# Formulary Updates

## DEFINITIONS

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| **Formulary** | These drugs are included in Mass General Brigham's covered drug list. |
| **Non-Formulary** | These drugs are not included in Mass General Brigham's formulary. The plan would only cover formulary alternatives. Providers can request Non-Formulary drugs as an exception, and the plan would require trial of all appropriate formulary alternatives prior to approving coverage of a Non-Formulary drug. If a Non-Formulary drug is approved, the member's cost sharing would be the highest tier. |
| **Preferred** | These drugs are on Mass General Brigham's formulary and offer a lower cost to members. |
| **Non-Preferred** | These drugs are on Mass General Brigham's formulary but offer a higher cost to members. |
| **Excluded** | Mass General Brigham does not cover these drugs. Members will receive a denial for all Excluded drug requests. |

## Updates for Commercial Members

**Effective 06/01/2026**
**The following changes are being made to the listed medications and classes:**

**PHARMACY BENEFIT**

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| Ofev | • Updating reauthorization criteria to require that member has had a positive clinical response to therapy. |
| Pirfenidone (generic Esbriet) | • Updating reauthorization criteria to require that member has had a positive clinical response to therapy. |
| Vtama | • Updating initial criteria for plaque psoriasis to include minimum four-week trial of prerequisite topical therapy agent and removing allowance to bypass topical trial requirements if Vtama is being used on sensitive skin area.<br>• Removing allowance to bypass topical trial requirements if Vtama is being used for plaque psoriasis on sensitive skin area. |
| Zoryve | • Updating initial criteria for plaque psoriasis to include minimum four-week trial of prerequisite topical therapy agent and removing allowance to bypass topical trial requirements if Zoryve is being used on sensitive skin area. |

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| | • Updating criteria for atopic dermatitis to require trial and failure with either a medium or higher potency topical corticosteroid or topical calcineurin inhibitor. |

**Effective 06/01/2026**
**The following changes are being made to the listed medications and classes:**

**MEDICAL BENEFIT**

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| Cimzia | • Making administrative change to Length of Authorization section to delineate between authorization durations for initial and renewal periods as well as include number of days allowed.<br>• To Crohn's Disease, adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is documented.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Cosentyx | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods.<br>• To Initial and Renewal criteria, updating 'coverage' to 'prior authorization validity'.<br>• Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Fasenra | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy.<br>• Updating the length of authorization windows for all indications to 12 months initial and 12 months renewal<br>• To the severe eosinophilic asthma criteria:<br>  ○ Adding examples of asthma control therapy<br>  ○ Adding criteria for members that have had prior biologic immunomodulator use for the treatment of asthma in the past 12 months<br>  ○ Defining types of specialists which Fasenra must be prescribed by or in consult with for each indication<br>• Adding agents to the Contraindicated as Concomitant Therapy table<br>• Updating the ICD10 description for J82.81.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |

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| Nucala | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Updating the length of authorization windows for all indications to 12 months initial and 12 months renewal.<br>• To the severe eosinophilic asthma criteria, adding examples of asthma control therapy. Also adding criteria for members that have had prior biologic immunomodulator use for the treatment of asthma in the past 12 months;<br>• To CRSwNP, updating to state "nasal endoscopy."<br>• Defining the types of specialists which Nucala must be prescribed by or in consult with for each indication.<br>• Adding agents to the Contraindicated as Concomitant Therapy table<br>• Updated the ICD10 description for J82.81.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Omyoh IV | • Making administrative changes to Initial and Renewal criteria to include number of days.<br>• To Ulcerative Colitis and Crohn's Disease: Adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Orencia IV | • Making administrative change to Length of Authorization section to delineate between authorization durations for initial and renewal periods as well as include number of days allowed.<br>• To Juvenile Psoriatic Arthritis, heading added 'subcutaneous formulation only.'<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Tezspire | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy.<br>• For all indications, updating the length of authorization windows for all to 12 months initial and 12 months renewal<br>• To the severe asthma criteria:<br>  ○ Adding examples of asthma control therapy<br>  ○ Adding criteria for members that have had prior biologic immunomodulator use for the treatment of asthma in the past 12 months<br>• Adding the latest new FDA approved indication of CRSwNP to all affected sections of the policy<br>• Defining types of specialists which Tezspire must be prescribed by or in consult with for each indication<br>• Adding agents to the Contraindicated as Concomitant Therapy table. |

