

Pharmacy Information and Formulary Changes – Second Quarter 2018

OREGON HEALTH PLAN

This update contains changes to the pharmacy services of Trillium Community Health Plan (Trillium) Oregon Health Plan members. Based on the recommendations of the Trillium Pharmacy and Therapeutics (P&T) Committee, the Trillium Oregon Health Plan medication coverage guidelines (criteria) and Preferred Drug List (PDL) has been revised for the 2nd quarter of 2018. PDL revisions are as indicated beginning on page 3. Updated criteria can be accessed by going to the Provider Resources on our website: <https://www.trilliumohp.com>. Changes will go into effect July 1, 2018.

The Trillium Oregon Health Plan P&T Committee determines updates to criteria and the PDL based on quarterly, comprehensive reviews. Criteria and the PDL serves as a reference for providers to use when prescribing pharmaceutical products for Trillium members with pharmacy coverage. Medications newly approved by the FDA require prior-authorization until reviewed by P&T. 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.

OREGON HEALTH PLAN PHARMACY SERVICES ANNOUNCEMENTS

SPECIALIZED MEDICATIONS GIVEN IN OFFICE – PA REQUIRED BY ALL PRESCRIBERS

Coverage of chemotherapy and biologics provided in office are no longer contingent on the prescriber's credentials and PA is required for all prescribers. See the list below for all HCPCS codes affected as of January 1, 2018.

Code	Description	Code	Description
C9014	INJECTION CERLIPONASE ALFA 1 MG	C9015	INJ C-1 ESA INHIBITOR HAEGARDA 10 U
C9016	INJ TRIPTORELIN EXTEND REL 3.75 MG	C9024	INJ LIP 1 MG DNR & 2.27 MG CY
C9028	INJ INOTUZUMAB OZOGAMICIN	C9029	INJECTION GUSELKUMAB 1 MG
J0565	INJECTION BEZLOTOXUMAB 10 MG	J0604	CINACALCET ORAL 1 MG
J0606	INJECTION ETELCALCETIDE 0.1 MG	J1428	INJECTION ETEPLIRSEN 10 MG
J1555	INJECTION IMMUNE GLOBULIN 100 MG	J1627	INJ GRANISETRON EXT-RLSE 0.1 MG
J1726	INJECTION HPC 10 MG	J1729	INJECTION HPC NOS 10 MG
J2326	INJECTION NUSINERSEN 0.1 MG	J2350	INJECTION OCRELIZUMAB 1 MG
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	J7210	INJ FACTOR VIII AFSTYLA 1 I.U.
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	J7345	ALA HCL TOP ADMIN 10% GEL 10 MG
J9022	INJECTION ATEZOLIZUMAB 10 MG	J9023	INJECTION AVELUMAB 10 MG
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	J9285	INJECTION OLARATUMAB 10 MG
Q2040	TISAGENLECLEUCEL TO 250 M CAR-T C		

THIS UPDATE APPLIES TO:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

STATE:

- Oregon

LINES OF BUSINESS:

- Oregon Health Plan
- Medicare

PROVIDER SERVICES

[trilliumohp.com](https://www.trilliumohp.com)
877-600-5472

DIABETIC TESTING SUPPLIES FOR PREGNANT FEMALES

Pregnant women can now get larger quantities of diabetic testing supplies at the pharmacy without prior authorization.

- Formulary limitations of diabetic testing supplies for pregnant females:
 - Test Strips: up to 150 per 30 days
 - Lancets: up to 200 per 30 days
- The prescription for diabetic supplies will need to include a condition code indicating pregnant status (ICD-10 Q*) and the pharmacy must be able to input this code into their claims system in order for the claim to pay without an override.

TRILLIUM LOCK-IN PROGRAM

As reflected in the latest mortality data from the CDC, deaths from drug overdose are up among both men and women, all races, and adults of nearly all ages. The Lock-In program is designed to manage members who may not be utilizing medical services appropriately and who may require an intensive care coordination system to help them better manage their health care. The program will begin May 15, 2018.

