

“What’s New” Medical Pharmaceutical Policy February 2026 Updates

The following policy updates and reviews apply to Commercial, Marketplace, TPA, and Medicare GHP members only:

MBP 295.0 Briumvi (ublituximab-xiyy) – Updated Policy

- Medical record documentation of a diagnosis of a relapsing form of multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease **AND**
- Medical record documentation that member is 18 years of age or older **AND**
- Medical record documentation that Briumvi is prescribed by a neurologist **AND**
- Medical record documentation of a Hepatitis B Screening **AND**
- ~~Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to one formulary alternative.~~
- Medical record documentation that member has failed, is intolerant to, or has a contraindication to a preferred rituximab product **AND**
- If intolerant to the preferred rituximab product, documentation of previous history of severe or potentially life-threatening adverse event during or following administration and the adverse event cannot be managed using pre-medication(s) or adjusting the rate of infusion.

MBP 60.0 Cerezyme (imiglucerase) – Updated Policy

- Documentation of a diagnosis of Type 1 Gaucher disease along with at least one of the following conditions:
 - anemia OR
 - thrombocytopenia OR
 - bone disease OR
 - hepatomegaly or splenomegaly **AND**
- Cerezyme® is recommended by a metabolic specialist with experience in treating Gaucher disease **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to ~~Elelyso~~ **Vpriv** in patients 4 years of age and older

MBP 100.0 Elelyso (taliglucerase alfa) – Updated Policy

Adult Patients:

- Age greater than or equal to 18 years **AND**
- Medical record documentation of a confirmed diagnosis of Type 1 Gaucher disease along with at least one of the following conditions:
 - Anemia **OR**
 - Thrombocytopenia **OR**
 - Bone disease **OR**
 - Hepatomegaly or splenomegaly **AND**
- Elelyso™ (taliglucerase alfa) is recommended by a metabolic specialist with experience in treating Gaucher disease **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **Vpriv**

Pediatric Patients:

- Age between 4 and 17 years **AND**
- Medical record documentation of a confirmed diagnosis of Type 1 Gaucher disease along with at least one of the following symptoms:
 - Malnutrition **OR**
 - Growth retardation **OR**
 - Impaired psychomotor development **OR**
 - Fatigue **OR**
 - Anemia **OR**

- Thrombocytopenia **OR**
- Bone disease **OR**
- Hepatomegaly or splenomegaly **AND**
- Elelyso™ (taliglucerase alfa) is recommended by a metabolic specialist with experience in treating Gaucher disease **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Vpriv

MBP 105.0 VPRIV (velaglucerase alfa) – Updated Policy

- Physician provided documentation of:
 - a diagnosis of Type 1 Gaucher disease with at least one of the following:
 - Anemia
 - Thrombocytopenia
 - Bone disease
 - Hepatomegaly or splenomegaly
 - AND**
 - Insured individual is 4 years of age or greater **AND**
- VPRIV is recommended by a metabolic specialist with experience in treating Gaucher disease **AND**
- ~~Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Elelyso (taliglucerase alfa) in adults.~~

MBP 47.0 Lucentis (ranibizumab), Byooviz (ranibizumab-nuna), and Cimerli (ranibizumab-eqrn) & Part B Step Therapy Document – Updated Policy

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.
- OR**
- Medical record documentation of a diagnosis of diabetic retinopathy with or without macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.
- OR**
- Medical record documentation of a diagnosis of macular edema following retinal vein occlusion **OR** myopic choroidal neovascularization **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.

NOTE: Indicators of intravitreal bevacizumab (Avastin) failure may include:

- ~~Worse or unchanged intraretinal or subretinal fluid.~~
- ~~Persistent subretinal or intraretinal fluid.~~
- ~~Recurrent intraretinal or subretinal fluid at current interval or extended interval.~~
- ~~New subretinal hemorrhage~~
- ~~In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.~~
- ~~Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.~~

AUTHORIZATION DURATION: ~~Approvals will be given for a lifetime duration.~~ Initial authorization approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate. Medical record documentation of a beneficial clinical response based on objective

clinical monitoring will be required for subsequent approvals. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease in a manner suggestive of lack of efficacy of the medication

MBP 253.0 Vabysmo (faricimab) & Part B Step Therapy Document – Updated Policy

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one (1) additional intravitreal VEGF inhibitor (e.g. Eylea a preferred aflibercept product, Beovu, or Lucentis a preferred ranibizumab product)

OR

- Medical record documentation of a diagnosis of diabetic macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one (1) additional intravitreal VEGF inhibitor (e.g. Eylea a preferred aflibercept product, or Lucentis a preferred ranibizumab product)

OR

- Medical record documentation of a diagnosis of macular edema following retinal vein occlusion **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one (1) additional intravitreal VEGF inhibitor (e.g. Eylea a preferred aflibercept product or Lucentis a preferred ranibizumab product)

NOTE: Indicators of intravitreal bevacizumab (Avastin) failure may include:

- ~~Worse or unchanged intraretinal or subretinal fluid.~~
- ~~Persistent subretinal or intraretinal fluid.~~
- ~~Recurrent intraretinal or subretinal fluid at current interval or extended interval.~~
- ~~New subretinal hemorrhage~~
- ~~In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.~~
- ~~Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.~~

