

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

PHARMACY BENEFIT

Effective 12/01/2026

The following changes are being made to the listed medications and classes:

Dihydroergotamine nasal spray	A quantity limit of 8 units (vials) per 30 days will be added.
Emsam patch	- Policy is being updated to include reauthorization criteria, which will require that the member has had a positive clinical response therapy with the requested medication. - No changes are being made to the initial criteria.
Fidaxomicin tablet, Difucid oral suspension	Criteria are being updated to require diagnosis of <i>C. difficile</i>-associated diarrhea (CDAD). Additionally, members must be six months of age or older and have an infection that is confirmed by a positive stool assay. Members will continue to either require additional medication to complete a 10-day course of treatment that was initiated during a hospital stay, or have experienced an inadequate treatment response to oral vancomycin after at least 7 days or have an intolerance or contraindication to vancomycin.

MEDICAL BENEFIT

Effective 12/01/2026

The following changes are being made to the listed medications and classes:

Omalizumab	- Updating policy title to Omalizumab. - Updating HCPCS coding details in the Billing/Availability section. - Coding updates being made to CMS reference A52448 (jurisdiction 6,K). - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Arcalyst	- Removing diagnosis code M04.3 from the policy. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Bendamustine	- Updating Length of Authorization section to include number of days allowed for authorization durations. - To NHL: B-Cell Lymphomas, HIV-Related plasmablastic lymphoma- removing restriction for use in only non-candidates for transplant from subsequent therapy and CAR T bridging therapy. - T-Cell Lymphomas – Peripheral T-Cell Lymphomas subsequent therapy, adding use in progressive disease per NCCN update. - To CLL/SLL first-line therapy in combination with rituximab or obinutuzumab, adding criteria that covalent BTK inhibitor and B-cell Lymphoma-2 inhibitor are not available or feasible per NCCN. - To Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma, for use as alternative therapy, adding criteria that member was previously treated with or has CI to BTK inhibitor therapy. Additionally, adding use for WM-Related Systemic Light Chain Amyloidosis and criteria per NCCN updates. - To Pediatric Hodgkin Lymphoma, updating footnote for those who may avoid ASCR per NCCN update. - To Billing Code Information, HCPCS code description updated for J9033. - To NDCs, updated notations for generic availability for Treanda, Bendeka, and Belrapzo. Additionally, adding the new bendamustine hydrochloride Avyxa product approved via the 505(b)(2) pathway along with HCPCS code J9066. - Adding NDC for Vivimusta. Updating 505(b)(2) footnote language to now includes a link to the FDA NDC Directory. - To Appendix 1, adding ICD-10 code C83.36 (related to DLBCL) per NCCN. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Beovu	- Updating Length of Authorization section to include number of days allowed for authorization durations. - To Universal Criteria, removing any specific contraindications in criteria and replacing with general language indicating member does not have any FDA contraindications. - Coding updates being made to CMS reference A52451 (jurisdiction 6, K). - To availability section, made notation that vial formulation is no longer commercially available, per Rx Claims review. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates



Bevacizumab (Oncology)	- To Dosing Limits section, adding HCPCS codes and separating out unclassified code J9999 to list its max units in milligrams. - To CRC, removing duplicative option for use as primary treatment of T3, N Any; T1-2, N1-2; T4, N Any; or locally unresectable or medically inoperable rectal cancer. - To NSCLC, updating options for use in recurrent, advanced or metastatic disease to align with NCCN guideline recommendations. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Cyramza	- Updating Length of Authorization section to include number of days allowed for authorization durations. - Removing indication of Appendiceal Adenocarcinoma from all affected sections, as this is no longer recommended in NCCN compendia and is not an FDA approved use. - To CRC, for use as subsequent treatment, adding requirement that member has been previously treated with oxaliplatin-based regimen per the PI and NCCN. - To HCC, removing the criteria requiring Child Pugh Class based on NCCN updates. - To NSCLC, updating the L858R mutation naming convention to match latest guidelines. - To Thymic Carcinoma section, adding definition of R0 resection. - Updating dosing regimens in dosing table to combine similar dosing patterns together to match Dosing Limits section. - To Appendix 1, removing ICD-10 code C18.1 related to Appendiceal Neoplasms & Cancers. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Denosumab	- To initial criteria, updating indication naming for use in Breast and Prostate cancer to more closely align with PI. - To renewal criteria for Osteoporosis in Men and Women and Glucocorticoid OP, adding clarifying statement to confirm member's fracture risk has been reassessed. - Removing HCPCS J3590 for Enovy/Xtrenbo, Osvyrti/Jubereq, Boncresa, and Oziltus as it was discontinued on 07.01.2026. - Updating Appendix 2 to remove list of covered products - Coding updates being made to CMS reference A52399 (jurisdiction 6, K). - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Elahere	- Updating Length of Authorization section to include the number of days allowed. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Halaven	- Updating Length of Authorization section to include number of days allowed for authorization durations. - To Breast Cancer, under TNBC first line therapy, updating to include members who are not a candidate for PD-1/PD-L1 inhibitor therapy, based on NCCN guideline update. Also, adding indication of Borderline/Malignant Phyllodes Tumor of the Breast and made appropriate update to ICD 10 table (added codes D48.60, D48.61, and D48.62).



