



Fallon Health ACO Pharmacy updates effective: 10/1/2024

Guidelines	Guideline update description
Acute Lymphoblastic Leukemia, Single Agent Therapies	<ul style="list-style-type: none"> Besponsa CU: expanded age to pediatric patients ≥ 1 year of age
Anesthetics – Topical	<ul style="list-style-type: none"> QA: add lidocaine OTC 4% patches as covered; Ztlido CU - to include lidocaine 4% patch as LCA
Angiogenesis Inhibitors	<ul style="list-style-type: none"> QA: Dx of cervical cancer CU: add paclitaxel and carboplatin as LCA option Avastin CU for dx of HCC – remove Child Pugh Class A Cyramza CU for dx of NSCLC – remove used in combination with Tagrisso and add Tagrisso and Vizimpro as LCA option
Anti-acne and rosacea products	<ul style="list-style-type: none"> Anti-Acne and Rosacea QA: add Cabtreo requiring PA following PA criteria for Combination Topical Agents, Update age limit to oral and topical retinoid agents (isotretinoin, tretinoin) and one sulfacetamide agent to PA required for ≥21 years of age; Criteria update to oral isotretinoin agents (regarding diagnosis and acceptable trials); Add Atralin, Cleocin T lotion, Fabior, Onexton gel pump and Retin -A Micro to BOGL
Antibiotics – Oral	<ul style="list-style-type: none"> Antibiotics Oral QA: add non-rebate criteria to Xenleta (currently non rebate), Add Tetracycline 250 mg and 500 mg tablets to PA; CU for Xifaxan for diagnosis of SIBO to align with consensus guidelines; CU to Likmez
Antibiotics – Vaginal	<ul style="list-style-type: none"> add Vandazole to PA matching criteria with other branded products
Anticonvulsants	<ul style="list-style-type: none"> update appendix for new PBHMI rule verbiage QA: add Libervant to PA within age and QLs; add Xcopri 25 mg strength to PA; Xcopri CU for off-label peds dx - remove age criteria; remove POS for Lamictal XR and Lamictal ODT for stability; Briviact vial, Cerebyx, Vimpat vial, Keppra injection, valproate injection, phenobarbital injection updated to MB; Diastat brand name obsolete; Qudexy XR added to BOGL
Antiretroviral Agents	<ul style="list-style-type: none"> add PA to fosamprenavir; remove Selzentry from BOGL; remove obsolete agents: Invirase (saquinavir), Norvir (ritonavir solution), brand Sustiva, Temixys
atidarsagene autotemcel (Lenmeldy)	<ul style="list-style-type: none"> NDR: add Lenmeldy to PA, CO, MB

Benzodiazepines and other Antianxiety Agents	<ul style="list-style-type: none"> • Add flurazepam with PA criteria matching current quazepam criteria, remove flurazepam trial from current Quazepam criteria and from Restoril (temazepam 2.5 mg); CU for Benzo polypharmacy for Sleep diagnosis
Brand Name and Non-Preferred Generic Drugs	<ul style="list-style-type: none"> • remove Selzentry from BOGL • Quarterly anticipated generics document: add Nucynta, Nucynta ER, Finacea (azelaic acid foam), Horizant (gabapentin), Complera (emtricitabine, rilpivirine, tenofovir) to BOGL; remove Xerese from BOGL Remove Onglyza from BOGL per RB email confirmation Add Olux- E to BOGL Remove Bystolic from BOGL, add # Derm QA reviewed/ approved by JB email 6/25/24; add Condylox gel to BOGL
Complement Inhibitors and Miscellaneous Immunosuppressive Agents	<ul style="list-style-type: none"> • Voydeya NDR: add Voydeya to PA • CU for all complement inhibitors – remove meningococcal vaccine requirement; also remove this requirement from stability criteria • Ultomiris new approved indication for NMOSD • Soliris CU for NMOSD – add Ultomiris as step through trial • add Fabhalta to PA • Empaveli CU for PNH – add criteria points for: name of diagnosis, prescriber specialist, LCA with Soliris or Ultomiris • add Zilbrysq to PA (for gMG diagnosis criteria) • approval criteria update for gMG: add criteria point requiring severe disease or trial of IVIG or plasmapheresis with glucocorticoids
Corticosteroids – Topical	<ul style="list-style-type: none"> • Capex (fluocinolone) shampoo (non- rebate) add into criteria with other scalp agents in the guideline (agent current!; Remove PA requirement for: Olux-E® (clobetasol propionate) 0.05% emulsion foam, Desonide lotion, 3) hydrocortisone valerate ointment; Add Olux- E to BOGL
COVID-19 Treatments and Prophylaxis	<ul style="list-style-type: none"> • Lagevrio NDR: add Lagevrio to PA with QL; add QL to Paxlovid • Pempgarda NDR: add Pempgarda to PA and MB
Dermatological Agents (Topical Chemo/Genital Wart Therapy)	<ul style="list-style-type: none"> • Condylox® (podofilox) 0.5% gel add to BOGL; PA criteria added to the MHDL for both Ameluz® and Levulan Kerastick®
Duchenne Muscular Dystrophy Disease Modifying Agents	<ul style="list-style-type: none"> • Elevidys CU
enfortumab vedotin-ejfv (Padcev)	<ul style="list-style-type: none"> • Criteria update: Keytruda/Padcev for Ulcerative Colitis
Erythropoiesis-Stimulating Agents (ESAs)	<ul style="list-style-type: none"> • QA: Remove Epogen step through requirement for Retacrit, add Retacrit as a step through requirement for Procrit® in addition to Epogen