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| | • Adding the following ICD-10 codes for the new CRSwNP indication: J33.0, J33.1, J33.8, J33.9.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Tremfya | • Making administrative changes to Initial and Renewal criteria to include number of days allowed for authorization durations.<br>• Adding criteria for baseline liver enzymes and bilirubin levels.<br>• To Ulcerative Colitis and Crohn's Disease: adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed.<br>• To Renewal criteria, updating list of unacceptable toxicities.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Ustekinumab IV | • Making administrative change to Length of Authorization section to include number of days allowed.<br>• To Ulcerative Colitis and Crohn's Disease: adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed.<br>• To Billing Code section, adding HCPCS code C9399 (unclassified drugs or biologicals) for Starjemza.<br>• Adding NDCs for Pyzchiva, Imuldosa, Selarsdi and ustekinumab-aekn. Updating NDCs for Otulfi.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Xolair | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Updating the Dosing Limits section to specifically mention the Max Units for Chronic Spontaneous Urticaria.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy.<br>• Updating the length of authorization windows for all indications to 12 months initial and 12 months renewal<br>• To asthma criteria, adding examples of asthma control therapy and adding criteria for members that have had prior biologic immunomodulator use for the treatment of asthma in the past 12 months<br>• To CSU criteria, updating criteria regarding medications known to cause or worsen urticaria. Also updating criteria regarding trial of second generation H1-antihistamines prior to Xolair and requirement of continuing these agents concomitantly while receiving Xolair unless an intolerance, hypersensitivity or FDA labeled contraindication exists<br>• To CRSwNP, making edits to state "nasal endoscopy" for clarity<br>• Defining types of specialists which Xolair must be prescribed by or in consult with for each indication<br>• Removing all quantity/dose requirements from initial/renewal criteria.<br>• Adding agents to the Contraindicated as Concomitant Therapy table |

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| | • Adding the following ICD-10 codes: L50.0, L50.8, and L50.9 (related to urticaria) and Z91.0110, Z91.0111, Z91.0112, Z91.0120, Z91.0121, and Z91.0122 (related to IgE-Mediated Food Allergy).<br>• Removing the following ICD-10 codes: Z91.011 and Z91.012 (related to IgE-Mediated Food Allergy).<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Aflibercept | • Making administrative changes to Length of Authorization section to update verbiage and include number of days allowed.<br>• To Dosing table, adding voluntary dose reduction and/or interval extension recommendations.<br>• To Billing Code/Availability, adding the newly approved Yesafili 2 mg/0.05 mL single-dose pre-filled syringe product.<br>• Adding the Ahzantive 2 mg/0.05 mL single dose pre-filled syringe product and adding the NDC for the Ahzantive 2 mg/0.05 mL single-dose vial.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Bevacizumab – Oncology | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• To Small Bowel Adenocarcinoma, per NCCN, adding combination use with irinotecan as subsequent therapy.<br>• To Ovarian cancer, adding combination use with pembrolizumab and paclitaxel for PDL CPS >1 platinum-resistant disease after one or more prior lines of therapy based on FDA approved indication and use for pembrolizumab.<br>• To HCPCS, removing Jobevne from J9999 and removal of effective and discontinue dates.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Cabazitaxel | • Removing symbol related to ANDA generics from policy title and updating verbiage related to this in Billing Code section.<br>• Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Also to length of authorization, adding new dosing option of 16 mg/m2 every 2 weeks in members 65 and over.<br>• To prostate cancer in combination with carboplatin, removing support for use when disease has progressed on prior docetaxel and has not received prior novel hormone therapy. Also updating section to reflect changes in nomenclature per NCCN.<br>• To Renewal criteria, updating bullet requiring disease response/no disease progression.<br>• To dosing box, adding NCCN supported alternate dosing for members 65 and over.<br>• Adding NQTL Factor Checklist (Appendix A) to policy.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |

