Provider Update

Trillium Community Health Plan

February 1, 2025

Pharmacy Information and Preferred Drug List Changes – 1st Quarter 2025

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

ATTENTION: SUBLOCADE AND BRIXADI UPDATE FOR MEDICAID

Currently, both long-acting buprenorphine injections, Sublocade and Brixadi, are available without prior-authorization. Both Sublocade and Brixadi are covered under the medical benefit (buy and bill) or under the pharmacy benefit. When dispensed under the pharmacy benefit, Specialty Pharmacy (Acaria Health) is not required but is available if you would like the medication shipped to your office. Please refer to the FDA labeling for Sublocade and Brixadi for dosing.

UPDATE: FLU & COVID VACCINE COVERAGE FOR MEMBERS UNDER 19 YEARS OLD

Trillium Community Health Plan covers COVID-19 and seasonal influenza (flu) vaccines for Oregon Health Plan (OHP) members under age 19 administered by pharmacies not enrolled in the Vaccines for Children (VFC) program effective January 1, 2025.

Pharmacies not enrolled in VFC may bill Trillium Community Health Plan for these vaccines when administered to OHP members under age 19. This authorization does not extend to other vaccinations.

REMINDER: THE OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM HAS BEEN UPDATED

*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, was updated at end of 2024. The main update to the PA request form was 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 first quarter of 2025. For the most current preferred drug list, visit the Pharmacy section of our website.

Medication	Effective Date
Additions	
Baclofen 5MG and 15MG Tab Added to PDL	01.15.2025
Depo-Estradiol 5MG/ML Added to PDL; AL- PA required if less than 18 years of age	11.14.2024
LAGEVRIO (molnupiravir) 200MG Tab Added to PDL	12.01.2024
Naloxone 0.4MG/ML Injection Sol, Cartridge & Prefilled Syringes Added to PDL	02.01.2025
REXTOVY (naloxone) 4MG/0.25ML Nasal Spray Added to PDL	02.01.2025
VYVANSE (lisdexamfetamine dimesylate) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG Cap; 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG Chew Tabs Added to PDL; PA required	04.01.2025
Changes	
Liraglutide 18 MG/3ML Added AL; PA required if less than 10 years of age	04.01.2025
TRULICITY (dulaglutide) 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML & 4.5 MG/0.5ML Auto-Injector PA requirement removed; AL – PA required if less than 10 years of age	04.01.2025
Removals	
Insulin Aspart 100 Unit/ML Inj Soln Vial, Pen-Injector & Penfill, Removed from PDL; current utilizers will be grandfathered until 12.31.2025	04.01.2025
Insulin Aspart Prot & Aspart 100 Unit/ML (70-30) Mix Vial & Pen-Injector Removed from PDL; current utilizers will be grandfathered until 12.31.2025	04.01.2025
Insulin Degludec 100 Unit/ML Inj Vial & Pen-Injector; 200 Unit/ML Pen-Injector Removed from PDL; current utilizers will be grandfathered until 12.31.2025	04.01.2025
XYREM (sodium oxybate) 500 MG/ML Oral Solution Removed from PDL	04.01.2025
Key: AL = Age Limit; CO = Carve Out; PA = prior authorization; PDL = preferred drug list; QL = quantity limit	

