

## Part B changes

### Prior Authorization Changes

- Effective 2/1/2026, the following code will require prior authorization before it will be covered under a member's Part B medical benefit. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (PPO), Mass General Brigham Advantage Premier (PPO), Mass General Brigham Senior Care Options (SCO), and Mass General Brigham One Care plans.

Code	Code Description	Drug Name
J9174	Injection, docetaxel (beizray), 1 mg	Beizray (docetaxel) injection