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| Cinqair | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations.<br>• Added Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy.<br>• Updating the length of authorization windows to 12 months initial and 12 months renewal<br>• To the severe eosinophilic asthma criteria:<br>  ○ Adding examples of asthma control therapy<br>  ○ Adding criteria for members that have had prior biologic immunomodulator use for the treatment of asthma in the past 12 months<br>  ○ Removing additional step requiring baseline blood eosinophil count of 400 cells/microliter or higher to now align with all other IL-5 inhibitor policies<br>• Defining types of specialists which Cinqair must be prescribed by or in consult with<br>• Adding agents to the Contraindicated as Concomitant Therapy table<br>• Updating the ICD10 description for J82.81.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Darzalex Faspro | • Adding the new FDA approved indication for the treatment of adult members with newly diagnosed multiple myeloma who are ineligible for ASCT in combination with bortezomib, lenalidomide, and dexamethasone.<br>• Updating all applicable sections throughout the policy to incorporate the new indication.<br>• Adding footnote to those regimens in Multiple Myeloma that may also be used for POEMS, MIDD, MGRS based on NCCN.<br>• Making administrative changes to Initial and Renewal criteria to include number of days allowed for authorization durations.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Entyvio IV | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed for authorization durations. Also updating Initial and Renewal criteria, changing ‘coverage’ to ‘prior authorization validity’.<br>• To Ulcerative Colitis and Crohn’s Disease, adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed.<br>• To Management of Immune Checkpoint Inhibitor-Related Toxicities, updating to allow use in G2-G4 colitis if member shows microscopic colitis on histology.<br>• Adding new indication of Management of CAR T-cell and Lymphocyte Engager-Related Toxicities per NCCN 2A recommendation along with corresponding initial criteria and dosing. Also updating the Dosing Limits section to reflect the addition of this new indication.<br>• Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. |

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| | • To Appendix 1, adding ICD-10 codes T80.82XA, T80.82XS, T80.89XA, T80.89XS (related to Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities).<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Gamifant | • Making administrative change to Length of Authorization section to include number of days allowed for authorization durations.<br>• Adding indication of Management of Immune Checkpoint Inhibitor-Related Toxicities to allow for use as additional immunosuppression for immunotherapy-related HLH-like syndrome if no response to corticosteroids after 5 days per NCCN. Corresponding updates made to Renewal Criteria and Dosage/Administration table<br>• Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Hyaluronic Acid Derivatives | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Ilumya | • Making administrative change to Length of Authorization section to delineate between authorization durations for initial and renewal periods as well as include number of days allowed.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Infliximab | • Making administrative changes to Length of Authorization to delineate between authorization durations for initial and renewal periods and to include number of days allowed.<br>• Updating criteria for Pediatric UC, Crohn's Disease, and Pediatric CD: Adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed.<br>• Under Management of Immune Checkpoint Inhibitor-Related Toxicities making updates to align with NCCN recommendations to allow for use in G2-G4 colitis if member shows microscopic colitis on histology and removing G4 hemolytic anemia along with corresponding ICD 10 codes D59.0 and D59.2.<br>  ○ Also for this indication, updated dosing and MU under dosing limits.<br>• Added indication of Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities to align with NCCN 2A recommendations and related LOA, dosing, ICD10 codes, and max units.<br>• Added voluntary dose reduction and/or interval extension criteria to dosing table.<br>• Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist was added to the policy per global changes. |

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| | • To Appendix 1, added ICD-10 codes T80.82XA, T80.82XS, T80.89XA, T80.89XS (related to management of immune checkpoint inhibitor-related toxicities).<br>• Editorial changes made throughout.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Keytruda IV | • Adding newly FDA approved use in combination with paclitaxel, with or without bevacizumab, for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma whose tumors express PD-L1 and who have received one or two prior systemic treatment regimens. Making updates to all affected sections of the policy to include this new use.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Keytruda Qlex | • Adding newly FDA approved use in combination with paclitaxel, with or without bevacizumab, for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma whose tumors express PD-L1 and who have received one or two prior systemic treatment regimens. Making updates to all affected sections of the policy to include this new use.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Leqvio | • Adding the indication for use in pediatric members at least 12 years of age for HoFH and adding the expanded use in HeFH pediatric members age 12 years and older (was previously only approved for adult members for the HeFH indication).<br>• Updating indication heading for Hyperlipidemia to match the FDA approved labeling.<br>• Modifying exclusion for use in combination with other therapies.<br>• To the diagnostic tables, making updates to incorporate previously omitted pediatric-related criteria and made other updates for clarity.<br>• Updating absence of unacceptable toxicity in the Renewal Criteria section.<br>• Making administrative changes to Length of Authorization section to update verbiage and include number of days allowed.<br>• Added Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy.<br>• Updating ICD-10 chart to remove obsolete codes E78.4 and E78.01 and to add E78.010 (related to HoFH), E78.011 (related to HeFH) and E78.019 (related to HoFH and HeFH).<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Lymphir | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed.<br>• To Initial Approval Criteria, removing exclusion for use in members with cardiac disease or those with significant infections as these conditions are not limited by NCCN. |

