)	Q5149	INJECTION AFLIBERCEPT ABZV ENZEEVU BS 1 MG
Epysqli (eculizumab-aagh)	Q5151	INJECTION ECULIZUMAB AAGH EPYSQLI BS 2 MG
Erzofri (paliperidone palmitate)	J2428	INJECTION PALIPERIDONE PAL EXT REL ERZOFRI 1 MG
Fosrenol (lanthanum carbonate)	J0607	LANTHANUM CARBONATE ORAL 5 MG
Fosrenol (lanthanum carbonate)	J0608	LANTHANUM CARBONATE PWD 5 MG NOT EQUIV TO J0607
Hercessi (trastuzumab-strf)	Q5146	INJECTION TRASTUZUMAB-STRF HERCESSI BS 10 MG
Hulio (adalimumab-fkjp)	Q5140	INJECTION ADALIMUMAB-FKJP BIOSIMILAR 1 MG
Humira (adalimumab)	J0139	INJECTION ADALIMUMAB 1 MG
Hympavzi (marstacimab-hncq)	C9304	INJECTION MARSTACIMAB HNCQ 0.5 MG
Idacio (adalimumab-aacf)	Q5144	INJECTION ADALIMUMAB-AACF IDACIO BIOSIMILAR 1 MG
Imdelltra (tarlatamab-dlle)	J9026	INJECTION TARLATAMAB-DLLE 1 MG
Lymphir (denileukin diftitox-cxdl)	J9161	INJECTION DENILEUKIN DIFTITOX CXDL 1 MCG
Myhibbin (mycophenolate mofetil)	J7514	MYCOPHENOLATE MOFETIL MYHIBBIN ORAL SUSP 100 MG
Niktimvo (axatilimab-csfr)	J9038	INJECTION AXATILIMAB CSFR 0.1 MG
Nplate (romiplostim)	J2802	INJECTION ROMIPLOSTIM 1 MCG
Nypozi (filgrastim-txid)	C9173	INJECTION FILGRASTIM-TXID NYPOZI BIOSIMILR 1 MCG
Nypozi (filgrastim-txid)	Q5148	INJECTION FILGRASTIM TXID NYPOZI BS 1 MCG
Ocrevus zunovo (ocrelizumab-hyaluronidase-ocsq)	J2351	INJECTION OCRELIZUMAB 1 MG AND HYALURONIDASE OCSQ
Ohtuvayre (ensifentrine)	J7601	ENSIFENTRINE INH SUSP FDA-APPD PROD NONCMPD 3 MG
Otulfi (ustekinumab-aauz)	Q9999	INJECTION USTEKINUMAB AAUZ OTULFI BS 1 MG
Pavblu (aflibercept-ayyh)	Q5147	INJECTION AFLIBERCEPT AYYH PAVBLU BS 1 MG
Piasky (crovalimab-akkz)	J1307	INJECTION CROVALIMAB-AKKZ 10 MG
Prograf (tacrolimus)	J7521	TACROLIMUS GRANULES ORAL SUSPENSION 0.1 MG
Pyzchiva (ustekinumab-ttwe)	Q9996	INJECTION USTEKINUMAB-TTWE PYZCHIVA SC 1 MG

Pyzchiva (ustekinumab-ttwe)	Q9997	INJECTION USTEKINUMAB-TTWE PYZCHIVA IV 1 MG
Renvela (sevelamer carbonate)	J0601	SEVELAMER CARBONATE ORAL 20 MG
Renvela (sevelamer carbonate)	J0602	SEVELAMER CARBONATE ORAL POWDER 20 MG
Rytelo (imetelstat sodium)	J0870	INJECTION IMETELSTAT 1 MG
Selarsdi (ustekinumab-aekn)	Q9998	INJECTION USTEKINUMAB-AEKN SELARSDI 1 MG
Sevelamer carbonate	J0603	SEVELAMER HYDROCHLORIDE ORAL 20 MG
Simlandi (adalimumab-ryvk)	Q5142	INJECTION ADALIMUMAB-RYVK BIOSIMILAR 1 MG
Soliris (eculizumab)	J1299	INJECTION ECULIZUMAB 2 MG
Syndros (dronabinol)	Q0155	DRO SYNDROS 0.1 MG ORAL FDA-APRVD RX ANTI-EMETIC
Tecelra (afamitresgene autoleucel)	Q2057	AFAMITRESGENE AUTOLEUCEL PER THERAPEUTIC DOSE
Tecentriq hybreza (atezolizumab-hyaluronidase-tqjs)	J9024	INJECTION ATEZOLIZUMAB 5 MG AND HYALURONIDASE TQJS
Vafseo (vadadustat)	J0901	VADADUSTAT ORAL 1 MG
Velphoro (sevelamer carbonate)	J0605	SUCROFERRIC OXYHYDROXIDE ORAL 5 MG
Vyloy (zolbetuximab-clzb)	C9303	INJECTION ZOLBETUXIMAB CLZB 1 MG
Yuflyma (adalimumab-aaty)	Q5141	INJECTION ADALIMUMAB-AATY BIOSIMILAR 1 MG
Ziihera (zanidatamab-hrii)	C9302	INJECTION ZANIDATAMAB HRII 2 MG

