

February 1, 2026

Pharmacy Information and Preferred Drug List Changes –1st Quarter 2026

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

TRILLIUM COMMUNITY HEALTH PLAN ORAL AND ENTERAL NUTRITION COVERAGE UPDATE

Effective February 1, 2026, select oral and enteral nutrition products will be covered under the Pharmacy benefit in addition to existing DME (Durable Medical Equipment; Medical benefit) coverage.

The preferred method for member access remains through the DME benefit, as most products do not require prior authorization when billed through medical DME coverage. Coverage under the Pharmacy benefit will require prior authorization for all products.

Providers are encouraged to continue utilizing the DME benefit whenever possible to minimize authorization requirements and support timely member access.

See the update February Preferred Drug List (PDL) for full list of oral and enteral nutrition products now available through the Pharmacy benefit available on the [Pharmacy section of our website](#).

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 2026. For the most current preferred drug list, visit the [Pharmacy section of our website](#).

Medication	Effective Date
Additions	
Albendazole Tab 200 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG Product added to PDL	2.1.2026

Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG Product added to PDL	2.1.2026
Amlodipine Besylate-Valsartan Tab 10-160 MG Product added to PDL with QL of max 1/day	2.1.2026
Amlodipine Besylate-Valsartan Tab 10-320 MG Product added to PDL with QL of max 1/day	2.1.2026
Amlodipine Besylate-Valsartan Tab 5-160 MG Product added to PDL with QL of max 1/day	2.1.2026
Amlodipine Besylate-Valsartan Tab 5-320 MG Product added to PDL with QL of max 1/day	2.1.2026
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG Product added to PDL with QL of max 2/day	2.1.2026
Atovaquone Susp 750 MG/5ML Product added to PDL	2.1.2026
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY) Product added to PDL	2.1.2026
Budesonide Inhalation Susp 1 MG/2ML Product added to PDL	2.1.2026
Candesartan Cilexetil Tab 16 MG Product added to PDL with QL of max 1/day	2.1.2026
Candesartan Cilexetil Tab 32 MG Product added to PDL with QL of max 1/day	2.1.2026
Candesartan Cilexetil Tab 4 MG Product added to PDL with QL of max 1/day	2.1.2026
Candesartan Cilexetil Tab 8 MG Product added to PDL with QL of max 1/day	2.1.2026
Capecitabine Tab 150 MG Product added to PDL with PA required	2.1.2026
Capecitabine Tab 500 MG Product added to PDL with PA required	2.1.2026
Carisoprodol Tab 350 MG Product added to PDL	2.1.2026
Cinacalcet HCl Tab 30 MG (Base Equiv) Product added to PDL with QL of max 2/day	2.1.2026
Cinacalcet HCl Tab 60 MG (Base Equiv) Product added to PDL with QL of max 4/day	2.1.2026
Cinacalcet HCl Tab 90 MG (Base Equiv) Product added to PDL with QL of max 4/day	2.1.2026
Cyanocobalamin Tab SL 2500 MCG Product added to PDL	2.1.2026
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG Product added to PDL	2.1.2026
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG Product added to PDL	2.1.2026
Dimenhydrinate Tab 50 MG Product added to PDL	2.1.2026
Dofetilide Cap 125 MCG (0.125 MG) Product added to PDL	2.1.2026
Dofetilide Cap 250 MCG (0.25 MG) Product added to PDL	2.1.2026

