

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

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

MBP 354.0 Imaavy (nipocalimab-aahu) – New Policy

- Medical record documentation of age 12 years or older **AND**
- Medical record documentation that Imaavy is prescribed by or in consultation with a neurologist **AND**
- Medical record documentation of a diagnosis of generalized myasthenia gravis (gMG) that is anti-acetylcholine receptor (AChR) positive OR anti-muscle-specific tyrosine kinase (MuSK) antibody positive **AND**
- Medical record documentation of Myasthenia Gravis Foundation of America Clinical Classification (MGFA) Class II to IVa **AND**
- Medical record documentation of a baseline Myasthenia Gravis-Activities of Daily Living (MG-ADL) score greater than or equal to 6 **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to corticosteroids **AND**
- Medical record documentation of therapeutic failure on intolerance to, or contraindication to at least two (2) non-steroidal immunosuppressive therapies OR has failed at least one (1) immunosuppressive therapy and required chronic plasmapheresis or plasma exchange (PE) **AND**
- Medical record documentation of failure on, intolerance to, or contraindication to intravenous immunoglobulin (IVIG).

AUTHORIZATION DURATION: Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Reauthorization will be for 6 months and will require:

- Medical record documentation that the member is responding positively to therapy as evidenced by an improvement of Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score from baseline.

Subsequent reauthorizations will be for an additional 6 months and will require:

- Medical record documentation of continued disease improvement or lack of disease progression **OR**
- Medical record documentation that the member is responding positively to therapy as evidenced by an improvement of Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score from baseline.

MBP 223.0 Blenrep (belantamab mafodotin-blmf) – New Policy

- Medical record documentation that Blenrep is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation the Blenrep will be given in combination with bortezomib and dexamethasone for the first 8 cycles then continued as a single agent **AND**
- Medical record documentation of a diagnosis of relapsed or refractory multiple myeloma **AND**
- Medical record documentation of treatment with at least two (2) prior therapies including a proteasome inhibitor and an immunomodulatory agent

AUTHORIZATION DURATION: Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 6 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease.

MBP 356.0 Teyplute (thiotepa) – New Policy

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Teyplute is prescribed by a hematologist and/or oncologist **AND**
- Medical record documentation of a diagnosis of adenocarcinoma of the breast or ovary **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to thiotepa

AUTHORIZATION DURATION: Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 6 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

MBP 198.0 Gamifant (emapalumab-lzsg) - Updated Policy

HLH/MAS Associated with Still's Disease (Systemic Juvenile Idiopathic Arthritis or Adult-Onset Still's Disease)

- Prescription written by or in consultation with a hematologist or oncologist **AND**
 - Medical record documentation of a diagnosis of Still's disease (sJIA or AOSD) **AND**
 - Medical record documentation of active macrophage activation syndrome (MAS), defined by:
 - Ferritin ≥ 684 ng/mL**AND**
 - 2 of the following 4 laboratory criteria fulfilled:
 - Platelets $\leq 181 \times 10^9/L$
 - AST > 48 U/L
 - Triglycerides > 156 mg/dL
 - Fibrinogen ≤ 360 mg/dL
- AND**
- Medical record documentation of one of the following:
 - Inadequate response, intolerance, or contraindication to glucocorticoid therapy **OR**
 - Refractory or recurrent MAS

Authorization Duration: Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals for up to 6 months with documentation of continued clinical improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or received a hematopoietic stem cell transplantation.

The following policies were reviewed with no changes:

- MBP 18.0 Fabrazyme

The following policies were retired:

- MBP 183.0 Andexxa
- MBP 332.0 Beqvez

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

MBP 318.0 Casgevy (exagamglogene autotemcel) – Updated Policy

AUTHORIZATION DURATION: One (1) time approval (auth duration of 6 months) per lifetime; Requests for authorizations exceeding these limits will require the following medical record documentation of 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.

MBP 319.0 Lyfgenia (lovotibeglogene autotemcel) – Updated Policy

AUTHORIZATION DURATION: One (1) time approval (auth duration of 6 months) per lifetime; Requests for authorizations exceeding these limits will require the following medical record documentation of 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 192.0 Akynzeo
- MBP 116.0 Aveed
- MBP 74.0 Cimzia
- MBP 179.0 Hemlibra
- MBP 86.0 Kalbitor
- MBP 272.0 Krystexxa
- MBP 125.0 Lemtrada
- MBP 124.0 Ruconest
- MBP 67.0 Supprelin LA
- MBP 255.0 Dextenza
- MBP 131.0 Cosentyx
- MBP 254.0 Leqvio
- MBP 68.0 Nplate

- MBP 112.0 Simponi Aria
- MBP 243.0 Durysta

The following policies were retired:

- MBP 153.0 Zinplava
- MBP 171.0 Varubi IV

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

MBP 33.0 Medical Benefit Pharmaceutical Administrative Policy – Updated Policy

D. Drug Optimization Program (Excluding Medicaid and Medicare lines of business)

1. Medical benefit policy (MBP) 300.0 provides a policy of coverage regarding certain complex, rare disease, and specialty drugs, which are required to be obtained from and billed by a Specialty Pharmacy and are not eligible for direct reimbursement to a provider or facility. See MBP 300.0 for information regarding the medical necessity of the drug optimization program.

