Guideline-effective date 2/18/2025 Fallon ACO/MassHealth updates	Guideline update summary
Cardiovascular: Antihypertensives and Miscellaneous Cardiovascular Medications	1. Tryvio added, PA required
Melanoma Agents	1. Mekinist CU to include member ≥ 1 year of age 2. Tafinlar CU to include member ≥ 1 year of age 3. Mektovi CU to include off-label diagnosis of NRAS Mutation-positive Unresectable or Metastatic Melanoma
Antiparkinsonian Agents	1. Crexont added, PA required 2. Mirapex ER CU to remove medical records from inadequate response/adverse reaction to trials
Asthma and Allergy Monoclonal Antibodies	1. Fasenra CU for expanded labeling for add-on maintenance treatment in children 6 years of age and older with severe eosinophilic asthma 2. Fasenra CU for expanded indication of EGPA in adults
Epinephrine Products	1. Neffy added, PA required
Lipid Lowering Agents	1. Praluent/Repatha CU to allow members to bypass ezetimibe therapy if they are on a maximally tolerated statin and require >25% LDL-C lowering. 2. Nexletol/Nexlizet: CU remove specialist requirement for these agents
Isocitrate Dehydrogenase (IDH) Inhibitors	1. Voranigo added, PA required
Antiviral Agents	1. remove step through with valganciclovir for Prevymis (letermovir) in members receiving allogeneic HSCT who are CMV seropositive or at high risk for CMV reactivation. 2. For Prevymis 240 mg: require clinical rationale for requested strength 3. add criteria for off- label use of Prevymis for solid organ transplant 4. Remove Valcyte powder for oral solution from BOGL

Asthma and Allergy Monoclonal Antibodies	1. Dupixent CU for new expanded indication for COPD 2. Dupixent CU for expanded labelling for chronic rhinosinusitis with nasal polys and updated age from 18 years to 12 years
Respiratory Agents – Inhaled	1. Ohtuvayre CU to expand specialists to include allergist and immunologist 2. Ohtuvayre CU to include 90 days of therapy within a 120-day timeframe for inadequate response
Antipsychotics	1. Guideline renamed from Antipsychotic to Antipsychotics and Miscellaneous Mental Health Therapies 2. Cobenfy added, PA required
Pediatric Behavioral Health Medication Initiative	1. Cobenfy added, PA required
Cardiovascular: Antihypertensives and Miscellaneous Cardiovascular Medications	1. Entresto Sprinkle added, PA required 2. Entresto tablet CU to consolidate diagnosis of chronic and acute heart failure 3. Katerzia and Norliqva CU to remove age limit of ≥ 6 years of age 4. Atacand CU to add new off-label diagnosis for migraine 5. Furoscix CU for verbiage update to diagnosis and clarify background loop diuretic to continues to have fluid overload 6. Filspari CU with updated UPCR and proteinuria thresholds 7. Accupril CU changed from no PA to PA required 8. Accuretic CU changed from no PA to PA required 9. Digoxin 62.5 mg and digoxin oral solution CU changed from no PA to PA required 10. Furosemide oral solution CU changed from no PA to PA required
T-Cell Immunotherapies	1. Tecelra added, PA required and CO, MB 2. Epkinly CU for diagnosis of DLBCL to add Columvi as a required trial 3. Epkinly CU to add new expanded indication for relapsed or refractory FL
Vaccines	1. Abrysvo CU for new expanded labelling to include coverage for members ≥ 18 years of age 2. Bexsero CU to update POS rules to allow new 3-dose schedule 3. Menactra drug obsolete, remove from guideline

Pharmaceutical Compounding	1. Add hydroxyprogesterone powder to list of non-covered compounding ingredients. Switch coding to not covered.
Immune Suppressants – Topical	1. Add off label criteria for use of Opzelura in children for Atopic Dermatitis. 2. Add Zoryve (roflumilast) 0.15% cream as requiring PA.
Diabetic Testing Supplies	1. Remove PA requirement for Freestyle Neo (test strips, blood glucose, preferred), manage with standard quantity limit and quantity limit criteria only.
Lung Cancer Agents	1. Add Lazcluze, requiring PA 2. Concurrent criteria for Rybervant use in combination with Lazcluze added.
Lung Cancer Agents	1. Changed duration of approvals for all agents to 6 months initial and recert to 1 year. 2. Add criteria for Augtyro for the diagnosis of solid tumors with neurotrophic receptor tyrosine kinase (NTRK) gene fusion. 3. Add expanded indication for Krazati, split criteria out from Lumakras for locally advanced or metastatic colorectal cancer. 4. Add expanded indication for Rybervant in previously treated locally advanced or metastatic non-small cell lung cancer with an EGFR exon 19 deletion or exon 21 L858R mutation. - Rybervant criteria can be merged with criteria added for use in combination with Lazcluze as it was the same indication. 5. Existing criteria for Rybervant for of locally advanced or metastatic non-small cell lung cancer updated to clarify diagnosis requires an EGFR exon 20 insertion mutation. 6. Add expanded indication for Tagrisso in locally advanced, stage III non-small cell lung cancer. 7. Lorbrena criteria update in metastatic non-small cell lung cancer to remove LCA trial of Alecensa
Antiparkinsonian Agents	1. Add Vyalev requiring PA 2. Criteria update for Duopa that adds additional LCA trials that matches the new Vyalev criteria.
Complement Inhibitors and Miscellaneous Immunosuppressive Agents	1. Add expanded indication for Vyvgart Hytrulo in CDIP 2. Add expanded indication for Fabhalta in primary immunoglobulin A nephropathy. 3. Update the stability criteria: remove acceptance of stability for Soliris in NMOSD and Empaveli in PNH

Immune Suppressants – Topical	1. Elidel cream removed from BOGL 2. Elidel changed from no PA to PA required

CU = criteria update
DX = diagnosis
NDR = new drug review
PA = prior authorization
LCA = lower cost alternative
QA = quality analysis
BOGL = brand over generic list
MB = medical benefit
QL = quantity limit