Provider Update

Trillium Community Health Plan

May 1, 2024

Pharmacy Information and Preferred Drug List Changes – 2nd Quarter 2024

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

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 2024. For the most current preferred drug list, visit the Pharmacy section of our website.

Medication	Effective Date
Additions	
APRETUDE (cabotegravir) IM Extended Release Susp 600 MG/3ML Added to PDL	6.1.2024
BREYNA (budesonide-formoterol fumarate) 80-4.5 MCG/ACT & 160-4.5 MCG/ACT Added to PDL; QL of 0.367/Day	7.1.2024
BRIXADI (buprenorphine) Monthly Extended Release Soln 64 MG, 96 MG & 128 MG Added to PDL	4.12.2024
BRIXADI (buprenorphine) Weekly Extended Release Soln 8 MG, 16 MG, 24 MG & 32 MG Added to PDL	4.12.2024
CABENUVA (cabotegravir-rilpivirine) Extended Release Susp 400-600 MG/2ML & 600-900 MG/3ML Added to PDL	6.1.2024
Fluticasone Propionate HFA 44 MCG/ACT, 110 MCG/ACT & 220 MCG/ACT Added to PDL	7.1.2024
Fluticasone Propionate Diskus 50 MCG/ACT, 100 MCG/ACT & 250 MCG/ACT Added to PDL	7.1.2024
VICTOZA (liraglutide) Soln Pen-injector 18 MG/3ML Added to PDL; PA required	7.1.2024
Changes	
Dapagliflozin Tab 5 MG & 10 MG Removed PA requirement; Added QL 1/ day	7.1.2024
Dapagliflozin-Metformin Tab ER 24HR 5-1000 MG & 10-1000 MG Removed PA requirement; Added QL 2/day	7.1.2024
Dapagliflozin-Metformin Tab ER 24HR 10-1000 MG Removed PA requirement; Added QL 1/ day	7.1.2024
Buprenorphine HCl SL Tab 2 MG & 8 MG Removed QL	4.12.2024
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG & 8-2 MG Removed QL	4.12.2024
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG, 4-1 MG, 8-2 MG & 12-3 MG	4.12.2024

