



Fallon ACO Pharmacy Formulary Updates effective 7/1/2024

Amyloidosis Therapies	<ul style="list-style-type: none"> Wainua (eplontersen) added to pharmacy benefit requiring prior authorization
Antidepressants	<ul style="list-style-type: none"> Aplenzin (bupropion hydrobromide ER) added to pharmacy benefit requiring prior authorization with quantity limit of 1 tablet per day Preferred drug designation added to Zurzuvae
Anti-diabetic agents	<ul style="list-style-type: none"> Zituvio (sitagliptin) added to pharmacy benefit requiring prior authorization with quantity limit of 1 tablet per day
Antifungals – oral and injectable	<ul style="list-style-type: none"> Noxafil suspension was removed from brand over generic list
Anti-obesity agents	<ul style="list-style-type: none"> Wegovy criteria was updated to include new cardiovascular indication
Anti-viral agents	<ul style="list-style-type: none"> Valcyte powder for oral suspension was added with prior authorization and brand preferred over generic, quantity limit of 18 mL per day Removed prior authorization on Denavir and add to brand preferred over generic Quantity limit of 1 tablet per day was added to Prevymis (letermovir)
Asthma and allergy monoclonal antibodies	<ul style="list-style-type: none"> Dupixent criteria updated to include expanded age and weight for eosinophilic esophagitis expanded age indication Xolair expanded indication for IgE-mediated food allergy
Beta thalassemia, Myelodysplastic Syndrome and Sickle Cell Agents	<ul style="list-style-type: none"> Lyfgenia(lovotibeglogene autotemcel) was added to Fallon Medical Benefit and carve out
Breast Cancer Therapies	<ul style="list-style-type: none"> Truqap (capivasertib) added to pharmacy benefit with prior authorization
Butalbital containing agents	<ul style="list-style-type: none"> Butalbital/ASA/caffeine 50/325/40 capsule prior authorization removed, quantity and age limit remain Expanded indications for migraines within quantity limit
Cenergermin (Oxervate)	<ul style="list-style-type: none"> Updated approval duration to 3 months
Duchenne Muscular Dystrophy agents	<ul style="list-style-type: none"> Exondys, Amondys, Viltepso, and Vyondus update approval duration to 6 months
Immune Suppressants Topical	<ul style="list-style-type: none"> Zoyvre foam added with prior authorization to pharmacy benefit Zoyvre cream updated age to 6 years old from 12 years
Immunotherapy oral	<ul style="list-style-type: none"> Grastek criteria update, remove trial with Oralair
Inflammatory Bowel Agents	<ul style="list-style-type: none"> Delzicol add prior authorization and remove from brand over generic Mesalamine 800mg delayed release add prior authorization
JAK inhibitors for myelofibrosis	<ul style="list-style-type: none"> Add Ojjaara (momelotinib) to pharmacy benefit with prior authorization

	<ul style="list-style-type: none"> • Jakafi and Vonjo, update criteria to include Polycythemia vera diagnosis
Lung Cancer Agents	<ul style="list-style-type: none"> • Augtyro (repotricetinib) added to pharmacy benefit with prior authorization
Medical Foods	<ul style="list-style-type: none"> • L-methylfolate will be covered with a quantity limit of 1 tablet per day
Methotrexate Agents	<ul style="list-style-type: none"> • Jyalmvo (methotrexate 2mg/mL oral solution) add to pharmacy benefit with prior authorization
NSAIDS – injectable, intranasal, and oral	<ul style="list-style-type: none"> • Indomethacin suppository add prior authorization • Coxanto (oxaprozin capsule) add to pharmacy benefit with prior authorization
Otic Agents	<ul style="list-style-type: none"> • Ciprofloxacin/dexamethasone added prior authorization
Targeted Immunomodulators	<ul style="list-style-type: none"> • Bimzelx (bimekizumab-bkzx) added to pharmacy benefit with prior authorization • Velsipity (etrasimod) added to pharmacy benefit with prior authorization
Xphozah (tenapanor)	<ul style="list-style-type: none"> • New guideline, Xphozah (tenapanor) added to pharmacy benefit with prior authorization
Vitamin D Analogs	<ul style="list-style-type: none"> • Sorilux remove from brand over generic
Brand Name and Non Preferred Generics	<ul style="list-style-type: none"> • Proair and Proventil removed from brand over generic • Delzicol removed from brand over generic • Prezista removed from brand over generic • Lexiva removed from brand over generic