	- To Appendix 1, adding ICD-10 codes C50.A0-C50.A2 (related to inflammatory breast cancer). - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Infliximab	- Updating the Max Units in the Dosing Limits section to align with the PI max dosing. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Kyxata	- To Billing Code/Availability, removing discontinued HCPCS codes C9308 and J9999. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Paclitaxel_Albumin-Bound	- To Breast cancer, adding additional use criteria for TNBC for single agent or use with carboplatin as first line therapy in members with no germline BRCA 1/2 pathogenic variant if they are not a candidate for PD-1/PD-L1 inhibitors. - To NSCLC, adding back 2B exclusion for use in locoregional recurrence or symptomatic local disease without evidence of disseminated disease. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Pemetrexed	- To NS-NSCLC, updating criteria to align with NCCN compendia and guideline recommendations. - To Billing Code/Availability Information, adding an additional Pemfexy NDC. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Ranibizumab	- To Billing Code/Availability section, adding one new NDC for Byooviz for the 0.5 mg/0.05 mL single-use vial for injection formulation and inserting NDC numbers for the products that were previously undesignated within the policy for Nufymco. - Coding updates being made to CMS reference A52451 (jurisdiction 6, K). - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Rytelo	- Updating Length of Authorization section to include number of days allowed for authorization durations. - To MDS, removing criteria for members with a del(5q) mutation as this is no longer supported by NCCN. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Sarclisa IV	- Updating use with pomalidomide and dexamethasone for multiple myeloma after 2 prior lines of therapy to now instead allow use after prior therapy with lenalidomide and a proteasome inhibitor. - To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Susvimo	- Updating Length of Authorization section to include number of days allowed for authorization durations. - To Universal Criteria, removing any specific contraindications in criteria and replaced with general language indicating member does not have any FDA contraindications.



	• Adding CMS reference A52451 (jurisdiction 6, K). • Updating E08.319 code description. • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Syfovre	• Updating Length of Authorization section to include number of days allowed for authorization durations. • Removing specific contraindications in Universal Criteria and replacing with general language indicating member does not have any FDA labeled contraindications. • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Trastuzumab IV	• To Breast Cancer, adding new NCCN 2A rec for use as preoperative therapy in adults with high risk of recurrence or with a primary tumor stage T3-4 early invasive or inflammatory disease. Dosing Table and LOA sections will be updated accordingly. • To CRC, adding 'advanced' to rec on unresectable/metastatic disease for primary treatment in order to simplify criteria by removing the rectal only criteria and aligning with NCCN. Also removing CRC from Dosing Table row with H&N Cancers as current dosing aligns better with 'all other indications'. • To Dosing Table, adding combination therapy and single agent therapy headings to H&N for clarity. • Updating ICD-10 PCM Crosswalk. • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Vabysmo	• To Universal Criteria, removing specific contraindications in criteria and replacing with general language indicating member does not have any FDA contraindications. • Coding updates were made to CMS reference A52451 (jurisdiction 6, K). • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Vyloy	• Updating Length of Authorization section to include number of days allowed for authorization durations. • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates
Zepzelca	• Updating Length of Authorization section to include number of days allowed for authorization durations. • To SCLC, adding footnote stating systemic cytotoxic chemotherapy is recommended for transformed SLCL from NSCLC with an oncogenic driver. • To review the criteria in full, refer to the following link: https://gatewaypa.com/policydisplay/57/mgb-upcoming-policy-updates

