Formulary Updates

DEFINITIONS

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 03/01/2026
The following changes are being made to the listed medications:

Simponi (pharmacy criteria)	• Updating initial criteria for moderately to severely active ulcerative colitis to remove corticosteroid dependence as an approvable characteristic. In addition to diagnosis, members will need to either have had a trial and failure, intolerance, or contraindication to one conventional therapy or disease severity that warrants a systemic biologic as first-line therapy. • This update aligns the criteria with the recent label change.
Omvoh (medical benefit criteria)	• Making administrative changes to Initial and Renewal criteria to update 'coverage' to 'prior authorization validity' and to Length of Authorization to delineate between authorization durations for initial and renewal periods. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates

Vyvgart Hytrulo (medical benefit criteria)	• Removing the following criteria from the footnote in the dosing table for generalized myasthenia gravis (gMG) per the updated package insert: The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established. Updating the footnote to state: Administer subsequent treatment cycles based on clinical evaluation, but no sooner than 28 days from the last administration of the previous treatment cycle. The Max Units for gMG within the Dosing Limits section was also updated to reflect this change. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Asparlas (medical benefit criteria)	• Updating the Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Adding Appendix A-Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to policy. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Aveed (medical benefit criteria)	• Updating the Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Deleting REM criterion to eliminate redundancy with policy criteria. • In Renewal Criteria, updating examples of unacceptable toxicities to align with prescribing information. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • To Appendix 2, removing LCA A57616 from Medicare Part B Covered Diagnosis Codes table as this LCA was retired. Adding Jurisdiction F to LCA A57615 line. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Besponsa (medical benefit criteria)	• Updating the Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating Adult B-cell precursor acute lymphoblastic leukemia (ALL) language to align with NCCN recommendations for relapsed/refractory disease and frontline therapy. • Removing option for use as treatment for minimal residual disease as this is no longer supported by NCCN. • Removing examples of tyrosine kinase inhibitor (TKI) options and replacing with footnote. • Adding NQTL Factor Checklist (Appendix A) to policy. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates

Bevacizumab_ Oncology (medical benefit criteria)	• To Adult CNS Cancers use for recurrent or progressive disease, adding subtypes High-grade astrocytoma with piloid features (HGAP) and Pleomorphic xanthoastrocytoma (PXA) WHO grade 3 per NCCN. • Updating Appendiceal Adenocarcinoma to Appendiceal Neoplasms and Cancers to align with new NCCN nomenclature and updated criteria to align with NCCN updates. • To Endometrial Carcinoma (Uterine Neoplasms), updating criteria to exclude use in clinical settings categorized as 2B recommendations in NCCN. • To NSCLC, updating criteria to align with NCCN updates. • Adding indication of Respiratory Papillomatosis and including corresponding updates to Dosing table and Max Units. • To Dosage/Administration, updating dosing for Appendiceal Neoplasms and Cancers per NCCN Guidelines, with a corresponding update made to Max Units. • To Appendix 1 - Covered Diagnosis Codes, adding D37.3 (related to Appendiceal Neoplasms and Cancers) per NCCN, and D10.5, D10.6, D10.9, D14.0-D14.2, D14.30-D14.32, D14.4, D36.9, J38.7, and J39.2 (related to Respiratory Papillomatosis). • Updating ICD-10 crosswalk (for PCM) list. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Botox (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods and to Initial and Renewal criteria to update 'coverage' to 'prior authorization validity'. • To spastic conditions: reformatting to remove separate headings for spasticity due to multiple sclerosis or Schilder's disease and acquired spasticity secondary to spinal cord or brain injuries as both will now be reviewed/fall under diagnosis of Upper/Lower limb spasticity. Correspondingly, removing examples of conditions causing spasticity to align with compendia. • To Primary Axillary Hyperhidrosis: adding sofpironium to list of pre-req topical agents. • To Prophylaxis for Chronic Migraine: adding assessment of baseline disease severity to align with other first line recommended medications; adding examples of prophylactic intervention modalities to be used in combination (to renewal criteria as well), and requirement to rule out other causes of headaches; removing step therapy through oral agents; removing corresponding table regarding prophylactic oral medications and migraine features. • To Esophageal Achalasia: updating to allow use when member is not a candidate for definitive therapy. • Removing focal from upper/lower limb spasticity in renewal criteria to align with initial criteria indication. • Adding NQTL Factor Checklist (Appendix A) to policy. • To ICD-10 code table G35-multiple sclerosis being replaced with more specific codes G35.A, G35.B0-G35.2, G35.C0-G35.C2 and G35.D.

