



Community Health Plan

PO Box 11740

Eugene, OR 97440-3940

Request to Revise Pharmacy Coverage Criteria

To request a change to the Trillium Oregon Health Plan Pharmacy coverage criteria please complete and submit this form by fax to 1-844-956-0157.

Date:

Name:

Contact Information:

Coverage Criteria Policy ID and/or Name:

Recommended Changes:

Comments (if applicable):

References (if applicable):

ECAR#