



## Fallon Health ACO Pharmacy updates 4/1/2025

<b>Inflammatory Bowel Disorder Agents</b>	<ul style="list-style-type: none"> <li>• Lialda CU updated from no PA required to PA required</li> <li>• Delzicol CU to reflect member age of 5 years and older, and trial with a mesalamine oral product that is available without PA</li> <li>• Accept stability as rationale to bypass approval criteria for all agents in this guideline</li> </ul>
<b>Hereditary Angioedema Agents</b>	<ul style="list-style-type: none"> <li>• Takhyzro CU for recertification criteria, switching attack-free members from every two weeks to every four weeks dosing</li> </ul>
<b>Opioids and Analgesics</b>	<ul style="list-style-type: none"> <li>• Nucynta and Nucynta ER updated from PA &gt; 300 mg/day to PA required for drug (including dosing limit) due to non-rebate</li> <li>• Xtampza updated from PA&gt;72/day and PA &gt; 2 units/day to PA required for drug (including dosing and quantity limits) due to non-rebate</li> </ul>
<b>Antipsychotics and Miscellaneous Mental Health Therapies</b>	<ul style="list-style-type: none"> <li>• Add Erzofri (paliperidone extended-release 1-month injection) requiring PA</li> <li>• Add Opipza (aripiprazole film) requiring PA</li> <li>• Add stability criteria into polypharmacy approval criteria</li> <li>• Clarify when it would be appropriate to consider a lower dose of Caplyta</li> <li>• Decrease the age allowance for aripiprazole solution from 18 to 13; decrease the QL for aripiprazole solution to 10 mL/day. Add step through aripiprazole ODT for aripiprazole solution.</li> </ul>
<b>Osteoporosis Agents and Miscellaneous Calcium Regulators</b>	<ul style="list-style-type: none"> <li>• Add Yorvipath requiring PA</li> <li>• Add off label criteria for use of teriparatide for treatment of hypoparathyroidism</li> </ul>
<b>Opioids and Analgesics</b>	<ul style="list-style-type: none"> <li>• CU for Belbuca to allow microdose of buprenorphine with the intent to taper off full agonist opioid therapy over 2-week time period</li> </ul>
<b>Anti-Obesity Agents</b>	<ul style="list-style-type: none"> <li>• Add polypharmacy criteria and paid claim lookback (30 days) for all GLP-1 agonist agents</li> </ul>
<b>Antidiabetics Agents - Non-Insulin and Combination products</b>	<ul style="list-style-type: none"> <li>• Add polypharmacy and paid claim lookback (30 days) for all GLP-1 agonist agents</li> </ul>
<b>Insulin Products</b>	<ul style="list-style-type: none"> <li>• insulin aspart updated from no PA required to PA required</li> <li>• Remove age restriction criteria from Fiasp and Lyumjev</li> </ul>

<b>Enzyme and Metabolic Disorder Therapies</b>	<ul style="list-style-type: none"> <li>• Myplyffa added, PA required</li> <li>• Aqneursa added, PA required</li> <li>• Zavesca - added off label use for treatment of NPC</li> </ul>
<b>Gastrointestinal Agents-H2 antagonists, PPIs and Misc. Agents</b>	<ul style="list-style-type: none"> <li>• Nexium 2.5 mg, 5 mg, 10 mg suspension changed from PA to PA ≥ 2 years and PA &gt;1 unit/day</li> <li>• Nexium 10mg Suspension updated to reflect PA ≥2 years and PA &gt; 1 unit/day</li> </ul>
<b>Breast Cancer Therapies</b>	<ul style="list-style-type: none"> <li>• Kisqali expanded indication for HR-positive, HER2-negative stage 2 or 3 early breast cancer: added to guideline with same criteria as Versenio</li> <li>• Add Itovebi requiring PA</li> <li>• CU for Truqap for diagnosis of HR-positive, HER2-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-mutations: remove the step through Piqray and update notes to include exemestane as an accepted trial of endocrine therapy</li> </ul>
<b>Influenza Treatment and Prophylaxis Agents</b>	<ul style="list-style-type: none"> <li>• Xofluza updated for expanded indication for use in members ≥ 5 years of age for influenza treatment and prophylaxis (previously approved for members ≥ 12 years of age)</li> </ul>
<b>Antidiabetics Agents - Non-Insulin and Combination products</b>	<ul style="list-style-type: none"> <li>• Add Zituvamet to MHDL as covered</li> <li>• Add Zituvamet XR requiring PA</li> <li>• CPAS change: add glimepiride 3 mg tablets to PA</li> <li>• CU update for Zituvio to manage similar to other non-preferred DPP-4 inhibitors and add Zituvio to BOGL</li> </ul>
<b>Antifungals -Topical</b>	<ul style="list-style-type: none"> <li>• Ertaczo updated from no PA to PA required</li> <li>• terbinafine 1% cream added to OTC list as no PA required</li> <li>• Ciclopirox gel CU for dx of seborrheic dermatitis of scalp updated to trials with ciclopirox shampoo and ketoconazole shampoo; dx of tinea corporis/pedis updated to trials with ciclopirox cream and clarify specific trials available without PA</li> <li>• Ciclopirox 1% shampoo CU updated from two antifungal trials without PA to ketoconazole shampoo</li> <li>• Extina CU for dx of seborrheic dermatitis of scalp to include member age, trial from two antifungals without PA to trial with ketoconazole shampoo and ciclopirox gel or shampoo; dx of non-scalp seborrheic dermatitis updated from two antifungal trials without PA to ciclopirox cream and one topical azole antifungal without PA</li> <li>• Luzu, Naftin, Oxistat cream and lotion, Naftin, tolnaftate and liquid CU to clarify trials available without PA</li> </ul>

<b>Targeted Immunomodulators</b>	<ul style="list-style-type: none"> <li>• Adbry added as a preferred drug</li> <li>• Ebglyss added, PA required and preferred drug</li> <li>• Adbry recertification update for AD to clarify dosing of every 4 weeks and every 2 weeks</li> </ul>
<b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b>	<ul style="list-style-type: none"> <li>• Alyftrek added, PA required and preferred drug</li> </ul>
<b>Asthma and Allergy Monoclonal Antibodies</b>	<ul style="list-style-type: none"> <li>• Criteria update for Dupixent for diagnosis of moderate - severe atopic dermatitis in line with updates for Adbry and Ebglyss (TIMS guideline) for same diagnosis</li> </ul>

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