



**Fallon ACO Pharmacy Formulary Updates effective 8/12/2024**

Amyotrophic Lateral Sclerosis Agents	Remove Relyvrio due to manufacturer withdrawal
Anti-allergy and Anti-inflammatory Agents – ophthalmic	Add PA to Alocrill
Anti-psychotics	Remove PA from lurasidone and paliperidone tablets, manage with QL only; increase QL for risperidone and olanzapine tablets to 3 per day (except risperidone 4mg – 4 per day, olanzapine 15mg and 20mg – 2 per day)
Belzutifan (Welireg)	new indication for advanced renal cell carcinoma
Brand Name and Non Preferred Generic Drugs	Pred Forte added to BOGL Marinol 5mg and 10mg removed from BOGL Minivelle and Vivelles Dot added to BOGL Tasigna added to BOGL Promacta added to BOGL Oxtellar added to BOGL
Constipation Agents	Remove Amitiza from BOGL; remove Linzess 72mcg from PA
Corticosteroids – oral	Add Eohilia with PA
Dronabinol (Marinol, Syndros)	Remove Marinol 5mg and 10mg from BOGL, 2.5mg remain on BOGL
Enzyme and metabolic disorder therapies	Add Adzynma with PA
Iron Agents and Chelators	Auryxia criteria update for dx of hyperphosphatemia for CKD on dialysis
Neuroblastoma Agents	lwilfin added with PA
Nirogacestat (Ogsiveo)	Ogsiveo added with PA
Potassium chloride packet (Pokonza)	Pokonza added with PA
Probiotics	Updated age to require PA ≥ 21 years of age for Align, Culturelle, Florastor
Targeted Immunomodulators	Simlandi and Zymfentra added with PA Bimzelex criteria update for off label use of hidradenitis suppurativa Ilaris expanded indication for gout Cosentyx criteria update for diagnosis of hidradenitis suppurativa and psoriatic arthritis in pediatric members Spevigo expanded indication to include pediatrics ≥ 12 years of age, add low cost alternatives for prefilled syringe Adbry expanded indication for age for diagnosis of moderate to severe atopic dermatitis, updated to ≥ 12 years of age Remicade criteria update to include Remicade with Inflectra/Renflexis for clinical rationale for use instead of unbranded infliximab and Avsola for all applicable diagnosis
Wilson’s Disease Agents	Trientine 500mg add with PA
Wound Care	Filsuvez added with PA

PA = Prior Authorization  
BOGL = Brand Over Generic List  
QL= Quantity Limit