

Fallon ACO Pharmacy Updates Effective 11.12.2024	
Guidelines	Guideline update description
Aminoglycoside Agents - Inhaled	QA: Kitabis Pak add to PA
Antibiotics – Ophthalmic	QA: remove Azasite from PA; single-entity agents CU - Obsolete drugs: Pred-G ointment and suspension, levofloxacin 0.5%, brand Polytrim
Antidiabetics Agents - Non-Insulin and Combination products	QA: add Invokana, Invokamet, Invokamet XR, Kombiglyze XR, and Onglyza to PA; Nesina CU - to remove saxagliptin as LCA; Tzield CU - include A1c<6.5% w/10% increase in A1c; GLP-1 agonists to include clinical rationale for dose consolidation, requested agent will not be used in combo with other GLP-1 agonists for all GLP-1 agonists on PA Zepbound criteria update: updated Obesity criteria for Mounjaro
Antiemetics	Antiemetics CU: add ondansetron ODT 16 mg to PA; add Focinvez to PA; remove ondansetron solution from PA with age limits (PA ≥ 13 years)
Antifungals – Oral and Injectable	<ul style="list-style-type: none"> • Add Sporanox to BOGL and consolidate listing of capsule and solution into one listing • Cresemba CU – update age requirement to correspond with drug formulation; clarified criteria point for medical necessity for the requested formulation • Noxafil CU – add criteria point for medical necessity for the requested formulation • Oravig CU – add trial of fluconazole tablet or suspension to LCAs • Tolsura CU – add the oral suspension as trial for medical necessity for requested formulation
Anti Hemophilia Gene Therapy Agents	Beqvez NDR - add Beqvez to PA, CO, MB QA: Roctavian/Hemgeniz CU: include member has not received prior gene therapy for Hemophilia A/B43w3

Antihistamines	Antihistamine QA: add Carbinoxamine solution to PA; CU update solution formulations (add medical necessity criteria) and clarified required trials
Antimalarials	Remove Daraprim from BOGL
Anti-Obesity Agents	Anti-Obesity CU: Wegovy cardiovascular criteria update, update of recertification criteria Zepbound criteria update
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	Beta Thalassemia QA: extend the initial approval duration of Oxbryta to match six months; add QL to Oxbryta 300 mg and 500g tablets (not tablets for oral suspension); CU for Zynteglo to include negative serology test 4for HIV and Member has not received any prior gene therapy for TDT criteria points; Update Lyfgenia verbiage regarding HIV serology test to match; add notation to both Casgevay and Lyfgenia regarding use of chronic transfusions
Bile Acid Agents	QA: new expanded indicatoin for Livmarli for PFIC w/step through Bylvay
BPH Medications	Rapaflo and Cialis criteria updates; Jalyn criteria update including add QL 1/d
Brand Name and Non-Preferred Generic Drugs	add Sporanox to BOGL Antibiotic-Ophthalmic QA: Azasite removed from PA Glaucoma agents QA - add Combigan to BOGL (no PA) and remove Timoptic Ocadose 0.25% strength only from BOGL Aminoglycosides-Inhaled QA - Kitabis Pak added to PA Pediculicides and Scabicides QA - remove Eurax Lotion from BOGL Immunosupressants QA: add Zortress to BOGL Gastrointestinal Agents QA: add Zegerid capsule and packet to BOGL; update PA status for Prevacid Solutab and Protonix 40 mg suspension (off PA) and Dexilant, Nexium (on PA) Remove Daraprim from BOGL