The Lock-In program identifies members who meet certain criteria and designates them to receive all of their prescriptions (including their opiate prescriptions), from either one specific pharmacy, one specific provider, or in some cases both. This program applies to Medicaid members only.

Prescribers can request that a Trillium Medicaid member be included in the lock-in program. However, prescriber request is not required for a member to be included in the lock-in program.

Members will be identified for inclusion in the program based upon a monthly report of opioid and/or pharmacy overutilization with at least one of the following:

- i. Recipients have filled opioid prescriptions at 3 or more pharmacies in a 30 day timeframe.
- ii. Recipients have filled opioid prescriptions by 3 or more providers in a 30 day timeframe.
- iii. Members on chronic opioid doses defined as greater than 90 MED for greater than or equal to a cumulative of 28 days of last 90 days.

Or at the request of the prescriber (i.e. violated pain contract or failed urine analysis).

If a member has been assigned to a pharmacy lock-in they must obtain all prescribed drug services from a specific pharmacy designated in Trillium's policy. Recipients who have been identified for the Pharmacy Lock-In Program can obtain prescribed drug services from the designated pharmacy and from no other pharmacy.

If a member has been assigned to a prescriber lock-in they must obtain all prescribed drug services from a specific prescriber as designated in Trillium's policy. Recipients who have been identified for the Prescriber Lock-In Program can obtain prescribed drug services from the designated prescriber and from no other prescriber.

Members who are included in the Lock-In Program can request to change the pharmacy and/or prescriber via the Request to Change Lock-In Pharmacy and/or Provider Form (MCA_RX16V2). Members included in the Lock-In Program also have the right to appeal their lock-in. Prescribers will receive a copy of the written notification of lock-in that is sent to the member, which includes: lock-in specifics (name of pharmacy and/or provider), Denial of Medical Services – Appeal and Hearing Request form (OHP 3302) and Request to Change Lock-In Pharmacy and/or Provider Form (MCA_RX16V2).

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 at formulary.trilliumohp.com.

For additional information on the drug classes and medication coverage guidelines reviewed by the P&T committee visit the Provider Resources on Trillium's website at trilliumohp.com.

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

TRILLIUM OREGON HEALTH PLAN PREFERRED DRUG LIST CHANGES

Brand Name	Generic Name	Therapeutic Category and Indication	Comments
FORMULARY ADDITIONS AND CHANGES			
-	Loperamide	ANTIDIARRHEAL: Used for the treatment of diarrhea	Quantity limit of #8/day added as a safety edit. PA is required for dosages exceeding #8/day
Makena	Hydroxyprogesterone Caproate	PROGESTIN: Typically used for preterm labor prophylaxis	PA required for coverage of preferred product (250 mg/mL). Current utilizers will be grandfathered.
Epogen, Procrit	Epoetin Alfa	HAMATOPOIETIC AGENT: Use for the treatment of anemia (due to chemotherapy, HIV infection, CKD) or prevention of anemia in surgical patients at risk	PA required for coverage. Current utilizers will be grandfathered.
Orencia	Abatacept	SELECTIVE COSTIMULATION MODULATOR: Used for the treatment of rheumatoid arthritis, psoriatic arthritis and juvenile idiopathic arthritis	PA required for coverage. Current utilizers will be grandfathered.
Cimzia	Certolizumab	SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENT: Used for the treatment of Crohn's disease, rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis	PA required for coverage. Current utilizers will be grandfathered.
Enbrel	Etanercept	SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENT: Used for the treatment of rheumatoid arthritis, psoriatic arthritis, plaque psoriasis, and ankylosing spondylitis.	PA required for coverage. Current utilizers will be grandfathered.
Tecfidera	Dimethyl Fumarate	MULTIPLE SCLEROSIS AGENT: Used for the treatment of relapsing forms of multiple sclerosis	PA required for coverage. Current utilizers will be grandfathered.
-	Glatiramer Acetate	MULTIPLE SCLEROSIS AGENT: Used for the treatment of relapsing forms of multiple sclerosis	PA required for coverage. Current utilizers will be grandfathered.
Betaseron, Extavia	Interferon Beta-1b	MULTIPLE SCLEROSIS AGENT: Used for the treatment of relapsing forms of multiple sclerosis	PA required for coverage. Current utilizers will be grandfathered.
Simponi, Simponi Aria	Golimumab	ANTI-TNF-ALPHA MONOCLONAL ANTIBODY: Used for the treatment of Ulcerative colitis, rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis	PA required for coverage. Current utilizers will be grandfathered.
Xeljanz, Xeljanz CR	Tofacitnib	ANTIRHEUMATIC - ENZYME INHIBITOR: Used for the treatment of rheumatoid and psoriatic arthritis	PA required for coverage. Current utilizers will be grandfathered.
-	Celecoxib	NONSTEROIDAL ANTI-INFLAMMATORY AGENT (NSAID): Used for acute pain and inflammation	PA required for coverage. Current utilizers will be grandfathered.
Renvela	Sevelamer carbonate	PHOSPHATE BINDER AGENTS: Used to treat hyperphosphatemia in end stage renal disease	PA required for coverage. Current utilizers will be grandfathered.