Dofetilide Cap 500 MCG (0.5 MG) Product added to PDL	2.1.2026
Doxycycline Monohydrate Tab 75 MG Product added to PDL with QL of max 2/day	2.1.2026
Enalapril Maleate Oral Soln 1 MG/ML Product added to PDL	2.1.2026
Entecavir Tab 0.5 MG Product added to PDL with QL of max 1/day	2.1.2026
Entecavir Tab 1 MG Product added to PDL with QL of max 1/day	2.1.2026
Eplerenone Tab 25 MG Product added to PDL	2.1.2026
Eplerenone Tab 50 MG Product added to PDL	2.1.2026
Erythromycin Ethylsuccinate For Susp 200 MG/5ML Product added to PDL	2.1.2026
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG Product added to PDL	2.1.2026
Estradiol & Norethindrone Acetate Tab 1-0.5 MG Product added to PDL	2.1.2026
Etodolac Cap 200 MG Product added to PDL	2.1.2026
Etodolac Cap 300 MG Product added to PDL	2.1.2026
Etodolac Tab 400 MG Product added to PDL	2.1.2026
Etodolac Tab 500 MG Product added to PDL	2.1.2026
Exemestane Tab 25 MG Product added to PDL with QL of max 1/day	2.1.2026
Fluocinolone Acetonide (Otic) Oil 0.01% Product added to PDL with QL of max 20/fill	2.1.2026
Gabapentin Oral Soln 250 MG/5ML Product added to PDL with QL of max 60/day	2.1.2026
Glipizide-Metformin HCl Tab 2.5-250 MG Product added to PDL with QL of max 2/day	2.1.2026
Glipizide-Metformin HCl Tab 2.5-500 MG Product added to PDL with QL of max 2/day	2.1.2026
Glipizide-Metformin HCl Tab 5-500 MG Product added to PDL	2.1.2026
Ibandronate Sodium Tab 150 MG (Base Equivalent) Product added to PDL	2.1.2026
Imatinib Mesylate Tab 100 MG (Base Equivalent) Product added to PDL with PA required	2.1.2026
Imatinib Mesylate Tab 400 MG (Base Equivalent) Product added to PDL with PA required	2.1.2026
Indomethacin Cap CR 75 MG Product added to PDL	2.1.2026
Lacosamide Oral Solution 10 MG/ML Product added to PDL with QL of max 40/day	2.1.2026
Leucovorin Calcium Tab 15 MG Product added to PDL	2.1.2026
Levocetirizine Dihydrochloride Tab 5 MG Product added to PDL with QL of max 1/day	2.1.2026
Lidocaine Oint 5% Product added to PDL with QL of max 100/30 days	2.1.2026

Memantine HCl Oral Solution 2 MG/ML Product added to PDL	2.1.2026
Memantine HCl Tab 10 MG Product added to PDL with QL of max 2/day	2.1.2026
Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack Product added to PDL	2.1.2026
Memantine HCl Tab 5 MG Product added to PDL with QL of max 2/day	2.1.2026
Methenamine Hippurate Tab 1 GM Product added to PDL	2.1.2026
Methenamine Mandelate Tab 0.5 GM Product added to PDL	2.1.2026
Methenamine Mandelate Tab 1 GM Product added to PDL	2.1.2026
Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML) Product added to PDL	2.1.2026
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML) Product added to PDL	2.1.2026
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML) Product added to PDL	2.1.2026
Methylphenidate HCl Soln 10 MG/5ML Product added to PDL with QL of max 30/day	2.1.2026
Methylphenidate HCl Soln 5 MG/5ML Product added to PDL with QL of max 30/day	2.1.2026
Nebivolol HCl Tab 10 MG (Base Equivalent) Product added to PDL with QL of max 1/day	2.1.2026
Nebivolol HCl Tab 2.5 MG (Base Equivalent) Product added to PDL with QL of max 1/day	2.1.2026
Nebivolol HCl Tab 20 MG (Base Equivalent) Product added to PDL with QL of max 2/day	2.1.2026
Nebivolol HCl Tab 5 MG (Base Equivalent) Product added to PDL with QL of max 1/day	2.1.2026
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24) Product added to PDL	2.1.2026
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24) Product added to PDL	2.1.2026
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG Product added to PDL	2.1.2026
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG Product added to PDL	2.1.2026
Olmesartan Medoxomil Tab 20 MG Product added to PDL with QL of max 1/day	2.1.2026
Olmesartan Medoxomil Tab 40 MG Product added to PDL with QL of max 1/day	2.1.2026
Olmesartan Medoxomil Tab 5 MG Product added to PDL with QL of max 1/day	2.1.2026
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG Product added to PDL	2.1.2026
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG Product added to PDL	2.1.2026
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG Product added to PDL	2.1.2026
Orphenadrine Citrate Tab SR 12HR 100 MG Product added to PDL with QL of max 2/day	2.1.2026
Oxybutynin Chloride Solution 5 MG/5ML Product added to PDL	2.1.2026