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 first quarter of 2025. All coverage guidelines will go into effect April 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.01 Omalizumab (Xolair)	CP.PHAR.410 Bortezomib (Velcade)
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Mycapssa)	CP.PHAR.414 Larotrectinib (Vitrakvi)
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	CP.PHAR.444 Afamelanotide (Scenesse)
CP.PHAR.58 Denosumab (Prolia, Xgeva), Denosumab-bbdz (Jubbonti, Wyost)	CP.PHAR.445 Brolucizumab-dbll (Beovu)
CP.PHAR.59 Zoledronic Acid (Reclast)	CP.PHAR.450 Luspatercept-aamt (Reblozyl)
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	CP.PHAR.452 Tazemetostat (Tazverik)
CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	CP.PHAR.454 Avapritinib (Ayvakit)
CP.PHAR.91 Vemurafenib (Zelboraf)	CP.PHAR.456 Fam-Trastuzumab Deruxtecan-nxki (Enhertu)
CP.PHAR.96 Naltrexone (Vivitrol)	CP.PHAR.459 Iobenguane I-131 (Azedra)
CP.PHAR.98 Ruxolitinib (Jakafi, Opzelura)	CP.PHAR.464 Selumetinib (Koselugo)
CP.PHAR.100 Axitinib (Inlyta)	CP.PHAR.467 Zanubrutinib (Brukinsa)
CP.PHAR.101 Mifepristone (Korlym)	CP.PHAR.473 Lumasiran (Oxlumo)
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	CP.PHAR.491 Setmelanotide (Imcivree)
CP.PHAR.119 Ramucirumab (Cyramza)	CP.PHAR.492 Teplizumab-mzwv (Tzield)
CP.PHAR.121 Nivolumab (Opdivo)	CP.PHAR.510 Arimoclomol (Miplyffa)
CP.PHAR.123 Evolocumab (Repatha)	CP.PHAR.511 Evinacumab-dgnb (Evkeeza)
CP.PHAR.124 Alirocumab (Praluent)	CP.PHAR.515 Avacopan (Tavneos)
CP.PHAR.126 Ibrutinib (Imbruvica)	CP.PHAR.516 Fostemsavir (Rukobia)
CP.PHAR.160 Alglucosidase Alfa (Lumizyme)	CP.PHAR.521 Avalglucosidase Alfa-ngpt (Nexviazyme)
CP.PHAR.164 Miglustat (Zavesca)	CP.PHAR.522 Margetuximab-cmkb (Margenza)
CP.PHAR.165 Ferumoxytol (Feraheme)	CP.PHAR.525 Vosoritide (Voxzogo)
CP.PHAR.180 Eltrombopag (Alvaiz, Promacta)	CP.PHAR.555 Efgartigimod Alfa-fcab, Efgartigimod/Hyaluronidase-qvfc (Vyvgart, Vyvgart Hytrulo)
CP.PHAR.184 Aflibercept (Eylea, Eylea HD), Aflibercept-yszy (Opuviz), Aflibercept-jbvf (Yesafili), Aflibercept-mrbb (Ahzantive), Aflibercept-abzv (Enzeevu), Aflibercept-ayyh (Pavblu)	CP.PHAR.563 Allogenic Processed Thymus Tissue-agdc (Rethymic)
CP.PHAR.186 Ranibizumab (Byooviz, Cimerli, Lucentis, Susvimo)	CP.PHAR.564 Antithrombin III (ATryn, Thrombate III)
CP.PHAR.187 Verteporfin (Visudyne)	CP.PHAR.565 Asciminib (Scemblix)
CP.PHAR.190 Ambrisentan (Letairis)	CP.PHAR.567 Cipaglucosidase Alfa-atga + Miglustat (Pombiliti + Opfolda)
CP.PHAR.191 Bosentan (Tracleer)	CP.PHAR.568 Inclisiran (Leqvio)
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	CP.PHAR.570 Ropeginterferon Alfa-2b-njft (BESREMi)
CP.PHAR.193 Iloprost (Ventavis)	CP.PHAR.573 Cabotegravir (Apretude), Cabotegravir/Rilpivirine (Cabenuva)
CP.PHAR.194 Macitentan (Opsumit)	CP.PHAR.574 Sirolimus Protein-Bound Particles (Fyarro), Topical Gel (Hyftor)
CP.PHAR.195 Riociguat (Adempas)	CP.PHAR.576 Tezepelumab (Tezspire)
CP.PHAR.196 Selexipag (Uptravi)	CP.PHAR.581 Faricimab-svoa (Vabysmo)
CP.PHAR.197 Sildenafil (Revatio, Liqrev)	CP.PHAR.603 Exagamglogene Autotemcel (Casgevy)
CP.PHAR.198 Tadalafil (Adcirca, Alyq, Tadliq)	CP.PHAR.604 Futibatinib (Lytgobi)
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso, Tyvaso DPI)	CP.PHAR.605 Adagrasib (Krazati)
CP.PHAR.200 Mepolizumab (Nucala)	CP.PHAR.610 Sodium Thiosulfate (Pedmark)
CP.PHAR.203 Cosyntropin (Cortrosyn)	CP.PHAR.611 Teclistamab-cqyv (Tecvayli)
CP.PHAR.204 Trabectedin (Yondelis)	CP.PHAR.612 Tremelimumab-actl (Imjudo)
CP.PHAR.206 Carglumic Acid (Carbaglu)	CP.PHAR.617 Mirvetuximab Soravatansine-gynx (Elahere)
CP.PHAR.214 Desmopressin Acetate (DDAVP, Stimate, Nocdurna)	CP.PHAR.619 Nedosiran (Rivfloza)