Removed QL	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG Removed QL	4.12.2024
Nicotine Inhaler System 10 MG Removed QL	4.12.2024
Nicotine Nasal Spray 10 MG/ML Removed QL	4.12.2024
Nicotine TD Patch 24HR 7 MG/24HR, 14 MG/24HR, & 21 MG/24HR Removed QL	4.12.2024
SUBLOCADE (Buprenorphine) Extended Release Soln Pref Syr 100 MG/0.5ML & 300 MG/1.5ML Removed QL	4.12.2024
Varenicline Tartrate Tab 0.5 MG & 1 MG Removed QL	4.12.2024
VIVITROL (Naltrexone) Extended Release Susp 380 MG Removed QL	4.12.2024
Removals	
SEGLUROMET (ertugliflozin-metformin) Tab 2.5-500 MG, 2.5-1000 MG, 7.5-500 MG & 7.5-1000 MG Removed from PDL; dapagliflozin-metformin preferred	7.1.2024
SILIQ (brodalumab) Subcutaneous Soln Prefilled Syringe 210 MG/1.5ML Removed from PDL; biosimilar adalimumab products and Taltz preferred	7.1.2024
STEGLATRO (ertugliflozin) Tab 5 MG & 15 MG Removed from PDL; dapagliflozin preferred	7.1.2024
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
Adzynma (apadamtase alfa)	C9167	Injection, apadamtase alfa, 10 units
Aphexda (motixafortide)	J2277	Injection, motixafortide, 0.25 mg
Cosentyx (secukinumab)	C9166	Injection, secukinumab, IV, 1 mg
cyclophosphamide	J9073	Injection, cyclophosphamide (Ingenus), 5 mg*
cyclophosphamide	J9074	Injection, cyclophosphamide (Sandoz), 5 mg*
cyclophosphamide	J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg*
Daxxify (daxibotulinumtoxina-lanm)	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Elrexfio (elranatamab-bcmm)	J1323	Injection, elranatamab-bcmm, 1 mg
Epkinly (epcoritamab-bysp)	J9321	Injection epcoritamab-bysp 0.16 mg
Eylea (aflibercept) HD	J0177	Injection, aflibercept HD, 1 mg
Focinvez (fosaprepitant)	J1434	Injection, fosaprepitant (Focinvez), 1 mg
Izervay (avacincaptad pegol)	J2782	Injection, avacincaptad pegol, 0.1 mg
melphalan	J9248	Injection, melphalan (Hepzato), 1 mg*
melphalan	J9249	Injection, melphalan (Apotex), 1 mg*
Omvoh (mirikizumab-mrkz)	C9168	Injection, mirikizumab-mrkz, 1 mg
Opfolda (miglustat)	J1202	Miglustat, oral, 65 mg
Pombiliti (cipaglucosidase alfa-atga)	J1203	Injection, cipaglucosidase alfa-atga, 5 mg
Rykindo (risperidone)	J2801	Injection, risperidone (Rykindo), 0.5 mg
Talvey (talquetamab-tgvs)	J3055	Injection, talquetamab-tgvs, 0.25 mg
Tofidence (tocilizumab-bavi)	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Tyruko (natalizumab-sztn)	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Unituxin (dinutuximab)	J1246	Injection, dinutuximab, 0.1 mg
Veopoz (pozelimab-bbfg)	J9376	Injection, pozelimab-bbfg, 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 second quarter of 2024. All coverage guidelines will go into effect July 1, 2024 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.43 Sapropterin Dihydrochloride (Kuvan)	CP.PHAR.364 Guselkumab (Tremfya)
CP.PHAR.50 Binimetinib (Mektovi)	CP.PHAR.369 Alectinib (Alecensa)
CP.PHAR.60 Capecitabine (Xeloda)	CP.PHAR.375 Brodalumab (Siliq)
CP.PHAR.64 Topotecan (Hycamtin)	CP.PHAR.376 Apalutamide (Erleada)
CP.PHAR.69 Sorafenib (Nexavar)	CP.PHAR.380 Cobimetinib (Cotellic)
CP.PHAR.71 Lenalidomide (Revlimid)	CP.PHAR.386 Tildrakizumab-asmn (Ilumya)
CP.PHAR.73 Sunitinib (Sutent)	CP.PHAR.395 Patisiran (Onpattro)
CP.PHAR.76 Nilotinib (Tasigna)	CP.PHAR.401 Amikacin (Arikayce)
CP.PHAR.77 Temozolomide (Temodar)	CP.PHAR.405 Inotersen (Tegsedi)
CP.PHAR.78 Thalidomide (Thalomid)	CP.PHAR.406 Lorlatinib (Lorbrena)
CP.PHAR.88 Belimumab (Benlysta)	CP.PHAR.418 Dexrazoxane (Totect)
CP.PHAR.90 Crizotinib (Xalkori)	CP.PHAR.426 Risankizumab-rzaa (Skyrizi)
CP.PMN.117 Naproxen/Esomeprazole (Vimovo)	CP.PHAR.443 Upadacitinib (Rinvoq)
CP.PMN.120 Ibuprofen/Famotidine (Duexis)	CP.PHAR.468 Aducanumab-avwa (Aduhelm)
CP.PMN.122 Celecoxib (Celebrex, Elyxyb)	CP.PHAR.473 Lumasiran (Oxlumo)
CP.PHAR.127 Encorafenib (Braftovi)	CP.PHAR.475 Sacituzumab Govitecan-hziy (Trodelvy)
CP.PHAR.132 Nitisinone (Orfadin, Nityr)	CP.PHAR.478 Selpercatinib (Retevmo)
CP.PHAR.135 Baricitinib (Olumiant)	CP.PHAR.480 Ferric Derisomaltose (Monoferric)
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	CP.PHAR.482 Isatuximab-irfc (Sarclisa)
CP.PHAR.172 Histrelin Acetate (Vantas, Supprelin LA)	CP.PHAR.483 Lisocabtagene Maraleucel (Breyanzi)
CP.PHAR.174 Nafarelin Acetate (Synarel)	CP.PHAR.486 Bimatoprost Implant (Durysta)
CP.PHAR.176 Paclitaxel, Protein-Bound (Abraxane)	CP.PHAR.504 Voclosporin (Lupkynis)
CP.PHAR.215 Factor VIII	CP.PHAR.528 Odevixibat (Bylvay)
CP.PHAR.218 Factor IX Human Recombinant	CP.PHAR.533 Ciltacabtagene Autoleucel (Carvykti)
CP.PHAR.227 Pertuzumab (Perjeta)	CP.PHAR.536 Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)
CP.PHAR.228 Trastuzumab/Biosimilars, Trastuzumab-Hyaluronidase	CP.PHAR.550 Vutrisiran (Amvuttra)
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	CP.PHAR.570 Ropeginterferon alfa-2b-njft (Besremi)
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	CP.PHAR.582 Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)
CP.PHAR.232 OnabotulinumtoxinA (Botox)	CP.PHAR.583 Pacritinib (Vonjo)
CP.PHAR.236 Darbepoetin Alfa (Aranesp)	CP.PHAR.592 Beremagene Geperpavec (Vyjuvek)
CP.PHAR.237 Epoetin Alfa (Epogen, Procrit), Epoetin Alfa-epbx (Retacrit)	CP.PHAR.593 Delandistrogene moxeparvovec-rokl (Elevidys)
CP.PHAR.238 Methoxy Polyethylene Glycol-Epoetin Beta (Mircera)	CP.PHAR.603 Exagamglogene autotemcel (Casgevy)
CP.PHAR.239 Dabrafenib (Tafinlar)	CP.PHAR.606 Spesolimab-sbzo (Spevigo)
CP.PHAR.240 Trametinib (Mekinist)	CP.PHAR.607 Deucravacitinib (Sotyktu)
CP.PHAR.241 Abatacept (Orencia)	CP.PHAR.619 Nedosiran (Rivfloza)