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 second quarter of 2025. All coverage guidelines will go into effect July 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.103 Immune Globulins	CP.PHAR.514 Pralsetinib (Gavreto)
CP.PHAR.107 Regorafenib (Stivarga)	CP.PHAR.528 Odevixibat (Bylvay)
CP.PHAR.108 Omacetaxine (Synribo)	CP.PHAR.530 Tepotinib (Tepmetko)
CP.PHAR.112 Ponatinib (Iclusig)	CP.PHAR.537 Ponesimod (Ponvory)
CP.PHAR.127 Encorafenib (Braftovi)	CP.PHAR.550 Vutrisiran (Amvuttra)
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	CP.PHAR.583 Pacritinib (Vonjo)
CP.PHAR.176 Paclitaxel, Protein-Bound (Abraxane)	CP.PHAR.593 Delandistrogene moxeparvovec-rokl (Elevidys)
CP.PHAR.227 Pertuzumab (Perjeta)	CP.PHAR.596 Lecanemab-irmb (Leqembi)
CP.PHAR.228 Trastuzumab/Biosimilars, Trastuzumab-Hyaluronidase	CP.PHAR.60 Capecitabine (Xeloda)
CP.PHAR.229 Ado-Trastuzumab Emtansine (Kadcyla)	CP.PHAR.600 Trofinetide (Daybue)
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	CP.PHAR.64 Topotecan (Hycamtin)
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	CP.PHAR.656 Iptacopan (Fabhalta)
CP.PHAR.232 OnabotulinumtoxinA (Botox)	CP.PHAR.69 Sorafenib (Nexavar)
CP.PHAR.239 Dabrafenib (Tafinlar)	CP.PHAR.71 Lenalidomide (Revlimid)
CP.PHAR.240 Trametinib (Mekinist)	CP.PHAR.73 Sunitinib (Sutent)
CP.PHAR.241 Abatacept (Orencia)	CP.PHAR.75 Bexarotene (Targretin Capsules, Gel)
CP.PHAR.242 Adalimumab (Humira), Adalimumab-afzb (Abrilada), Adalimumab-atto (Amjevita), Adalimumab-adbm (Cyltezo), Adalimumab-bwwd (Hadlima),	CP.PHAR.77 Temozolomide (Temodar)