CP.PHAR.215 Factor VIII (Human, Recombinant)	CP.PHAR.627 Lovotibeglogene Autotemcel (Lyfgenia)
CP.PHAR.216 Factor VIII/von Willebrand Factor Complex (Human – Alphanate, Humate-P, Wilate); von Willebrand Factor (Recombinant – Vonvendi)	CP.PHAR.657 Sotatercept (Winrevair)
CP.PHAR.217 Anti-Inhibitor Coagulant Complex, Human (Feiba)	CP.PHAR.667 Repotrectinib (Augtyro)
CP.PHAR.218 Factor IX (Human, Recombinant)	CP.PHAR.669 Birch Triterpenes (Filsuvez)
CP.PHAR.220 Factor VIIa, Recombinant (NovoSeven RT, SevenFact)	CP.PHAR.674 Marstacimab-hncq (Hympavzi)
CP.PHAR.221 Factor XIII, Human (Corifact)	CP.PHAR.682 Levacetylleucine (Aqneursa)
CP.PHAR.222 Factor XIII A-Subunit, Recombinant (Tretten)	CP.PMN.14 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors
CP.PHAR.223 Reslizumab (Cinqair)f	CP.PMN.20 Aspirin/Dipyridamole (Aggrenox)
CP.PHAR.225 Dalteparin (Fragmin)	CP.PMN.22 Brand Name Override
CP.PHAR.235 Atezolizumab (Tecentriq), Atezolizumab-Hyaluronidase (Tecentriq Hybreza)	CP.PMN.57 Febuxostat (Uloric)
CP.PHAR.283 Lomitapide (Juxtapid)	CP.PMN.73 Lifitegrast (Xiidra)
CP.PHAR.289 Buprenorphine Injection (Sublocade, Brixadi)	CP.PMN.88 Alendronate (Binosto, Fosamax Plus D)
CP.PHAR.329 Siltuximab (Sylvant)	CP.PMN.92 CNS Stimulants
CP.PHAR.333 Avelumab (Bavencio)	CP.PMN.96 Ibandronate Oral (Boniva)
CP.PHAR.336 Dupilumab (Dupixent)	CP.PMN.100 Risedronate (Actonel, Atelvia)
CP.PHAR.350 Rucaparib (Rubraca)	CP.PMN.121 Lisdexamfetamine (Vyvanse)
CP.PHAR.360 Olaparib (Lynparza)	CP.PMN.123 Colchicine (Colcrys, Lodoco)
CP.PHAR.361 Tisagenlecleucel (Kymriah)	CP.PMN.212 Bedaquiline (Sirturo)
CP.PHAR.362 Axicabtagene Ciloleucel (Yescarta)	CP.PMN.218 Lasmiditan (Reyvow)
CP.PHAR.366 Acalabrutinib (Calquence)	CP.PMN.224 Tenapanor (Ibsrela, Xphozah)
CP.PHAR.368 Pemetrexed (Alimta, Pemfexy)	CP.PMN.237 Bempedoic Acid (Nexletol), Bempedoic Acid/Ezetimibe (Nexlizet)
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	CP.PMN.260 Loteprednol etabonate (Eysuvis)
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	CP.PMN.273 Varenicline (Tyrvaya)
CP.PHAR.373 Benralizumab (Fasenra)	CP.PMN.286 Glaucoma Agents
CP.PHAR.408 Niraparib (Zejula)	OR.CP.PMN.1005 Drugs for Constipation
CP.PHAR.409 Talazoparib (Talzenna)	
New Coverage Guidelines	
CP.PHAR.707 Revumenib (Revuforj)	CP.PMN.299 Xanomeline/Trospium Chloride (Cobenfy)
CP.PHAR.709 Zanidatamab-hrii (Ziihera)	OR.CP.PMN.1016 Drugs for Diarrhea

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.