CP.PHAR.242 Adalimumab (Humira), Adalimumab-afzb (Abrilada), Adalimumab-atto (Amjevita), Adalimumab-adbm (Cyltezo), Adalimumab-bwwd (Hadlima), Adalimumab-fkjp (Hulio), Adalimumab-adaz (Hyrimoz), Adalimumab-aacf (Idacio), Adalimumab-aaty (Yuflyma), Adalimumab-aqvh	CP.PHAR.620 Pirtobrutinib (Jaypirca)
CP.PHAR.244 Anakinra (Kineret)	CP.PHAR.623 Elacestrant (Orserdu)
CP.PHAR.245 Apremilast (Otezla)	CP.PHAR.628 Daprodustat (Jesduvroq)
CP.PHAR.246 Canakinumab (Ilaris)	CP.PHAR.629 Retifanlimab-dlwr (Zynyz)
CP.PHAR.247 Certolizumab (Cimzia)	CP.PHAR.631 Sparsentan (Filspari)
CP.PHAR.250 Etanercept (Enbrel)	CP.PHAR.660 Bimekizumab-bkzx (Bimzelx)
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	CP.PHAR.661 Etrasimod (Velsipity)
CP.PHAR.254 Infliximab (Remicade), Infliximab-axxq (Avsola), Infliximab-dyyb (Inflectra, Zymfentra), and Infliximab-abda (Renflexis)	CP.PHAR.662 Mirikizumab-mrkz (Omvoh)
CP.PHAR.257 Ixekizumab (Taltz)	CP.PHAR.669 Birch Triterpenes (Filsuvez)
CP.PHAR.260 Rituximab (Rituxan), Rituximab-arrx (Riabni), Rituximab-pvvr (Ruxience), Rituximab-abbs (Truxima), Rituximab-Hyaluronidase (Rituxan Hycela)	CP.PMN.14 SGLT2 inhibitors
CP.PHAR.261 Secukinumab (Cosentyx)	CP.PMN.42 Sodium Oxybate (Xyrem, Lumryz) and Calcium, Magnesium, Potassium, and Sodium Oxybate (Xywav)
CP.PHAR.263 Tocilizumab (Actemra), Tocilizumab-bavi (Tofidence)	CP.PMN.48 Cyclosporine (Cequa, Restasis, Verkazia, Vevye)
CP.PHAR.264 Ustekinumab (Stelara), Ustekinumab-auub (Wezlana)	CP.PMN.97 Opioid Analgesics
CP.PHAR.265 Vedolizumab (Entyvio)	CP.PMN.126 Toremifene (Fareston)
CP.PHAR.266 Rilonacept (Arcalyst)	CP.PMN.136 Mecamylamine (Vecamyl)
CP.PHAR.267 Tofacitinib (Xeljanz, Xeljanz XR)	CP.PMN.183 GLP-1 receptor agonist
CP.PHAR.272 Sonidegib (Odomzo)	CP.PMN.193 Hydroxyurea (Siklos)
CP.PHAR.273 Vismodegib (Erivedge)	CP.PMN.196 Rifamycin (Aemcolo)
CP.PHAR.294 Osimertinib (Tagrisso)	CP.PMN.199 Esketamine (Spravato)
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	CP.PMN.209 Solriamfetol (Sunosi)
CP.PHAR.319 Ipilimumab (Yervoy)	CP.PMN.221 Pitolisant (Wakix)
CP.PHAR.336 Dupilumab (Dupixent)	CP.PMN.259 Inhaled asthma and COPD agents
CP.PHAR.339 Durvalumab (Imfinzi)	CP.PMN.262 Quinine Sulfate (Qualaquin)
CP.PHAR.342 Brigatinib (Alunbrig)	CP.PMN.278 Ganaxolone (Ztalmy)
CP.PHAR.344 Midostaurin (Rydapt)	OR.CP.PHAR.258 Mitoxantrone
CP.PHAR.346 Sarilumab (Kevzara)	OR.CP.PHAR.1004 Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors
CP.PHAR.349 Ceritinib (Zykadia)	OR.CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)
New Coverage Guidelines	
CP.PMN.293 Berdazimer (Zelsuvmi)	OR.PMN.1015 Weight Loss Medications for Youth

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.