AUTHORIZATION DURATION: ~~Approvals will be given for a lifetime duration.~~ Initial authorization approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate. Medical record documentation of a beneficial clinical response based on objective clinical monitoring will be required for subsequent approvals. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease in a manner suggestive of lack of efficacy of the medication

MBP 251.0 Beovu (brolucizumab) & Part B Step Therapy Document – Updated Policy

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.**

OR

- Medical record documentation of a diagnosis of diabetic macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.**

NOTE: Indicators of intravitreal bevacizumab (Avastin) failure may include:

- ~~Worse or unchanged intraretinal or subretinal fluid.~~
- ~~Persistent subretinal or intraretinal fluid.~~
- ~~Recurrent intraretinal or subretinal fluid at current interval or extended interval.~~
- ~~New subretinal hemorrhage.~~
- ~~In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.~~
- ~~Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.~~

AUTHORIZATION DURATION: ~~Approvals will be given for a lifetime duration.~~ Initial authorization approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate. Medical record documentation of a beneficial clinical response based on objective clinical monitoring will be required for subsequent approvals. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease in a manner suggestive of lack of efficacy of the medication

MBP 94.0 Eylea (afibercept), Eylea HD (afibercept) and Pavblu (afibercept-ayyh) & Part B Step Therapy Document – Updated Policy

Eylea/Pavblu:

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.**

OR

- Medical record documentation of a diagnosis of diabetic retinopathy with or without macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals** **OR** medical record documentation of baseline best-corrected visual acuity 20/50 or worse.

OR

- Medical record documentation of a diagnosis of macular edema following retinal vein occlusion **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals.**

OR

- Medical record documentation of a diagnosis of retinopathy of prematurity (ROP)

NOTES:

- ~~Indicators of Avastin failure may include:~~
 - ~~Worse or unchanged intraretinal or subretinal fluid.~~
 - ~~Persistent subretinal or intraretinal fluid.~~
 - ~~Recurrent intraretinal or subretinal fluid at current interval or extended interval.~~
 - ~~New subretinal hemorrhage~~
 - ~~In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.~~
 - ~~Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.~~
- In clinical trials, prematurity was defined as a maximum gestational age at birth of 32 weeks or a maximum birth weight of 1500 grams [3.3 lbs].

AUTHORIZATION DURATION

- **Retinopathy of Prematurity (ROP):** 12 months
- **All other indications:** ~~Approvals will be given for a lifetime duration.~~ Initial authorization approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate. Medical record documentation of a beneficial clinical response based on objective clinical monitoring will be required for subsequent approvals. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease in a manner suggestive of lack of efficacy of the medication

QUANTITY LIMIT: 0.1mL (4mg) per 25 days (2mg per eye per 25 days) (Enter by GPI 14)

Eylea HD:

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of** intravitreal bevacizumab (Avastin) **given at every four (4) week dosing intervals AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one (1) of the following: ~~Eylea a preferred aflibercept product*~~, Beovu*, ~~Lucentis a preferred ranibizumab product*~~, ~~Byooviz*, or Cimerli*~~ **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Vabysmo*

OR

- Medical record documentation of a diagnosis of diabetic retinopathy with or without macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of** intravitreal bevacizumab (Avastin) **given at every four (4) week dosing intervals AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one (1) of the following: ~~Eylea a preferred aflibercept product*~~, Beovu*, ~~Lucentis a preferred ranibizumab product*~~, ~~Byooviz*, or Cimerli*~~ **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Vabysmo*

*Prior authorization required

AUTHORIZATION DURATION: ~~Approvals will be given for a lifetime duration.~~ Initial authorization approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate. Medical record documentation of a beneficial clinical response based on objective

clinical monitoring will be required for subsequent approvals. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease in a manner suggestive of lack of efficacy of the medication

QUANTITY LIMIT: 0.14mL (16mg) per 21 days (8mg per eye per 21 days)

MBP 252.0 Susvimo (ranibizumab implant) & Part B Step Therapy Document – Updated Policy

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation patient has previously responded to at least two (2) intravitreal doses of a Vascular Endothelial Growth Factor (VEGF) inhibitor medication **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to **an adequate trial of intravitreal bevacizumab (Avastin) given at every four (4) week dosing intervals** **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to two (2) additional intravitreal VEGF inhibitors (e.g. **Eylea a preferred aflibercept product**, Beovu, or **Lucentis a preferred ranibizumab product**)

AND

- Medical record documentation that Susvimo (ranibizumab) will not be given in combination with an intravitreal Vascular Endothelial Growth Factor (VEGF) inhibitor administration to the same eye **OR**
- If the request is for use in combination with an intravitreal VEGF inhibitor administration to the same eye, all of the following must be met:
 - Medical record documentation Susvimo (ranibizumab) will be given in combination with intravitreal ranibizumab injection (Lucentis) **AND**
 - Medical record documentation intravitreal ranibizumab injection will be administered on an as needed basis, as determined by the prescriber

NOTE: Indicators of intravitreal Vascular Endothelial Growth Factor (VEGF) inhibitor failure may include:

- ~~Worse or unchanged intraretinal or subretinal fluid.~~
- ~~Persistent subretinal or intraretinal fluid.~~
- ~~Recurrent intraretinal or subretinal fluid at current interval or extended interval.~~
- ~~New subretinal hemorrhage~~
- ~~In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.~~
- ~~Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.~~