ACO formulary updates effective 7/1/2025

Guideline	New Status Summary for 7.1.2025
Kinase Inhibitors	1. Cabometyx CU for dx of HCC to include Imfinzi, Lenvima, and atezolizumab + bevacizumab as trial options 2. Qinlock CU to appendix for guidance when exceeding quantity limits 3. Lenvima CU for dx of RCC for non-clear cell histology to remove trial with Cabometyx and sunitinib to requested agent will be used in combination with Keytruda or everolimus 4. Vanflyta CU for maintenance therapy to remove part of induction and/or consolidation therapy and clinical rationale instead of Rydapt and sorafenib to requested agent will be used as monotherapy only
Lymphoma and Leukemia Agents	1. Revuforj added, PA required
Wilson's Disease Agents	1. Cuvrior update to remove strength of trientine trial and add quantity limit of 10 units/day
Brand Name and Non-Preferred Generic Drugs	1. add Depen (penicillamine tablet) to BOGL
JAK Inhibitors for Myelofibrosis, Graft Versus Host Disease, and Polycythemia Vera	1. Jakafi update for dx of PV to add age for consistency 2. Guideline name updated from JAK Inhibitors for Myelofibrosis to JAK Inhibitors for Myelofibrosis, Graft Versus Host Disease, and Polycythemia Vera
Asthma and Allergy Monoclonal Antibodies	1. CU for Dupixent for dx of COPD clarifying accepted LCA trials 2. Update diagnosis for nasal polyps for Nucala and Xolair to note "chronic rhinosinusitis with nasal polyps" and update required trials to one LCA (previous two)
Presbyopia, Myopia, and Mydriasis Agents	1. Add Qlosi to MHDL requiring PA (currently non-rebate) 2. rename the guideline name updated to Presbyopia, Myopia, and Mydriasis Agents [previously: pilocarpine (Vuity)]

Brand Name and Non-Preferred Generic Drugs	add to Adzenys, Xeljanz, and Xeljanz XR to BOGL add Riduara (auranofin) to BOGL
Antibiotics – Oral	1. Pivya added, PA required
Amyloidosis Therapies	1. remove Tegsedi (discontinued product) 2. Wainua CU, require step thru with both Amvuttra and Onpattro update diagnosis verbiage for consistency
Opioid Dependence and Reversal Agents	1. Brixadi CU to the clinical rationale options for using Brixaldi instead of Sublocade
Butalbital containing agents	butalbital/aspirin/caffeine tablet (50-325-40 mg tablet (GSN 004309) gained rebate. Prescriber verbiage updates
nirogacestat (Ogsiveo)	1. prescriber verbiage updated. Ok to accept consult notes from a specialist
tisotumab (Tivdak)	N/A
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	1. Xromi added, PA required
Oncology Immunotherapies	1. Opdivo Qvantig added, PA required and restricted to MB 2. Add expanded indications for Keytruda, Imfinzi, Opdivo and Tevimbra 3. CU for Opdivo for diagnosis of advanced renal cell carcinoma (RCC) and diagnosis of advanced or metastatic gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma 4. CU for Keytruda for diagnosis of RCC, Stage III NSCLC, and clarification of Hodgkin lymphoma diagnosis 5. CU for Zynyz for diagnosis of Metastatic Merkel Cell carcinoma 6. CU for Yervoy for diagnosis of unresectable or metastatic melanoma, and add criteria for diagnosis of cutaneous melanoma 7. Update of guideline appendices
Nonhormonal Agents for Menopausal Symptoms	1. update approval duration of Veozah

