

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

The following policy updates and reviews apply to all GHP members (Commercial, Marketplace, TPA, Medicare and Medicaid):

MBP 156.0 Imfinzi (durvalumab) – Updated Policy

9. Neoadjuvant/Adjuvant Resectable Gastric/Gastroesophageal Junction Adenocarcinoma (GC/GEJC)

- Medical record documentation that Imfinzi is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of resectable gastric or gastroesophageal adenocarcinoma (GC/GEJC) **AND**
- Medical record documentation that Imfinzi is being used in the neoadjuvant setting in combination with fluorouracil, leucovorin, oxaliplatin, and docetaxel (FLOT) chemotherapy for 2 cycles prior to and 2 cycles after surgery, then Imfinzi is being continued as a single agent in the adjuvant setting for up to 10 cycles.

AUTHORIZATION DURATION (Neoadjuvant/Adjuvant Resectable Gastric/Gastroesophageal Junction Adenocarcinoma (GC/GEJC)): One approval for 18 months or less if the reviewing provider feels it is medically appropriate. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Authorization of Imfinzi for the neoadjuvant treatment of GC/GEJC should not exceed the FDA-approved maximum treatment duration of 14 cycles (2 cycles of neoadjuvant treatment prior to surgery and 12 cycles as adjuvant treatment after surgery). For requests exceeding the above limit, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member’s healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration.

The following policies were reviewed with no changes:

- MBP 135.0 Unituxin
- MBP 154.0 Radicava
- MBP 157.0 Brineura
- MBP 158.0 Tepadina
- MBP 164.0 Vyxeos
- MBP 169.0 Baxdela IV
- MBP 185.0 Poteligeo
- MBP 188.0 Onpattro
- MBP 197.0 Elzonris
- MBP 248.0 Nexviazyme
- MBP 249.0 Saphnelo
- MBP 260.0 Vyvgart and Vyvgart Hytrulo
- MBP 270.0 Imjudo
- MBP 271.0 Terlivaz
- MBP 309.0 Bevacizumab (Avastin) and Biosimilars

The following policies were reviewed with no changes and apply to Commercial, Marketplace, TPA, and Medicare GHP members only:

- MBP 249.0 Spravato
- MBP 318.0 Casgevy
- MBP 345.0 Intravenous (IV) Iron

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

MBP 288.0 Leqembi (lecanemab-irmb) – Updated Policy

- Medical record documentation that the dementia specialist will monitor the beneficiary at appropriate intervals (prescribing information states MRI is to be obtained prior to the 3rd, 5th, 7th, and 14th infusions) **AND**

The following policies were reviewed with no changes:

- MBP 333.0 Kisunla