	• The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Briumvi (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • To Universal Criteria, adding measurement of baseline LFTs per package insert. • Revising table on definitive diagnosis of relapsing-remitting disease to align with updated guidelines (2024 McDonald Criteria). • To Renewal Criteria: adding liver injury to examples of unacceptable toxicities; removing 'brain/spinal' from response to therapy to allow for any MRI; and removing note regarding patients with primary progressive MS. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • To Appendix 1 – Covered Diagnoses Codes, removing G35 and adding updated codes G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D (all related to multiple sclerosis). • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Columvi (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating Dosing Limits section to remove quantity limit. • Removing single agent use from Universal criteria and adding to specific indications, where applicable. • To B-Cell Lymphomas, adding option for use in combination with GemOx as subsequent therapy; adding a footnote for single agent use to include patients with disease progression after transplant or CAR T-cell therapy per NCCN. • Adding indication of chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) histologic transformation (Richter) per 2A recommendation in NCCN. Corresponding update being made to Dosage/Administration table. • Adding a note to Dosage/Administration table regarding use via IV bag infusion or IV syringe infusion. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • To Appendix 1 – Covered Diagnosis Codes, removing code Z85.72 (related to non-Hodgkin lymphomas) which is no longer supported per NCCN and adding C83.00-C83.09 C91.10, C91.12 (related to CLL/SLL) and C83.398 (related to B-Cell Lymphomas) per NCCN. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates

Darzalex Faspro (medical benefit criteria)	• Adding new FDA approved indication for the treatment of adult patients with high-risk smoldering multiple myeloma as monotherapy. Updating all applicable sections throughout the policy to incorporate the new indication. • Making administrative changes to Initial and Renewal criteria to update 'coverage' to 'prior authorization validity' and to Length of Authorization to delineate between authorization durations for initial and renewal periods. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy as a part of the global changes being made across all policies. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Daxxify (medical benefit criteria)	• Making administrative changes to Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Epkinly (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating Dosing Limits section to remove quantity limit. • Removing single agent use from Universal criteria and adding back to specific indications, where applicable. • To B-Cell Lymphomas, adding new FDA approved indication for the treatment of relapsed or refractory follicular lymphoma in combination with rituximab and lenalidomide. Updating the dosing table and length of authorization accordingly to note a maximum of 12 cycles. • To B-cell lymphomas, adding option for use in combination with GemOx as subsequent therapy and adding a footnote for single agent use to include patients with disease progression after transplant or CAR T-cell therapy per NCCN. • Adding indication of CLL/SLL histologic transformation (Richter) per 2A recommendation in NCCN. Corresponding update being made to Dosage/Administration table. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • To Appendix 1 – Covered Diagnosis Codes, adding C83.00-C83.09, C91.10, C91.12 (related to CLL/SLL) and C83.398 (related to B-cell Lymphomas) per NCCN. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.

Gazyva (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating Dosing Limits section to remove quantity limit. • Updating Max Units to one value per indication to account for all dosing regimens. • To CLL/SLL: adding new setting for use in histologic transformation (Ritcher) with pertinent criteria and dosing per NCCN; updating options for use in the first-line and subsequent settings; updating verbiage throughout CLL/SLL indication to match changes in NCCN. • To B-cell lymphomas: for follicular lymphoma (FL), removing requirement of Grade 1-2 disease to align with package insert and NCCN; adding option for use as third-line and beyond treatment for Histologic transformation of Indolent to diffuse large b-cell lymphoma (DLBCL) as pretreatment prior to glofitamab; updating options for use in DLBCL, high-grade b-cell lymphomas (HGBL), HIV-related B-cell lymphoma, post-transplant lymphoproliferative disorders (PTLD) and mantle cell lymphoma (MCL); adding option for use as induction therapy for MCL in combination with zanubrutinib and venetoclax with dosing per NCCN. • Removing Castleman Disease from B-cell Lymphomas and creating its own indication heading with pertinent criteria and dosing per NCCN. • Adding new indication of Waldenstrom Macroglobulinemia with criteria and dosing per NCCN. • To Hairy Cell Leukemia, adding option for use as a single agent for progression after therapy for relapsed/refractory (R/R) disease or in patients who are unable to tolerate purine analogs. • Adding new indication for treatment of adult patients with active lupus nephritis who are receiving standard therapy. Updating length of authorization, max units, dosing table, renewal criteria and Appendix 1 to incorporate this new indication. • Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • To Appendix 1, adding ICD-10 codes C83.398 related to DLBCL and C88.00 related to WG/LPL. Updating ICD-10 code C88.4 to C88.40 and removing Z85.72 as this ICD-10 code is no longer supported by NCCN. Adding ICD-10 codes M32.14 & M32.15 related to Lupus Nephritis. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Lemtrada (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating table defining definitive diagnosis of relapsing-remitting disease to align with updated guidelines (2024 McDonald Criteria). • From Renewal Criteria, removing 'brain/spinal' from response to therapy to allow for any MRI.