Gamma-Aminobutyric Acid (GABA) Analogs	<ul style="list-style-type: none"> • add Horizant to BOGL GABA analogs QA: remove Horizant from PA; Gralise CU to include Horizant as LCA Anticonvulsants QA - move Lyrica and Gabapentin into GL
Glycopyrrolate Agents	<ul style="list-style-type: none"> • CU: remove step through Dartisla from Cuvposa , add brand Robinul and Robinul Forte
GnRH Analogues	<ul style="list-style-type: none"> • QA: Add leuprolide 22.5 mg vial to PA with dx of advanced prostate cancer, GID • And Lupron depot ped 45 mg to PA with dx of CPP, GID • Fensolvi and Supprelin LA changed to MB • Dx of advanced prostate cancer, GID, ovarian suppression/preservation CU – Lupron to include clinical rationale for use instead of Eligard • Dx of advanced prostate cancer CU – Orgovyx to include step through Eligard
Immune Globulin	<ul style="list-style-type: none"> • Add Alyglo (non-rebate) requiring PA
Isocitrate Dehydrogenase (IDH) Inhibitors	<ul style="list-style-type: none"> • Criteria update for Tibsovo (ivosidenib): add approval criteria for the expanded indication for MDS
Lung Cancer Agents	<ul style="list-style-type: none"> • Lung cancer update: CU for Tagrisso for diagnosis of Adjuvant Treatment for Stage IB to IIIA NSCLC, add criteria for expanded indication of First-Line Treatment of Locally Advanced or Metastatic NSCLC, CU for Rybriant for expanded labeling, CU for Alecensa: add criteria for expanded indication of non-small cell lung cancer
Oncology Immunotherapies	<ul style="list-style-type: none"> • Criteria updates for: Keytruda for cervical cancer, Opdivo for UC, Opdivo/Keytruda for HCC.
Oncology Interferon Agents	<ul style="list-style-type: none"> • Criteria update for Besremi based on NCCN recommendations
Opioid Dependence and Reversal Agents	<ul style="list-style-type: none"> • CU for Brixadi, CU for Opvee to include quantity limits, remove PA for ≤ 24 mg/day for buprenorphine/naloxone tablets; update to account for accumulated doses within dose limits; CU to buprenorphine high dose

Pediatric Behavioral Health Medication Initiative (PBHMI)	<p>PBHMI QA</p> <ul style="list-style-type: none"> Criteria updates to the following sections: antipsychotic polypharmacy, antidepressant polypharmacy, mood stabilizer polypharmacy, benzodiazepine polypharmacy, drugs in member less than 6 years of age, Atomoxetine or Qelbree (viloxazine) in member <6 years of age, Cerebral stimulant or alpha2 agonist medication in member <3 years of age, and Hypnotics (both types, two different criteria sets) in member <6 years of age. Change cutoff for PA for new start on antipsychotics to <10 years of age; criteria update. Add prazosin to PBHMI for interclass polypharmacy and in members <6 years of age. Prazosin will not require PA if outside of the age restriction or as an individual agent. Change current 4+ polypharmacy rule to: 4+ polypharmacy only if one of the agents is: antipsychotic, benzo, divalproex/valproate, lithium, or TCA; 5+ polypharmacy for any agents designate Aptiom as seizure only med Antidepressant QA: add Aplenzin to PA, add amoxapine to PA, remove Pexeva as drug obsolete Antipsychotics QA: remove lurasidone and paliperidone tablets from PA, manage with QL only; increase QL for risperidone tablets and olanzapine tablets
Pulmonary Hypertension (PH) Agents	<ul style="list-style-type: none"> Winrevair NDR add requiring PA QA: add Opsyngvi to PA
resmetirom (Rezdiffra)	<ul style="list-style-type: none"> NDR: add Rezdiffra to PA
Rituximab Agents	<p>QA:</p> <ul style="list-style-type: none"> Include DLBCL, BL, and BLL as part of diagnosis Dx of pediatric NHL and B-AL – remove requested agent will be used in combination with LMB
RSV Prophylaxis Agents	<ul style="list-style-type: none"> QA; Synagis CU for all indications to require step through with Beyfortus; Synagis verbiage update
Targeted Immunomodulators	<ul style="list-style-type: none"> NDR; add Omvoh to PA;
Thrombocytopenic Agents	<ul style="list-style-type: none"> Alvaiz NDR: add to PA; CU to Doptelet, Nplate and Tavalisse - update LCA verbiage of Promacta to eltrombopag to allow trial of Alvaiz
Topical Hyperhidrosis Agents	<ul style="list-style-type: none"> adjust the PA criteria of Qbrexza® to clearly identify that Botox® can be bypassed in certain situations due to the invasiveness of the treatment
Vaccines	<ul style="list-style-type: none"> RSV clinical update: add mRESVIA - PA < 60 years of age; expanded indication for Arexvy expanding use in adult patients 50 to 59 years of age

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