ACO Pharmacy Updates effective 5/12/2025

Guideline	New Status Summary
Amyotrophic Lateral Sclerosis Agents	1. edaravone vial added requiring PA
T-Cell Immunotherapies	1. Aucatzyl added. PA required and MB, CO
Multiple Sclerosis Agents	1. Ocrevus Zunovo added requiring PA 2. CU to agents that allowed Ocrevus as an less costly alternative to now allow either Ocrevus or Ocrevus Zunovo
Thrombocytopenic Agents	1. Nplate CU for off label indication of CIT
Drugs Restricted to Medical Billing	1. Aucatzyl [T-Cell Immunotherapies] added, PA required and, MB, CO
Gastrointestinal Agents-H2 antagonists, PPIs and Misc. Agents	1. Add Nexium 2.5 mg and 5 mg suspension to BOGL
Immunotherapy - Oral	1. Change approval indications for Grastek®, Odactra®, Oralair®, and Ragwitek® from “allergic rhinoconjunctivitis” to “allergic rhinitis with or without conjunctivitis” to be in line with FDA-approved labels. 2. Clarify less costly trials for second generation antihistamines would be oral agents.
Chronic Myelogenous Leukemia (CML) Agents	1. Add Danziten (nilotinib tartrate) to MHDL requiring PA

Androgen Therapy	1. Add Azmiro requiring PA 2. Criteria update to require documentation of two low testosterone values on two separate occasions within a 3 month period (members with approvals prior to implementation of this criteria change, their recertifications will not require the new criteria to be met) 3. Remove obsolete products from MHDL and guideline: • Androderm® obsolete a.o 1/26/23; (entire listing) • Brand Fortesta® obsolete a.o 5/31/24 (generic remains) 4. Remove Brand name Androgel 1.62 % gel pump (non-rebate, generic remains) 5. Update gender based verbiage throughout the guideline to include full sex designation as follows per HCD workgroup recommendations 6. Update Quantity limits for Jatenzo 158 mg and 198 mg strength to ≤ 4 units/day in line with FDA approved dosing
Vitamin D Analogs	1. verbiage updates with incorporation of clinical footnotes into the criteria 2. remove brand name Dovonex cream from the guideline (obsolete since 5/18/2023) generic remains
Dermatological Agents (Topical Chemo/Genital Wart Therapy)	1. Ycanth criteria update. Remove criteria requiring Prescriber is adermatologist or consult notes from a dermatologist are provided. 2. Ycanth added as Preferred Drug
Brand Name and Non-Preferred Generic Drugs	1. Sporanox solution removed from BOGL due to discontinued by manufacturer
Breast Cancer Therapies	1. Margenza lost rebate, no criteria changes, medication/criteria moved to the Non-Rebate Oncology Agents guideline.
Brand Name and Non-Preferred Generic Drugs	1. add Mesnex to BOGL
Brand Name and Non-Preferred Generic Drugs	1. add Spritam to BOGL
Anticonvulsants	1. Entry of A-rated generic of Spritam with FDB, decision made to add to BOGL
Immune Suppressants – Topical	1. add Zoryve to PD
Brand Name and Non-Preferred Generic Drugs	1. remove Zegerid (omeprazole / sodium bicarbonate capsule, powder for oral suspension) from BOGL
Anti-Hemophilia Agents	1. Add Hympavzi 2. Beqvez criteria update to require administration at a qualified treatment center

	3. Guideline name updated from Anti Hemophilia Gene Therapy Agent to Anti-Hemophilia Agents
Pharmaceutical Compounding	1. Minor criteria update to remove bullet point #3. 2. Update to stability appendix regarding Mitochondrial cocktails.
Constipation Agents	1. Add Motegrity to BOGL
Brand Name and Non-Preferred Generic Drugs	1. Add Motegrity to BOGL 2. Add Entresto to BOGL
Alzheimer's Agents	1. Remove medical record requirement for approval and recertification criteria of both Kisunla and Leqembi 2. Remove medical record requirement for Requests Exceeding Quantity Limits 3. Recertification criteria update for Leqembi (updated FDA dosing)
Immune Suppressants – Topical	1. CU for Zoryve 0.15% cream for diagnosis of atopic dermatitis to require trial with a topical calcineurin inhibitor only (remove alternative trial with topical corticosteroid and remove LCA requirement with Eucrisa) 2. CU for Zoryve 0.3% for diagnosis of plaque psoriasis, seborrheic dermatitis and Zoryve 0.3% foam off label diagnosis of plaque psoriasis: requiring one LCA instead of two
Anti-Obesity Agents	1. Add new criteria for expanded indication for Zepbound for treatment of OSA/obesity 2. Remove requirement for appropriate dosing for the glp-1 agents 3. Update of the list of acceptable phentermine contraindications and allow SmartPA data be accepted for contraindications that do not require specific parameters and accept claim history for concirent stimulant use
Cardiovascular: Antihypertensives and Miscellaneous Cardiovascular Medications	1. Add POS rules for other pediatric formulations to pay at the pharmacy without PA if the member is under 13 and has an FDA-approved diagnosis on file, with the exception of Corlanor® (ivabradine) and Entresto® (sacubitril/valsartan oral pellet)
Asthma and Allergy Monoclonal Antibodies	1. add criteira addressing expanded indication of moderate- severe atopic dermatitis in individuals ≥ 12 years of age for Nemluvio

Antidepressants	1. Spravato CU for expanded indication for use as monotherapy for TRD, verbiage update regarding use of a mood stabilizer as an appropriate augmentation strategy for both Spravato and IV ketamine, include specific dosing information in the procedure table 2. Update quantity limit for desvenlafaxine succinate ER 100 mg strength to 4 units/day 3. Remove medical record requirement for the following: Paroxetine CR/ER tablets, mirtazapine ODT, ketamine IV 4. Add tailored outgoing EC message to the pharmacy for duloxetine 40 mg capsules and for desvenlafaxine ER (not succinate) in effort to reduce PA burden
Antidiabetics Agents - Non-Insulin and Combination products	1. Remove requirement for appropriate dosing for the glp-1 agents 2. Update of the list of acceptable phentermine contraindications and allow SmartPA data be accepted for contraindications that do not require specific parameters and accept claim history for concurrent stimulant use
Brand Name and Non-Preferred Generic Drugs	1. Add Nexium 2.5 mg and 5 mg suspension to BOGL; consolidate listing with 10 mg suspension
GnRH Analogues	1. add Fensolvi (leuprolide) as a preferred drug (PD) and remove from medical billing 2. Fensolvi update to remove step-through Lupron Ped 3. Triptodur update for diagnosis of CPP to include Fensolvi as step-through
Anti-Obesity Agents	1. HSN update for Wegovy for major adverse cardiovascular events to include prescriber specialty and trials with standard therapies for applicable CV disease 2. HSN update for Zepbound for OSA to remove phentermine trial, add prescriber specialty, medical records diagnosing OSA, and attestation member does not have the following conditions
Opioids and Analgesics	1. Add Journavx, requiring PA when exceeding quanitity limits of 29 tablets per 60 days or for members <18 years of age.
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	1. Remove preferred drug status for Zynteglo, add step through Casgevy

CU = criteria update
CO= carve out
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