	• To Covered Diagnosis Codes, removing G35 and adding updated codes G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, and G35.D (all related to multiple sclerosis). • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Monjuvi (medical benefit criteria)	• Updating 'coverage' to 'prior authorization validity.' • Adding NQTL Factor Checklist (Appendix A) to policy. • To B-Cell Lymphomas, updating the following subtypes to align with updates in NCCN: DLBCL, Histologic transformation of Indolent lymphoma to DLBCL, HIV-related DLBCL, HGBL and PTLD. • To Billing Code/Availability Information, adding NDC for 73535-0208-xx 200mg single-dose vial. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Myobloc (medical benefit criteria)	• Added intraglandular to route of administration in title. • Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods and to Initial and Renewal criteria to update 'coverage' to 'prior authorization validity'. • To Prophylaxis for Chronic Migraine: adding assessment of baseline disease severity to align with other first line recommended medications; adding examples of prophylactic intervention modalities to be used in combination (to renewal criteria as well), and requirement to rule out other causes of headaches; removing step therapy through oral; removing table regarding prophylactic oral medications and migraine features. • To Primary Axilliary Hyperhidrosis, added sofpironium to list of pre-req topical agents. • Adding NQTL Factor Checklist (Appendix A) to policy. • To ICD-10 code table, replacing G35-multiple sclerosis with more specific codes G35.A, G35.B0-G35.2, G35.C0-G35.C2 and G35.D. Adding G82.50-G82.52 for ULS to align across other toxin policies. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Natalizumab (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • Updating table defining definitive diagnosis of relapsing-remitting disease to align with updated guidelines (2024 McDonald Criteria). • To Renewal Criteria, removing 'brain/spinal' from response to therapy to allow for any MRI, and updating unacceptable toxicities to include hematological abnormalities which aligns with current packet insert.

	• To Covered Diagnosis Codes, removing G35 and adding updated codes G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, and G35.D (all related to multiple sclerosis). • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Ocrevus IV (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • To Universal Criteria, adding measurement of baseline LFTs per package insert. • Updating table defining definitive diagnosis of relapsing-remitting disease and primary progressive disease to align with updated guidelines (2024 McDonald Criteria). • To Renewal Criteria: adding liver injury to examples of unacceptable toxicities based on updated package insert: removing 'brain/spinal' from response to therapy to allow for any MRI; and removing note regarding patients with primary progressive MS. • To Covered Diagnosis Codes, removing G35 and adding updated codes G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, and G35.D (all related to multiple sclerosis). • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Ocrevus Zunovo (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • To Universal Criteria, adding measurement of baseline LFTs per package insert. • Updating table defining definitive diagnosis of relapsing-remitting disease and primary progressive disease to align with updated guidelines (2024 McDonald Criteria). • To Renewal Criteria: adding liver injury to examples of unacceptable toxicities based on updated package insert; removing 'brain/spinal' from response to therapy to allow for any MRI; and removed note regarding patients with primary progressive MS. • To Covered Diagnosis Codes, removing G35 and adding updated codes G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, and G35.D (all related to multiple sclerosis). • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.