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| | • To Billing Code/Administration, removing discontinued HCPCS code J9999. Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Paclitaxel Albumin-Bound | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• To Breast Cancer, updating verbiage from BRCA 1/2 mutation to BRCA 1/2 pathogenic variant to align with NCCN updated verbiage.<br>• To NSCLC, updating molecular mutations verbiage to biomarkers per NCCN.<br>• To Pancreatic Adenocarcinoma, updating heading to "Pancreatic Cancer" and adding histologies of adenocarcinoma, adenosquamous carcinoma, or squamous carcinoma to criteria per NCCN guidance<br>• To Appendix 1 - Covered Diagnosis Codes, adding C50.A0-C50.A2 (related to Breast Cancer) per NCCN.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Pemtrexed | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• To Initial and Renewal prior authorization verbiage, adding disclaimer that if a preferred product is required, the requirement will only apply to IV use.<br>• To CNS Cancers, updating criteria for use for brain metastases from NSCLC.<br>• To Ovarian Cancer, updating verbiage prohibiting immediate treatment for a biochemical relapse.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Rybrevant Faspro | • Adding newly approved dosing of every 4 weeks as a single agent or in combination with lazertinib for members with locally advanced or metastatic NSCLC.<br>• Updating Dosing Table to separate from every 2-week dosing, adding NDCs related to the new dosing to the Billing Code section, and updating Max Units section accordingly.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Simponi Aria | • Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods and to include number of days allowed.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Skyrizi IV | • Making administrative change to Length of Authorization section to delineate between authorization durations for initial and renewal periods.<br>• To Ulcerative Colitis and Crohn's Disease, adding asterisk to 3-month trial criteria to note 3 months of corticosteroids are not required if early non-response is confirmed based on guidelines and KOL. |

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| | • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Tocilizumab IV | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• To Giant Cell Arteritis, adding MRA, CT, and FDG/PET as examples of diagnostic imaging per UTD and to renewal criteria for GCA.<br>• To Castleman Disease, updating criteria to include first-line or alternate first-line therapy for both UCD and MCD.<br>• To Cytokine Release Syndrome, separating criteria based on CRS due to CART or T-cell engaging bispecific agents.<br>• For CRS due to CART removing specific criteria and now allowing use in any grade. For CRS due to bispecific agents adding additional agents of talquetamab, elranatamb, or linovseltamab based on NCCN multiple myeloma guidelines.<br>• To Management of Immune Checkpoint Inhibitor Related Toxicities, updating criteria to align with NCCN updates specifically for G3-G4 pneumonitis, G3 or G4 elevated ALT/AST and G3 or G4 elevated alkaline phosphatase.<br>• Per NCCN, adding new 2A indication of KSHV-Associated Inflammatory Cytokine Syndrome with corresponding updates to criteria, LOA, Max Units, and Dosing sections.<br>• To Billing Code section, removing discontinued unclassified code J3590 for Avtozma and unbranded biologic tocilizumab-anoh IV which was replaced by Q5156.<br>• Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist.<br>• To Appendix 1 ICD-10 codes, adding C46.0-C46.4, C46.50, C46.51, C46.52, C46.7 C46.9, D89.89, D89.9 (related to Kaposi Sarcoma), C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z29.89, Z85.79 (related to Multiple Myeloma).<br>• Updating ICD-10 crosswalk (for PCM) list.<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |
| Trastuzumab IV | • Making administrative changes to Length of Authorization section to include number of days allowed for authorization durations.<br>• To Initial and Renewal prior authorization verbiage, adding disclaimer that if a preferred product is required, the requirement will only apply to IV use.<br>• To Breast Cancer, adding combination use with aromatase inhibition with palbociclib and pertuzumab and combination use with tucatinib (with or without fulvestrant).<br>• To CNS Cancers, updating criteria for use for brain metastases from breast cancer.<br>• To Appendiceal Neoplasms and Cancers, removing preclusion that member has not previously received HER2 targeted therapy and indicating member has not previously received trastuzumab per NCCN update. |

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| | • Adding Small Bowel Adenocarcinoma per NCCN 2A recommendation with a corresponding update made to the HER2-positive overexpression criteria table.<br>• To the HER2-positive overexpression criteria table, updating language to align with NCCN updated verbiage.<br>• To Appendix 1 - Covered Diagnosis Codes, adding C17.0-C17.3, C17.8, C17.9, Z85.068 (related to Small Bowel Adenocarcinoma), C50.A0-C50.A2 (related to Breast Cancer), and D37.031, D37.032, D37.039 (related to Head and Neck Cancers).<br>• To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates |