

Part B changes

Prior Authorization Changes

- Effective **5/1/2026**, 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	Effective Date
J1073	Testosterone pellet, implant, 75 mg	Testopel	5/1/2026

- Effective **6/1/2026**, the following codes 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.

HCPCS	Code Description	Drug Name	Effective Date
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	6/1/2026
J9305	Injection, pemetrexed, NOS, 10 mg	Alimta	6/1/2026
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Aranesp	6/1/2026
J1555	Injection, immune globulin (Cuvitru), 100 mg	Cuvitru	6/1/2026
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	6/1/2026
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	6/1/2026
J1302	Injection, sutimlimab-jome, 10 mg	Enjaymo	6/1/2026
J9055	Injection, cetuximab, 10 mg	Erbix	6/1/2026
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Gammagard Liquid	6/1/2026
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Gammaked	6/1/2026

J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Gamunex-C	6/1/2026
J9301	Injection, obinutuzumab, 10 mg	Gazyva	6/1/2026
J9173	Injection, durvalumab, 10 mg	Imfinzi	6/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	Injectafer	6/1/2026
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	6/1/2026
J9271	Injection, pembrolizumab, 1 mg	Keytruda	6/1/2026
J9047	Injection, carfilzomib, 1 mg	Kyprolis	6/1/2026
J9119	Injection, cemiplimab-rwlc, 1 mg	Libtayo	6/1/2026
J1437	Injection, ferric derisomaltose, 10 mg	Monoferric	6/1/2026
J2802	Injection, romiplostim, 1 mcg	Nplate	6/1/2026
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	6/1/2026
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel Albumin-Bound	6/1/2026
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Padcev	6/1/2026
J9306	Injection, pertuzumab, 1 mg	Perjeta	6/1/2026
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	6/1/2026
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Privigen	6/1/2026
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Trodelyv	6/1/2026
J2323	Injection, natalizumab, 1 mg	Tysabri	6/1/2026
J9303	Injection, panitumumab, 10 mg	Vectibix	6/1/2026
J9228	Injection, ipilimumab, 1 mg	Yervoy	6/1/2026