Benzodiazepines and other Antianxiety Agents	1. Alprazolam solution updated from no PA to PA ≥ 13 years of age 2. Lorazepam solution updated from no PA to PA ≥ 13 years of age 3. Diazepam 25 mg/5 mL solution updated from no PA to PA required 4. Alprazolam ODT CU to update medical necessity to one of the following format including age < 13 years 5. Quazepam, flurazepam, and temazepam 22.5 mg update to remove medical records requirement for trials
Gastrointestinal Agents-H2 antagonists, PPIs and Misc. Agents	1. Zegerid powder for oral suspension updated from no PA to PA required
Pediatric Behavioral Health Medication Initiative	1. Alprazolam solution updated from no PA to PA ≥ 13 years of age 2. Lorazepam solution updated from no PA to PA ≥ 13 years of age 3. Diazepam 25 mg/5 mL solution updated from no PA to PA required
Cerebral Stimulants and ADHD Medications	1. Criteria update to Ritalin LA and Metadate CD to remove step through methylphenidate transdermal.
Lupus Agents	1. Criteria update for diagnosis of SLE to require trial with hydroxychloroquine 2. Criteria update for diagnosis of Lupus nephritis for both Benlysta and Lupkynis (incorporate footnote regarding use of mycophenolic acid analog or azathioprine into criteria)
Topical Hyperhidrosis Agents	1. Sofdra gained rebate, update criteria to remove Qbrexa step through. 2. Quantity limit verbiage update, move "no documented quantity" directions to notes section.
Anti Hemophilia Agents	1.Add Alhemo, requiring PA
Antibiotics – Oral	1. Add Emrosi ER, requiring PA (non-rebate) 2. Add metronidazole 125 mg tablet, requiring PA 3. Likmez criteria update to add age criteria
crinecerfont (Crenessity)	1. Add Crenessity, requiring PA
Brand Name and Non-Preferred Generic Drugs	1. remove Dermotic from BOGL
Targeted Immunomodulators	1. Otulfi added to PA, vial added to PA and restricted to MB 2. Pyzchiva added to PA, vial added to PA and restricted to MB 3. Selarsdi added to PA 4. Steqeyma added to PA, vial added to PA and restricted to MB 5. ustekinumab-ttwe added to PA, vial added to PA and restricted to MB

	6. Yesintek added to PA, 130 mg/26 mL vial added to PA and restricted to MB 7. Wezlana added to PA, 130 mg/26 mL vial added to PA restricted to MB, will not be added to MHDL (non-rebate) 8. Stelara biosimilars (Otulfi, Pyzchiva, Selarsdi, Stegeyma, ustekinumab-ttwe, Yesintek, Wezlana) to require step through Stelara or clinical rationale for use 9. Pyzchiva add BNO criteria 10. ustekinumab-ttwe to be added to procedure table where applicable 11. Stability for Stelara biosimilars not accepted to bypass GL criteria
Lymphoma and Leukemia Agents	1. Revuforj CU to differentiate QLs by drug strength; add 25 mg tablet
Iron Agents and Chelators	1. Add Triferic to PA with non-rebate criteria, remove from MHDL due to loosing rebate
Opioids and Analgesics	1. Olinvyk CU to add non-rebate criteria, remove from MHDL due to loosing rebate
Enzyme and Metabolic Disorder Therapies	1. Add Kebilidi to PA with CO designation
Spinal Muscular Atrophy Agents	1. Add Evrysdi 5 mg tablet to PA with QL of 1 unit/day
Thyroid Preparations	1. Add Euthyrox to PA without non rebate criteria. Stability only accepted for medical necessity
Targeted Immunomodulators	1. Add Omvoh 200mg/mL pen and syringe dose-pack to PA, CU asking for rationale for use over 300 mg in dx of CD 2. Add Omvoh 300 mg/mL pen and syringe dose-pack to PA, CU asking for rationale for use over 100 mg or 200 mg in dx of UC 3. Omvoh 100 mg/mL pen and syringe CU asking for rationale for use over 300 mg in dx of CD 4. GSN level coding by package (for dx of CD and UC) to ensure proper use
enfortumab vedotin-ejfv (Padcev)	1. criteria update to remove requested agent will be used as monotherapy

mirvetuximab soravtansine-gynx (Elahere)	1. verbiage update to include consult notes from oncologist

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