



Feb. 19, 2021

## Truli for Health Pharmacy Program Updates Effective April 2021

The following changes to Truli for Health's (Truli) pharmacy programs will become effective April 1, 2021. These changes affect our medication guides and Truli for Me Drug List. Important changes are summarized below.

### Medication Guides and Truli for Me Drug List

Truli Rx Medication guides are available at [truliforhealth.com/providers](http://truliforhealth.com/providers). Scroll down to **Manuals and Guides** and select one of the three medication guides:

- **Truli Rx Flex**
- **Truli Rx Choice**
- **Truli Rx Basic**

In the medication guides, you can also find a link to the [Truli for Me Drug List](#).

### Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits. New-to-market drugs may still be under review for a coverage decision as a part of our New-to-Market Program. Links to Truli's Prior Authorization Program Information document can be found in the medication guides.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Epclusa200-50	FDA-approved indication(s)
Hetlioz LQ	FDA-approved indication(s)
Imcivree	FDA-approved indication(s)
Nyvepria	FDA-approved indication(s)
Orgovyx	FDA-approved indication(s)
Orladeyo	FDA-approved indication(s)
Prolate	FDA-approved indication(s)
Qdolo	FDA-approved indication(s)
Zokinvy	FDA-approved indication(s)

\*Summary of criteria and additional information are available with our authorization forms.

## Step Therapy Program

The following changes apply to the Step Therapy Program.

Program	Program Change
Methotrexate	RediTrex added as a target
Topical corticosteroids	Impeklo added as a target
Xanthine oxidase inhibitors	Program retired

## Quantity Limit Program

We will add the following drugs and drug-dispensing limits to the Quantity Limit Program effective April 1, 2021. **Please note:** Quantity limits apply to some generic drugs.

Drugs Added to the Quantity Limit Program		
Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Enspryng		1 syringe / 28 days
Epclusa	200–50	30 tabs
Impeklo	0.05%	204 g / 28 days
Lampit	30 mg	540 tabs / 180 days
Lampit	120 mg	450 tabs / 180 days
Prolate	10–300 / 5 ml	90 ml
Qdolo	5 mg / ml	240 ml
Wynzora		120 g
Updates to Drugs Already in the Quantity Limit Program		
Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Buprenorphine-naloxone film	4 mg / 1mg	60 films

## New Pharmacy Coverage Exclusions

Truli's pharmacy plans will no longer cover the brand-name or generic drugs listed below. We will cover many of their therapeutic or generic alternatives.

New Coverage Exclusions	
Airduo Digihaler	Alkindi Sprinkles
Arthrotec 50–0.2 mg	Armonair Digihaler
Bafiertam	Benzonatate 150 mg
Conjupri	Gimoti
Hemady	Imipramine pamoate caps
Indomethacin 20 mg caps	Mefamenic acid caps
Nalfon 200 mg	Ongentys
Samsca 30 mg	Semglee
Tretinoin 0.05% gel	Trexall 5 mg, 7.5 mg, 10 mg, 15 mg

New Coverage Exclusions	
Upneeq	
Drugs Added Back to Coverage	
Quillivant	Quillichew

**Verify Eligibility and Benefits on Availity**

You can verify your patients' eligibility and pharmacy benefits through Availity®<sup>1</sup> at [availity.com](http://availity.com). If you have questions about Truli or these pharmacy updates, please call the Provider Contact Center at 833-238-8144.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information, visit [availity.com](http://availity.com).