Oncaspar (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal period. • To ALL, adding option for use as maintenance therapy for adolescents/young adults and adults <65 years of age with T-ALL. • To T-Cell Lymphomas, clarifying use for R/R extranodal NK/T-Cell lymphoma is supported after additional therapy with alternate combination chemotherapy regimen to align with NCCN. • To Appendix 1, updating ICD-10 code C86.0 to C86.00 with corresponding change to descriptor. • Adding Appendix A - Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Opdivo Qvantig (medical benefit criteria)	• Adding the newly FDA expanded use as monotherapy for the treatment of adult patients with unresectable or metastatic microsatellite instability-high (MSI-H)/mismatch repair deficient (dMMR) colorectal cancer (CRC) following treatment with intravenous nivolumab and ipilimumab combination therapy. • Adding the newly FDA expanded use as monotherapy for the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) following treatment with intravenous nivolumab and ipilimumab combination therapy. • Criteria changes were also applied to incorporate the FDA conversion from accelerated approval to regular approval for unresectable or metastatic HCC who have been previously treated with sorafenib to now include criteria that Opdivo Qvantig will be used following treatment with intravenous nivolumab and ipilimumab combination therapy. • Updating the post-notes under the Substitution/Switch-Therapy heading to also include the Opdivo IV policy. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Paclitaxel albumin-bound (medical benefit criteria)	• To NSCLC, simplifying bullet for treatment of recurrent, advanced, or metastatic disease per changes in NCCN. • To Endometrial Carcinoma (Uterine Neoplasms), updating criteria to exclude use in clinical settings categorized as 2B recommendations in NCCN. • To Kaposi Sarcoma, updating definition of advanced disease in the R/R setting and added new setting for use of Kaposin-sarcoma associated herpesvirus (KSHV)-Associated Inflammatory Cytokine Syndrome with relevant criteria per NCCN. Dosing table and length of authorization updated to accommodate new setting for use. • To Appendix 1 ICD-10 codes, adding D89.89 and D89.9 related to KS/disorders involving immune mechanism and updating ICD-10 crosswalk (for PCM).

	• The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Pemetrexed (medical benefit criteria)	• To policy heading, updating route of administration section to include intrathecal use. • To Peritoneal and Pleural Mesothelioma indications, updating subsequent therapy single agent use to no longer require prior immunotherapy or rechallenge criteria per NCCN updates. • To NS-NSCLC, updating criteria and verbiage in the footnote table to align with latest NCCN guideline changes. • To Thymomas and Thymic Carcinomas, broadening use to subsequent therapy for unresectable or metastatic disease per NCCN. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Rylaze (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods, and to Initial and Renewal criteria to update 'coverage' to 'prior authorization validity'. • To Renewal criteria, updating heading name of Acute Lymphoblastic Leukemia to say Acute Lymphoblastic Leukemia/Lymphoblastic lymphoma to mirror naming used in the initial criteria. • Adding NQTL Factor Checklist (Appendix A) to policy. • Updated Common Terminology Criteria for Adverse Events (CTCAE) to version 6.0 and updating ICD-10 code C86.0 to C86.00 per CMS update. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Testopel (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods. • To Renewal Criteria, adding uncontrolled hypertension to examples of unacceptable toxicities per package insert. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Trastuzumab IV (medical benefit criteria)	• Updating policy heading to add Intrathecal/Intraventricular routes of administration. • To Max Units removed separate heading for Appendiceal Adenocarcinoma, now bundled under "All Other Indications" due to corresponding update in dosing box to reflect the dosing that is supported by the new NCCN guideline for Appendiceal Neoplasms and Cancers.

	• To endometrial carcinoma per NCCN, updating to allow for recurrent disease and any line of therapy with exclusions for NCCN 2B recommendations of use for locoregional recurrence in patients with no prior radiation therapy to site of recurrence, or previous vaginal brachytherapy only and after surgical exploration for locoregional recurrence in patients with disease confined to the vagina or paravaginal soft tissue. • To Appendiceal Cancer, heading updated to reflect new NCCN naming convention for indication. The new naming convention was updated throughout the policy. Also to Appendiceal Cancer, removing option for use in combination with lapatinib, and removing use as initial therapy, now only recommended as subsequent therapy for recurrent, progressive, peritoneal-only metastatic, or extraperitoneal disease. • To ICD-10 table adding D37.3 related to appendiceal neoplasms. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Vyepti (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods and removing quantity limit from Dosing Limits section. • Adding Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist to the policy. • To Universal Criteria, adding additional examples of prophylactic intervention modalities to be used in combination. • To Preventative Treatment of Chronic Migraines, removing step therapy through oral and botulinum toxin therapy. • To Preventative Treatment of Episodic Migraines, updating definition to 4-14 monthly headache days per month with at least 4 days per month with characteristics and symptoms consistent with migraine with and/or without aura (had previously been restricted to use if 5 attacks lasting 4-72 hours of migraine without aura only). Also to Episodic Migraine, removing the medication overuse headache trial and failure of acute migraine treatments. Removing corresponding table regarding prophylactic oral medications and migraine features. • To Renewal Criteria, adding additional examples of unacceptable toxicity per latest package insert updates and updating the disease response measure regarding monthly migraine days to align with latest IHS guidelines. • To ICD10 codes, adding G43.E01, G43.E09, G43.E11, G43.E19 (related to chronic migraine). • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Vyvgart IV (medical benefit criteria)	• Removing the following criteria from the footnote in the dosing table: The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established. The footnote is being updated to state: Administer subsequent treatment cycles based on clinical