Brand Name	Generic Name	Therapeutic Category and Indication	Comments
Renagel	Sevelamer HCl	PHOSPHATE BINDER AGENTS: Used to treat hyperphosphatemia in end stage renal disease	PA required for coverage. Current utilizers will be grandfathered.
SPS, Kionex, Kayexalate	Sodium polystyrene sulfonate	PHOSPHATE BINDER AGENTS: Used to treat hyperkalemia	PA required for coverage. Current utilizers will be grandfathered.
Colcrys, Mitigare	Colchicine	GOUT AGENTS: Used for treatment and prevention of gout and the treatment of familial Mediterranean fever	PA required for coverage. Current utilizers will be grandfathered.
-	Probenecid/Colchicine	GOUT AGENTS: Used for treatment and prevention of gout	PA required for coverage. Current utilizers will be grandfathered.
-	Granisetron oral	ANTIEMETIC: Used for chemotherapy induced nausea and vomiting	Removed from PDL. Current utilizers will be grandfathered
First-Omeprazole	Omeprazole compound	PROTON PUMP INHIBITOR: Suppresses gastric acid secretion for treatment of gastric and duodenal ulcers, erosive esophagitis and GERD. Compounded formulation is not FDA approved.	Removed from PDL. Current utilizers will be grandfathered
First-Lansoprazole	Lansoprazole compound	PROTON PUMP INHIBITOR: Suppresses gastric acid secretion for treatment of gastric and duodenal ulcers, erosive esophagitis and GERD. Compounded formulation is not FDA approved.	Removed from PDL. Current utilizers will be grandfathered
Nexium	Esomeprazole	PROTON PUMP INHIBITOR: Suppresses gastric acid secretion for treatment of gastric and duodenal ulcers, erosive esophagitis and GERD	2.5mg, 5mg and 10mg oral packet added to PDL. QL of #30 per 365 days
-	True Metrix Control Solution: Level 1, 2, 3	DIABETIC TESTING SUPPLIES: Used to test home glucose monitors	Added to PDL
Tracleer	Bosentan	ENDOTHELIAL RECEPTOR ANTAGONIST: Used to treat pulmonary arterial hypertension	Added to PDL. PA required for coverage and required to be filled by preferred Specialty Pharmacy
Enbrel Mini	Etanercept	SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENT: Used for the treatment of rheumatoid arthritis, psoriatic arthritis, plaque psoriasis, and ankylosing spondylitis.	Added to PDL. PA required for coverage and required to be filled by preferred Specialty Pharmacy
Julucia	Dolutegravir/Rilpivirine	ANTIRETROVIRAL: Combination medication used in the treatment of HIV infection	Added to PDL.
Bydureon BCISE	Exenatide	GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST: Used in the treatment of type 2 diabetes	Added to PDL
-	Tetracaine Ophthalmic Solution	LOCAL ANESTHETIC: Used as anesthesia for procedures of the eye	Generic added to PDL