Adalimumab-fkjp (Hulio), Adalimumab-adaz (Hyrimoz), Adalimumab-aacf (Idacio), Adalimumab-ryvk (Simlandi), Adalimumab-aaty (Yuflyma), Adalimumab-aqvh (Yusimry)	
CP.PHAR.243 Alemtuzumab (Lemtrada)	CP.PHAR.78 Thalidomide (Thalomid)
CP.PHAR.244 Anakinra (Kineret)	CP.PHAR.90 Crizotinib (Xalkori)
CP.PHAR.246 Canakinumab (Ilaris)	CP.PMN.117 Naproxen/Esomeprazole (Vimovo)
CP.PHAR.247 Certolizumab (Cimzia)	CP.PMN.120 Ibuprofen/Famotidine (Duexis)
CP.PHAR.249 Dimethyl Fumarate (Tecfidera), Diroximel Fumarate (Vumerity), Monomethyl Fumarate (Bafiertam)	CP.PMN.125 Milnacipran (Savella)
CP.PHAR.250 Etanercept (Enbrel)	CP.PMN.127 Fentanyl IR (Actiq, Fentora, Lazanda, Subsys)
CP.PHAR.251 Fingolimod (Gilenya, Tascenso ODT)	CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)
CP.PHAR.251 Fingolimod (Gilenya, Tascenso ODT)	CP.PMN.198 Overactive Bladder Agents
CP.PHAR.252 Glatiramer Acetate (Copaxone, Glatopa)	CP.PMN.199 Esketamine (Spravato)
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	CP.PMN.209 Solriamfetol (Sunosi)
CP.PHAR.254 Infliximab (Remicade), Infliximab-axxq (Avsola), Infliximab-dyyb (Inflectra, Zymfentra), and Infliximab-abda (Renflexis)	CP.PMN.221 Pitolisant (Wakix)
CP.PHAR.254 Infliximab (Remicade), Infliximab-axxq (Avsola), Infliximab-dyyb (Inflectra, Zymfentra), and Infliximab-abda (Renflexis)	CP.PMN.277 Ulcer Therapy Products
CP.PHAR.255 Interferon Beta-1a (Avonex, Rebif)	CP.PMN.294 Budesonide (Eohilia, Uceris)
CP.PHAR.256 Interferon Beta-1b (Betaseron, Extavia)	CP.PMN.298 Tirzepatide (Zepbound)
CP.PHAR.258 Mitoxantrone	CP.PMN.42 Sodium Oxybate (Xyrem, Lumryz) and Calcium, Magnesium, Potassium, and Sodium Oxybate (Xywav)
CP.PHAR.259 Natalizumab (Tysabri), Natalizumab-sztn (Tyruko)	CP.PMN.48 Cyclosporine (Cequa, Restasis, Verkazia, Vevye, Klarity-C)
CP.PHAR.260 Rituximab (Rituxan), Rituximab-arrx (Riabni), Rituximab-pvvr (Ruxience), Rituximab-abbs (Truxima), Rituximab-Hyaluronidase (Rituxan Hycela)	CP.PHAR.395 Patisiran (Onpattro)
CP.PHAR.261 Secukinumab (Cosentyx)	CP.PHAR.405 Inotersen (Tegsedi)
CP.PHAR.262 Teriflunomide (Aubagio)	CP.PHAR.406 Lorlatinib (Lorbrena)
CP.PHAR.263 Tocilizumab (Actemra), Tocilizumab-bavi (Tofidence), Tocilizumab-aazg (Tyenne)	CP.PHAR.417 Brexanolone (Zulresso)
CP.PHAR.264 Ustekinumab (Stelara), Ustekinumab-ttwe (Pyzchiva), Ustekinumab-aekn (Selarsdi), Ustekinumab-auub (Wezlana)	CP.PHAR.418 Dexrazoxane (Totect)
CP.PHAR.265 Vedolizumab (Entyvio)	CP.PHAR.419 Elapegademase-lvlr (Revcovi)
CP.PHAR.267 Tofacitinib (Xeljanz, Xeljanz XR)	CP.PHAR.421 Onasemnogene Abeparvovec (Zolgensma)
CP.PHAR.271 Peginterferon Beta-1a (Plegridy)	CP.PHAR.426 Risankizumab-rzaa (Skyrizi)
CP.PHAR.306 Ofatumumab (Arzerra, Kesimpta)	CP.PHAR.443 Upadacitinib (Rinvoq, Rinvoq LQ)
CP.PHAR.316 Cabazitaxel (Jevtana)	CP.PHAR.462 Ozanimod (Zeposia)
CP.PHAR.319 Ipilimumab (Yervoy)	CP.PHAR.477 Risdiplam (Evrysdi)
CP.PHAR.327 Nusinersen (Spinraza	CP.PHAR.478 Selpercatinib (Retevmo)
CP.PHAR.335 Ocrelizumab (Ocrevus)	CP.PHAR.482 Isatuximab-irfc (Sarclisa)
CP.PHAR.339 Durvalumab (Imfinzi)	CP.PHAR.483 Lisocabtagene Maraleucel (Breyanzi)
CP.PHAR.343 Edaravone (Radicava, Radivaca ORS)	CP.PHAR.600 Trofinetide (Daybue)
CP.PHAR.344 Midostaurin (Rydapt)	CP.PHAR.620 Pirtobrutinib (Jaypirca)
CP.PHAR.346 Sarilumab (Kevzara)	CP.PHAR.621 Ublituximab-xiiy (Briumvi)
CP.PHAR.349 Ceritinib (Zykadia)	CP.PHAR.623 Elacestrant (Orserdu)
CP.PHAR.364 Guselkumab (Tremfya)	CP.PHAR.625 Concizumab-tci (Alhemo)
CP.PHAR.364 Guselkumab (Tremfya)	CP.PHAR.626 Pozelimab-bbfg (Veopoz)
CP.PHAR.369 Alectinib (Alecensa)	CP.PHAR.629 Retifanlimab-dlwr (Zynyz)
CP.PHAR.375 Brodalumab (Siliq)	CP.PHAR.631 Sparsentan (Filspari)
CP.PHAR.376 Apalutamide (Erleada)	CP.PHAR.633 Eplontersen (Wainua)

CP.PHAR.380 Cobimetinib (Cotellic)	CP.PHAR.660 Bimekizumab-bkzx (Bimzelx)
CP.PHAR.422 Cladribine (Mavenclad)	CP.PHAR.661 Etrasimod (Velsipity)
CP.PHAR.427 Siponimod (Mayzent)	CP.PHAR.662 Mirikizumab-mrkz (Omvoh)
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	CP.PHAR.700 Vanzacaftor/Tezacaftor/Deutivacaftor (Alyftrek)
CP.PHAR.491 Setmelanotide (Imcivree)	OR.CP.PMN.280 Compounded Medications
CP.PHAR.50 Binimetinib (Mektovi)	OR.CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)
CP.PHAR.503 Sutimlimab-jome (Enjaymo)	
New Coverage Guidelines	
CP.PHAR.474 Remestemcel-L (Ryoncil)	CP.PHAR.725 Tiopronin Delayed-Release (Thiola EC)
CP.PHAR.697 Revakinagene Taroretcel-lwey (Encelto)	CP.PHAR.726 Vimseltinib (Romvimza)
CP.PHAR.701 Diazoxide Choline (Vykat XR)	CP.PHAR.727 Atrasentan (Vanrafia)
CP.PHAR.715 Datopotamab Deruxtecan-dlnk (Datroway)	CP.PMN.301 Suzetrigine (Journavx)
CP.PHAR.718 Mirdametinib (Gomekli)	

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.