Piroxicam Cap 10 MG Product added to PDL	2.1.2026
Piroxicam Cap 20 MG Product added to PDL	2.1.2026
Potassium Chloride Microencapsulated Crys CR Tab 15 mEq Product added to PDL	2.1.2026
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML Product added to PDL	2.1.2026
Prasugrel HCl Tab 10 MG (Base Equiv) Product added to PDL with QL of max 1/day	2.1.2026
Prasugrel HCl Tab 5 MG (Base Equiv) Product added to PDL with QL of max 1/day	2.1.2026
Propafenone HCl Cap SR 12HR 225 MG Product added to PDL	2.1.2026
Propafenone HCl Cap SR 12HR 325 MG Product added to PDL	2.1.2026
Propafenone HCl Cap SR 12HR 425 MG Product added to PDL	2.1.2026
Ranolazine Tab ER 12HR 1000 MG Product added to PDL with QL of max 2/day	2.1.2026
Ranolazine Tab ER 12HR 500 MG Product added to PDL with QL of max 3/day	2.1.2026
Repaglinide Tab 0.5 MG Product added to PDL	2.1.2026
Repaglinide Tab 1 MG Product added to PDL	2.1.2026
Repaglinide Tab 2 MG Product added to PDL with QL of max 8/day	2.1.2026
Ribavirin Cap 200 MG Product added to PDL with QL of max 7/day	2.1.2026
Ribavirin Tab 200 MG Product added to PDL with QL of max 7/day	2.1.2026
Rivastigmine Tartrate Cap 1.5 MG Product added to PDL	2.1.2026
Rivastigmine Tartrate Cap 3 MG Product added to PDL	2.1.2026
Rivastigmine Tartrate Cap 4.5 MG Product added to PDL	2.1.2026
Rivastigmine Tartrate Cap 6 MG Product added to PDL	2.1.2026
Sevelamer Carbonate Packet 0.8 GM Product added to PDL	2.1.2026
Sevelamer Carbonate Packet 2.4 GM Product added to PDL	2.1.2026
Sodium Chloride Flush IV Soln 0.9% Product added to PDL	2.1.2026
Sodium Chloride Irrigation Soln 0.9% Product added to PDL	2.1.2026
Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML Product added to PDL	2.1.2026
Telmisartan Tab 20 MG Product added to PDL with QL of max 1/day	2.1.2026
Telmisartan Tab 40 MG Product added to PDL with QL of max 1/day	2.1.2026
Telmisartan Tab 80 MG Product added to PDL with QL of max 1/day	2.1.2026

Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG Product added to PDL with QL of max 1/day	2.1.2026
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG Product added to PDL with QL of max 1/day	2.1.2026
Telmisartan-Hydrochlorothiazide Tab 80-25 MG Product added to PDL with QL of max 1/day	2.1.2026
Tizanidine HCl Cap 2 MG Product added to PDL	2.1.2026
Tizanidine HCl Cap 4 MG Product added to PDL	2.1.2026
Tizanidine HCl Cap 6 MG Product added to PDL	2.1.2026
Removals	
LIKMEZ (metronidazole) 500 MG/5ML Susp Removed from PDL	2.1.2026
Changes	
COVID-19 Home Tests Added QL of max of 4/30 days	2.1.2026
Donepezil Hydrochloride Tab 10 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Donepezil Hydrochloride Tab 23 MG PA requirement removed; Added QL of max 1/day	2.1.2026
Donepezil Hydrochloride Tab 5 MG PA requirement removed; Added QL of max 1/day	2.1.2026
Ivermectin Tab 3 MG PA requirement removed	2.1.2026
Ivermectin Tab 6 MG PA requirement removed	2.1.2026
Lacosamide Tab 100 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Lacosamide Tab 150 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Lacosamide Tab 200 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Lacosamide Tab 50 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML) PA requirement removed; Added QL of max 10/day	2.1.2026
Lidocaine HCl Soln 4% PA requirement removed; Added QL of max 10/day	2.1.2026
Linezolid For Susp 100 MG/5ML PA requirement removed	2.1.2026
Linezolid Tab 600 MG PA requirement removed; Added QL of max 2/day	2.1.2026
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1% PA requirement removed; Added QL of max 20/20 days	2.1.2026
Key: AL = age Limit; EST = Electronic Step Therapy; 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
AVGEMSI (GEMCITABINE)*	J9184	INJECTION GEMCITABINE HCL AVYXA 200 MG
CELLCEPT (MYCOPHENOLATE MOFETIL)	J7528	MYCOPHENOLATE MOFETIL FOR SUSPENSION ORAL 100 M

EMRELIS (TELISOTUZUMAB VEDOTIN-TLLV)*	J9326	INJECTION TELISOTUZUMAB VEDOTIN-TLLV 1 MG
IMAAVY (NIPOCALIMAB-AAHU)	J9256	INJECTION NIPOCALIMAB-AAHU 3 MG
JOBEVNE (BEVACIZUMAB-NWGD)*	Q5160	INJECTION BEVACIZUMAB-NWGD JOBEVNE BS 10 MG
KYXATA (CARBOPLATIN)*	C9308	INJECTION CARBOPLATIN AVYXA 1 MG
LYNOZYFIC (LINVOSELTAMAB-GCPT)*	C9307	INJECTION LINVOSELTAMAB-GCPT 1 MG
SKYSONA (ELIVALDOGENE AUTOTEMCEL)	J3387	INJECTION ELIVALDOGENE AUTOTEMCEL PER TREATMENT
SPRAVATO (ESKETAMINE)	J0013	ESKETAMINE NASAL SPRAY 1 MG
TESTOPEL (TESTOSTERONE)	J1073	TESTOSTERONE PELLETT IMPLANT 75 MG
ZEVASKYN (PRADEMAGENE ZAMIKERACEL)	J3389	TOPICAL ADMIN PRADEMAGENE ZAMIKERACEL PER TX
ZUSDURI (MITOMYCIN)*	J9282	MITOMYCIN INTRAVESICAL INSTILLATION 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 first quarter of 2026. All coverage guidelines will go into effect April 1, 2026 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), Omalizumab-igec (Omlyclo)	CP.PHAR.565 Asciminib (Scemblix)
CP.PHAR.100 Axitinib (Inlyta)	CP.PHAR.568 Inclisiran (Leqvio)
CP.PHAR.103 Immune Globulins	CP.PHAR.570 Ropeginterferon Alfa-2b-njft (BESREMI)
CP.PHAR.106 Enzalutamide (Xtandi)	CP.PHAR.572 Budesonide (Tarpeyo)
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	CP.PHAR.573 Cabotegravir (Apretude), Cabotegravir/Rilpivirine (Cabenuva)
CP.PHAR.115 Pegloticase (Krystexxa)	CP.PHAR.574 Sirolimus Protein-Bound Particles (Fyarro), Topical Gel (Hyftor)
CP.PHAR.119 Ramucirumab (Cyramza)	CP.PHAR.58 Denosumab (Prolia, Xgeva), Denosumab-bbdz (Jubbonti, Wyost), Denosumab-dssb (Ospomyv, Xbryk), Denosumab-bmwo
CP.PHAR.121 Nivolumab (Opdivo), Nivolumab/Hyaluronidase-nvhy (Opdivo Qvantig)	CP.PHAR.580 Etranacogene Dezaparovec-drlb (Hemgenix)
CP.PHAR.123 Evolocumab (Repatha)	CP.PHAR.581 Faricimab-svoa (Vabysmo)
CP.PHAR.124 Alirocumab (Praluent)	CP.PHAR.59 Zoledronic Acid (Reclast)
CP.PHAR.126 Ibrutinib (Imbruvica)	CP.PHAR.595 Eladocogene Exuparovec-tneq (Kebilidi)
CP.PHAR.173 Leuprolide Acetate (Eligard, Fensolvi, Lupron Depot, Lupron Depot-Ped, Vabrinty), Leuprolide Mesylate (Camcevi, Camcevi ETM)	CP.PHAR.603 Exagamglogene Autotemcel (Casgevy)
CP.PHAR.179 Romiplostim (Nplate)	CP.PHAR.604 Futibatinib (Lytgobi)
CP.PHAR.180 Eltrombopag (Alvaiz, Promacta)	CP.PHAR.605 Adagrasib (Krazati)
CP.PHAR.181 Hemin (Panhematin)	CP.PHAR.608 Furosemide (Furoscix)
CP.PHAR.184 Aflibercept (Eylea, Eylea HD), Aflibercept-yszy (Opuviz), Aflibercept-jbvf (Yesafili), Aflibercept-mrbb (Ahzantive), Aflibercept-abzv (Enzeevu), Aflibercept-ayyh (Pavblu)	CP.PHAR.611 Teclistamab-cqyv (Tecvayli)