	evaluation, but no sooner than 28 days from the last administration of the previous treatment cycle. Updating the Max Units within the Dosing Limits section to reflect this change. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.
Zynlonta (medical benefit criteria)	• Updating Length of Authorization section to delineate between authorization durations for initial and renewal periods, updating 'coverage' to 'prior authorization validity.' • To Universal criteria, removing examples of CD19 therapies and removing examples of clinically significant infections for conciseness. • To B-Cell Lymphomas, for Histologic Transformation of Indolent Lymphomas, updating use to be allowable after two or more regimens for indolent disease prior to transformation per changes in NCCN. • Adding NQTL Factor Checklist (Appendix A) to policy. • Removing ICD 10 code C83.39 as this is no longer supported by NCCN and replaced it with C83.398 related to DLBCL. • The medical benefit policy effective 3/1/2026 can be reviewed in full at the following location: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates.

Effective 01/01/2026
As a reminder, coverage updates are being made in the following classes. This list is not all encompassing of updates effective 01/01/2026. Please refer to the November newsletter for a full list of updates effective 01/01/2026.

PCSK9 Inhibitors	As previously communicated, Repatha will be moved to the preferred brand tier and Praluent will be moved to the nonpreferred brand tier. Any active authorizations for Praluent will be terminated after December 31, 2025, and new prior authorization requests will need to be submitted to continue therapy with Praluent. To facilitate continuity of care, members with an active authorization for Praluent will have an authorization entered for Repatha starting January 1, 2026 and lasting through the end date of the authorization being terminated. Repatha and Praluent will continue to require prior authorization. Initial and reauthorization criteria for Praluent will require that the member step through Repatha for all shared indications. Effective January 1, 2026, Repatha will replace Praluent as MGBHP's designated brand medication for coronary artery disease under the PACT Act.
Self-Injectable CGRP Inhibitors	As previously communicated, Ajovy will be moved to the nonpreferred brand tier. Emgality and Aimovig will remain on the preferred brand tier. All three agents will continue to require prior authorization. Initial and reauthorization criteria for Ajovy will

	be updated to require that the member has had a trial and failure with either Emgality or Aimovig for all shared indications. Any active authorizations for Ajovy will be terminated after December 31, 2025, and new prior authorization requests will need to be submitted to continue therapy with Ajovy. To facilitate continuity of care, members with an active authorization for Ajovy will have authorizations entered for Aimovig and Emgality 120 mg/mL starting January 1, 2026 and lasting through the end date of the authorization being terminated.

Updates for MassHealth Members

Effective 3/2/2026

The following changes are being made to the listed medications to be in compliance with the MassHealth UPPL (Unified Pharmacy Product List):

Breast Cancer Therapies	• Expanded indications was added for the following:
	  ○ Enhertu (fam-trastuzumab deruxtecan-nxki) for the treatment of adult patients with unresectable or metastatic hormone receptor (HR)-positive HER2-low (IHC 1+ or IHC 2+/ISH-) or HER2-ultralow (IHC 0 with membrane staining) breast cancer, as determined by an FDA-approved test, that has progressed on one or more endocrine therapies in the metastatic setting
	  ○ Datroway (datopotamab deruxtecan-dlnk) for the treatment of adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy
	• Enhertu and Perjeta had criteria updates to align with the FDA labeling and NCCN recommendations.
	• Datroway was updated to require additional treatment failure options such as Trodelvy or a systemic chemotherapy for unresectable/metastatic disease.
	• Trodelvy was updated to no longer require treatment failure with Enhertu. However, treatment failure with an endocrine-based therapy and 2 additional systemic therapies will remain.

Intravesical Bladder Cancer Agents	New drug, **Zusduri** will be **added** to the medical benefit **with** a prior authorization requirement.
Lymphoma and Leukemia Agents	For Mylotarg, the requirement of whether acute myeloid leukemia (AML) is relapsed or refractory was removed as it was seen repetitive within the criteria.
Polivy	The criteria was adjusted to accept Simplified International Prognostic Index (smIPI) >1 following recent NCCN recommendations.

T-Cell Immunotherapies	New drug, **Lynozyfic** will be **added** to the medical benefit **with** a prior authorization requirement.