Cerebral Stimulants and ADHD Medications	Adderall XR added as PD
Chronic Myelogenous Leukemia (CML) Agents	CU for Iclusig for extended diagnosis of Ph+ Acute Lymphoblastic Leukemia for use in combination with chemotherapy, add Scemblix 100 mg strength into the guideline with updated quantity limit for diagnosis of CML T315I mutation
Colorectal Cancer Agents	QA: Stivarga CU to remove Child-Pugh Class A
Continuous Glucose Monitoring Products	New Freestyle Libre 3 Sensor Plus. Add to existing criteria with new QL QA: CU for indication other than DM to include quantity limits for each product; CU for DM indicaton to remove insulin requirement and adding hypoglycemic event criteria
Corticosteroids - Intranasal	Corticosteroids - Intranasal QA: expanded indication for Xhance; Remove PA from Zetonna and manage with quantity limit only
Gastrointestinal Agents-H2 antagonists, PPIs and Misc. Agents	QA: add cimetidine to PA; add Dexilant to PA; add metoclopramide vial to PA; add Nexium 10 mg, 20 mg, 40 mg suspension to PA; remove Protonix suspension and Prevacid Solutab from PA; remove Zegerid packet from PA; add Zegerid capsule and packet to BOGL; remove esomeprazole strontium from GL due to being obsolete > 1yr
Glaucoma Agents	QA - bimatoprost 0.03% CU to include stepthrough Lumigan; remove PA from Combigan and add BP; remove Timoptic Ocudose 0.25% strength only from BOGL
Gout Agents	QA: Gloperba/Mitigare/Krystexxa/Uloric CU to include increasing IR allopurinol dose from 600 mg to 800 mg

Headache Therapy: Ergot Alkaloids and Serotonin Receptor Agents	QA: add criteria for Imitrex NS age <6 years; ergotamine, ergotamine/caffeine CU to include naratriptan/zolmitriptan as LCA option and 2 LCAs instead; Onzentra is non-rebate; almotriptan/frovatriptan/eletriptan/zolmitriptan ODT/sumatriptan-naproxen CU to include naratriptan as LCA option
Hyperoxaluria Agents	add Rivfloza to PA; guideline renamed and combined with lumasiran (Oxlumo)
Immunosuppressants	QA: update Cellcept injection to MB Myhibbin aNDR - add Myhibbin to PA
Insulin Products	QA: Lyumjev CU - update age from 18 yrs to 1 yr; Admelog/Fiasp/Lyumjev/Lyumjev Tempo CU - clarify insulin aspart and insulin lispro to include brands Novolog/Humalog or equivalent generic; Tempo formulation CU - clarify med necessity for us instead of kwikpen QA: add Apidra to PA
Lipid Lowering Agents	QA: add fenofibrate 90 mg capsule to PA; Vascepa CU to remove Lovaza stepthrough; Leqvio/Nexletol/Nexlizet CU expanded indication for members without hx of CV event; Praluent CU for expanded indication of HeFH in >= 8 years of age; Juxtapid CU clarified duration for IR to non-statin lipid
Lymphoma and Leukemia Agents	Arzerra CU to include additional LCA to 2 systemic therapies; Brukinsa CU expanded indication of FL; Jaypirca CU expanded indication for CLL/SLL
Multiple Myeloma Agents	add quantity limit to Pomalyst
Neuromuscular Blockers	Neuromuscular Blocker Agents QA: CU for botox for various indications, CU for Dysport, Myobloc and Xeomin to add age criteria as appropriate per package insert for all indications; Daxxify NDR, currently non-rebate

Opioids and Analgesics	<ul style="list-style-type: none"> - Add PA criteria: hydromorphone suppository (change in PA status), RoxyBond (return to market), and tramadol 25 mg (new to market). - Remove PA: Nucynta (tapentadol)/Nucynta ER (tapentadol extended-release) (institute dose limits, incorporate into accumulator), Xtampza (oxycodone myristate) (maintain dose and QL), tramadol/acetaminophen (maintain dose limit), Vicodin/Vicodin ES/Vicodin HP (hydrocodone/acetaminophen 300 mg) and Xodol (hydrocodone/acetaminophen 300 mg) (maintain dose limit for both). - Add co-prescription of naloxone to high dose criteria. - Increase hydrocodone high dose limit to 120mg/day (currently at 80mg/day).
Pediculicides and Scabicides	QA: add Eurax cream to PA and remove as LCA for Eurax lotion
Skeletal Muscle Relaxants	QA: add baclofen 15 mg tablet to PA; Fleqszyvy/Lyvispah CU to remove step through Ozobax as LCA; add QL to Lyvispah; Soma CU to specify LCAs
T-Cell Immunotherapies	T-cell QA: rename guideline (remove reference to monitoring program, add expanded indications for Breyanzi, Abecma and Carvykti; update Tecvayli dosing, update to listed qualified treatment centers
Urinary Dysfunction Agents	QA: Gemtesa/trospium ER CU - add trospium IR as LCA option; remove oxybutinin solution from PA; add oxybutinin 2.5 mg off-label dx of hyperhidrosis

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