CP.PHAR.186 Ranibizumab (Byooviz, Cimerli, Lucentis, Susvimo)	CP.PHAR.612 Tremelimumab-actl (Imjudo)
CP.PHAR.187 Verteporfin (Visudyne)	CP.PHAR.615 Olutasidenib (Rezlidhia)
CP.PHAR.190 Ambrisentan (Letairis)	CP.PHAR.616 Zilucoplan (Zilbrysq)
CP.PHAR.191 Bosentan (Tracleer)	CP.PHAR.618 Mosunetuzumab-axgb (Lunsumio)
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	CP.PHAR.627 Lovotibeglogene Autotemcel (Lyfgenia)
CP.PHAR.193 Iloprost (Ventavis)	CP.PHAR.635 ADAMTS13, Recombinant-krhn (Adzynma)
CP.PHAR.194 Macitentan (Opsumit)	CP.PHAR.657 Sotatercept (Winrevair)
CP.PHAR.195 Riociguat (Adempas)	CP.PHAR.666 Fruquintinib (Fruzaqla)
CP.PHAR.196 Selexipag (Upravi)	CP.PHAR.667 Repotrectinib (Augtyro)
CP.PHAR.197 Sildenafil (Revatio, Liqrev)	CP.PHAR.668 Toripalimab-tpzi (Loqtorzi)
CP.PHAR.198 Tadalafil (Adcirca, Alyq, Tadliq)	CP.PHAR.671 Nirogacestat (Ogsiveo)
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso, Tyvaso DPI)	CP.PHAR.672 Travoprost Implant (iDose TR)
CP.PHAR.204 Trabectedin (Yondelis)	CP.PHAR.674 Marstacimab-hncq (Hympavzi)
CP.PHAR.207 Glycerol Phenylbutyrate (Ravicti)	CP.PHAR.706 Fitusiran (Qfitlia)
CP.PHAR.208 Sodium Phenylbutyrate (Buphenyl, Pheburane, Olpruva)	CP.PHAR.707 Revumenib (Revuforj)
CP.PHAR.220 Factor VIIa, Recombinant (NovoSeven RT, SevenFact)	CP.PHAR.708 Sepiapterin (Sephience)
CP.PHAR.232 OnabotulinumtoxinA (Botox)	CP.PHAR.711 Cosibelimab-lpdl (Unloxcyt)
CP.PHAR.235 Atezolizumab (Tecentriq), Atezolizumab-Hyaluronidase (Tecentriq Hybreza)	CP.PHAR.712 Ensartinib (Ensacove)
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	CP.PHAR.713 Zenocutuzumab-zbco (Bizengri)
CP.PHAR.283 Lomitapide (Juxtapid)	CP.PHAR.721 Plozasiran (Redemplo)
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	CP.PHAR.735 Etuvetidigene Autotemcel (Waskyra)
CP.PHAR.329 Siltuximab (Sylvant)	CP.PHAR.738 Doxycitine and doxribtimine (Kygevi)
CP.PHAR.331 Deflazacort (Emflaza)	CP.PHAR.751 Rilzabrutinib (Wayrilz)
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	CP.PHAR.755 Paltusotide (Palsonify)
CP.PHAR.333 Avelumab (Bavencio)	CP.PHAR.80 Vandetanib (Caprelsa)
CP.PHAR.336 Dupilumab (Dupixent)	CP.PHAR.84 Abiraterone (Zytiga, Yonsa)
CP.PHAR.350 Rucaparib (Rubraca)	CP.PHAR.91 Vemurafenib (Zelboraf)
CP.PHAR.360 Olaparib (Lynparza)	CP.PHAR.94 Alpha1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)
CP.PHAR.361 Tisagenlecleucel (Kymriah)	CP.PHAR.97 Eculizumab (Soliris, Bkembv, Epysqli)
CP.PHAR.362 Axicabtagene Ciloleucel (Yescarta)	CP.PHAR.98 Ruxolitinib (Jakafi, Opzelura)
CP.PHAR.366 Acalabrutinib (Calquence)	CP.PMN.113 Safinamide (Xadago)
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	CP.PMN.123 Colchicine (Colcrys, Lodoco)
CP.PHAR.372 Voretigene Neparvovec-rzyl (Luxturna)	CP.PMN.14 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors
CP.PHAR.389 Pegvisomant (Somavert)	CP.PMN.186 Cenegermin-bkbj (Oxervate)
CP.PHAR.391 Lanreotide (Somatuline Depot)	CP.PMN.187 Icosapent Ethyl (Vascepa)
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Mycapssa)	CP.PMN.189 Sarecycline (Seysara)
CP.PHAR.408 Niraparib (Zejula)	CP.PMN.212 Bedaquiline (Sirturo)
CP.PHAR.409 Talazoparib (Talzenna)	CP.PMN.217 Istradefylline (Nourianz)
CP.PHAR.410 Bortezomib (Velcade)	CP.PMN.222 Pretomanid
CP.PHAR.413 Glasdegib (Daurismo)	CP.PMN.225 Trifarotene (Aklief)
CP.PHAR.414 Larotrectinib (Vitrakvi)	CP.PMN.237 Bempedoic Acid (Nexletol), Bempedoic Acid/Ezetimibe (Nexlizet)
CP.PHAR.421 Onasemnogene Abeparvovec (Zolgensma, Itvisma)	CP.PMN.257 Clascoterone (Winlevi)
CP.PHAR.445 Brolucizumab-dblb (Beovu)	CP.PMN.260 Loteprednol etabonate (Eysuvis)
CP.PHAR.450 Luspatercept-aamt (Reblozyl)	CP.PMN.273 Varenicline (Tyrvaya)
CP.PHAR.454 Avapritinib (Ayvakit)	CP.PMN.286 Glaucoma Agents

CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	CP.PMN.295 Semaglutide (Wegovy)
CP.PHAR.456 Fam-Trastuzumab Deruxtecan-nxki (Enhertu)	CP.PMN.34 Ranolazine (Ranexa, Aspruzyo Sprinkle)
CP.PHAR.457 Givosiran (Givlaari)	CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)
CP.PHAR.464 Selumetinib (Koselugo)	CP.PMN.57 Febuxostat (Uloric)
CP.PHAR.467 Zanubrutinib (Brukinsa)	CP.PMN.73 Lifitegrast (Xiidra)
CP.PHAR.469 Belantamab Mafodotin-blmf (Blenrep)	CP.PMN.81 Buprenorphine/Naloxone (Suboxone, Zubsolv)
CP.PHAR.483 Lisocabtagene maraleucel (Breyanzi)	CP.PMN.89 Amantadine ER (Gocovri, Osmolex ER)
CP.PHAR.499 Lonafarnib (Zokinvy)	CP.PST.01 Step Therapy
CP.PHAR.511 Evinacumab-dgnb (Evkeeza)	OR.CP.PHAR.1002 Gender Dysphoria
CP.PHAR.516 Fostemsavir (Rukobia)	OR.CP.PHAR.517 Human Growth Hormone (Somapacitan, Somatrogen, Somatropin, Lonapegsomatropin-tcgd)
CP.PHAR.523 Naxitamab-gqgk (Danyelza)	OR.CP.PMN.1009 Topical Agents for Inflammatory Skin Disease
CP.PHAR.555 Efgartigimod Alfa-fcab, Efgartigimod/Hyaluronidase-qvfc (Vyvgart, Vyvgart Hytrulo)	OR.CP.PMN.234 EPSDT
CP.PHAR.564 Antithrombin III (ATryn, Thrombate III)	
New Coverage Guidelines	
CP.PHAR.764 Sevabertinib (Hyrnuo)	CP.PMN.304 Elinzanetant (Lynkuet)
CP.PHAR.765 Ziftomenib (Komzifti)	CP.PMN.306 Etripamil (Cardamyst)
CP.PHAR.766 Aficamten (Myqorzo)	OR.CP.PMN.1017 Enteral Nutritional Supplements
CP.PHAR.767 Depemokimab-ulaa (Exdensur)	OR.CP.PMN.1018 Oral Nutritional Supplements
CP.PHAR.768 Lerodalcibep-liga (Lerochol)	

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.