



Fallon Health ACO formulary changes effective 8/11/2025

Guideline	New Status Summary
Lipid Lowering Agents	<ol style="list-style-type: none"> 1. Tryngolza added, PA required 2. amlodipine/atorvastatin POS rule removed
Brand Name and Non-Preferred Generic Drugs	<ol style="list-style-type: none"> 1. Add Tygacil to BOGL
Kinase Inhibitors	<ol style="list-style-type: none"> 1. Romvimza added, PA required 2. Move Turalio to GL with same criteria as Romvimza
Systemic Chemotherapy, Miscellaneous	<ol style="list-style-type: none"> 1. Grafapex added, PA required and MB
Constipation Agents	<ol style="list-style-type: none"> 1. Kristalose CU for dx of CIC to require additional LCA trials and remove med rec requirement for lactulose trial 2. Relistor CU for dx for opioid induced constipation in members with chronic non-cancer pain, change from one of the following to both of the following for LCA trial of Movantik and Symproic 3. Motegrity for off-label dx of CIC in pediatric patients to add criteria to procedure table 4. CU to allow concurrent therapy with agents within the same class to be approved without forwarding to CR if criteria is met 5. Trulance removal from PA and addition of QL of ≤ 1 unit/day
setmelanotide (Imcivree)	<ol style="list-style-type: none"> 1. Imcivree CU to expand indication to ≥ 2 years of age
Antibiotics - Injectable	<ol style="list-style-type: none"> 1. Remove PA for Dalvance 2. Remove PA for Zyvox injection
NSAIDs – Injectable, Intranasal and Oral	<ol style="list-style-type: none"> 1. Add diflunisal 250 mg to PA 2. Add fenoprofen 300 mg capsule to PA 3. Remove medical record requirement from criteria (excluding brand name criteria) 4. Update "appropriate diagnosis" verbiage to "Diagnosis of a pain/inflammatory disorder"

Pulmonary Hypertension (PH) Agents	<ol style="list-style-type: none"> 1. Remove PA requirement for Veletri 2. Incorporate footnotes regarding rationale to bypass epoprostenol and Tyvaso inhalation solution into the PA criteria 3. Add note regarding Remunity pump being compatible with Remodulin brand product 4. Update recertification criteria for Winrevair by removing requirement for medical records
Wound Care	<ol style="list-style-type: none"> 1. Add criteria for Nexobrid for the expanded indication of eschar removal in pediatric patients with DPT and/or FT thermal burns
Antitubercular Agents	<ol style="list-style-type: none"> 1. Remove brand Myambutol and brand Mycobutin (obsolete > 1 yr); generic remains 2. Manage Pretomanid with quantity limits; require PA for > 1 unit/day
Drugs Restricted to Medical Billing	<ol style="list-style-type: none"> 1. Niktimvo [Oncology Immunotherapies] added, requiring PA, restricted to MB 2. Ivra [Systemic Chemotherapy Miscellaneous] added, no PA, restricted to MB 3. Update to note various forms of Alkeran are non-rebate 4. Gohibic, Lagevrio, Pemgarda [COVID-19 Treatments and Prophylaxis] updated to reflect non-rebate status
Oncology Immunotherapies	<ol style="list-style-type: none"> 1. Niktimvo NDR: Add Niktimvo requiring PA, restricted to MB
Antiprotozoals	<ol style="list-style-type: none"> 1. Criteria update for Alinia suspension for cryptosporidiosis adding standard medical necessity for formulation criteria. 2. Criteria update for Alinia suspension for Helicobacter Pylori adding age criteria and adding standard medical necessity for formulation criteria.
COVID-19 Treatments and Prophylaxis	<ol style="list-style-type: none"> 1. Adding new Paxlovid formulation with same criteria as existing formulations, managed by age and quantity limit only.
Brand Name and Non-Preferred Generic Drugs	<ol style="list-style-type: none"> 1. Add Anoro to BOGL 2. Remove Efudex 5% cream from BOGL
C. Difficile Prevention Agents	<ol style="list-style-type: none"> 1. Vowst and Rebyota criteria update to remove Zinplava trial.
Brand Name and Non-Preferred Generic Drugs	<ol style="list-style-type: none"> 1. Remove Firvanq from BOGL
Antidepressants	<ol style="list-style-type: none"> 1. Raldesy added, PA required
Iron Agents and Chelators	<ol style="list-style-type: none"> 1. Add PA to Exjade and Jadenu packets. 2. Feraheme, Injectafer, and Monoferic updated from PA to no PA required

Targeted Immunomodulators	<ol style="list-style-type: none"> 1. Consolidate the fistulizing Crohn's criteria with the general Crohn's criteria to make a single condition. Allow for requests for infliximab in fistulizing disease to bypass LCA trials. 2. Criteria update for Simponi® to no longer require clinical rationale for use instead of Humira® when requested for ulcerative colitis. 3. Criteria update for moderate-to-severe Crohn's disease to add Tremfya®, requiring step throughs in line with those required for ulcerative colitis. 4. Criteria update for moderate-to-severe Polyarticular juvenile idiopathic arthritis adding Cimzia® requiring clinical rationale for use instead of Humira® and Enbrel®. 5. Require prescriber to document positive response to therapy for stability approval. 6. Changing diagnosis criteria point for moderate-severe crohn's disease to be one of the following, and including fistulizing crohns disease. 7. Add Simlandi 20 mg/0.2 mL syringe and 80 mg/0.8 mL syringe and autoinjector, managed at parity with other Simlandi packages 8. Unbranded ustekinumab added to guideline, managed at parity with other Stelara biosimilars. The 130 mg vial will be restricted to MB. 9. Added Tremfya 100 mg/mL pen following existing rules for Tremfya.
Brand Name and Non-Preferred Generic Drugs	<ol style="list-style-type: none"> 1. Add Carbatrol to BOGL 2. Add Cipro (ciprofloxacin suspension) to BOGL 3. Add Acular LS to BOGL
Antidiabetics Agents - Non-Insulin and Combination products	<ol style="list-style-type: none"> 1. Mounjaro, Trulicity, and Victoza will require PA but be managed with POS rules requiring diagnosis (diabetes or pre-diabetes) and quantity limits. 2. Non-preferred GLP-1 agents (Bydureon Bcise, Byetta, Ozempic, Rybelsus) criteria update to extend duration trial from 90 days of therapy within a 120-day time period to 180 days of therapy within a 240-day time period and include A1C, clarified adverse events to be allergic in nature or cannot be expected or managed as part of GLP-1 therapy, trials updated to metformin with each of the following: liraglutide (Victoza), Mounjaro, and Trulicity. 3. POS rules removed for Bydureon Bcise, Ozempic, Rybelsus, Soliqua, and Xultophy. 4. Byetta to require PA for all quantities, and remain on BOGL 5. Mounjaro will now be a preferred drug.

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
POS = Point of sale