MBP 300.0 Medical Benefit Drug Optimization Program – Updated Policy [to be effective 7/1/26]

II. Purpose/Objective: To provide a policy of coverage regarding certain complex, rare disease, and specialty drugs, which are required to be obtained from and billed by a Specialty Pharmacy and are not eligible for direct reimbursement to a provider or facility. This policy applies to these medications:

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| 1. AbobotulinumtoxinA (Dysport) | 33. Enfortumab Vedotin (Padcev) |
| 2. Ado-Trastuzumab Emtansine (Kadcyla) | 34. Fam-Trastuzumab Deruxtecan (Enhertu) |
| 3. Amivantamab (Rybrevant) | 35. Ferric Carboxymaltose (Injectafer) |
| 4. Aripiprazole (Abilify Maintena, Abilify Asimtufii) | 36. Ferric Derisomaltose (Monoferic) |
| 5. Aripiprazole lauroxil (Aristada Initio, Aristada) | 37. Fluphenazine deconate |
| 6. Arsenic Trioxide (Trisenox) | 38. Fosdenopterin (Nulibry) |
| 7. Asparaginase (Erwinia [Recombinant]) (Rylaze) | 39. Gemtuzumab Ozogamicin (Mylotarg) |
| 8. Atezolizumab (Tecentriq) | 40. Haloperidol deconate |
| 9. Atezolizumab and Hyaluronidase-tqjs (Tecentriq Hybreza) | 41. Imetelstat (Rytelo) |
| 10. Avelumab (Bavencio) | 42. IncobotulinumtoxinA (Xeomin) |
| 11. Belatacept (Nulojix) | 43. Inotuzumab Ozogamicin (Besponsa) |
| 12. Belinostat (Beleodaq) | 44. Ipilimumab (Yervoy) |
| 13. Blinatumomab (Blinicyto) | 45. Irinotecan liposomal (Onivyde) |
| 14. Brentuximab Vedotin (Adcetris) | 46. Isatuximab (Sarclisa) |
| 15. Bortezomib | 47. Lanreotide (Somatuline Depot) |
| 16. Cabazitaxel (Jevtana) | 48. Lecanemab (Leqembi) |
| 17. Capsaicin (Qutenza) | 49. Loncastuximab Tesirine (Zynlonta) |
| 18. Carfilzomib (Kyprolis) | 50. Lurbinectedin (Zepzelca) |
| 19. Cemiplimab (Libtayo) | 51. Luspatercept (Reblozyl) |
| 20. Collagenase (Xiaflex) | 52. Margetuximab (Margenza) |
| 21. Datopotamab Deruxtecan (Datroway) | 53. Mirvetuximab Soravtansine (Elahere) |
| 22. Daunorubicin and Cytarabine (Liposomal) (Vyxeos) | 54. Mogamulizumab (Poteligeo) |
| 23. Daratumumab (Darzalex) | 55. Mosunetuzumab (Lunsumio) |
| 24. Daratumumab and Hyaluronidase (Darzalex Faspro) | 56. Naxitamab (Danyelza) |
| 25. DaxibotulinumtoxinA (Daxxify) | 57. Necitumumab (Portrazza) |
| 26. Donanemab (Kisunla) | 58. Nivolumab (Opdivo) |
| 27. Dostarlimab (Jemperli) | 59. Nivolumab and hyaluronidase-nvhy (Opdivo Qvantig) |
| 28. Durvalumab (Imfinzi) | 60. Obinutuzumab (Gazyva) |
| 29. Elotuzumab (Empliciti) | 61. Octreotide (Sandostatin LAR) |
| 30. Elranatamab (Elrexfio) | 62. Olanzapine (Zyprexa Relprevv) |
| 31. Epcoritamab (Epkinly) | 63. OnabotulinumtoxinA (Botox) |
| 32. Eribulin (Halaven) | 64. Paliperidone (Invega Sustenna, Invega Hafyera, Invega Trinza) |
| | 65. Panitumumab (Vectibix) |
| | 66. Pasireotide (Signifor LAR) |
| | 67. Pegloticase (Krystexxa) |
| | 68. Pembrolizumab (Keytruda) |

69. Pembrolizumab/berahyaluronidase alfa pmph (Keytruda Qlex)
70. Polatuzumab Vedotin (Polivy)
71. Ramucirumab (Cyramza)
72. Relatlimab and nivolumab (Opdualag)
73. Retifanlimab (Zynyz)
74. RimabotulinumtoxinB (Myobloc)
75. Risperidone (Perseris, Risperdal Consta, Rykindo, Uzedy)
76. Rituximab (Rituxan)
77. Rituximab and Hyaluronidase (Rituxan Hycela)
78. Romidepsin (Istodax)
79. Romiplostim (Nplate)
80. Siltuximab (Sylvant)
81. Sipuleucel-T (Provenge)
82. Sutimlimab (Enjaymo)
83. Tafasitamab (Monjuvi)
84. Tagraxofusp (Elzonris)
85. Tarlatamab (Imdelltra)
86. Tebentafusp (Kimmtrak)
87. Temsirolimus (Torisel)
88. Telisotuzumab Vedotin (Emrelis)
89. Thiotepa (Tepadina)
90. Tislelizumab (Tevimbra)
91. Tisotumab Vedotin (Tivdak)
92. Toripalimab (Loqtorzi)
93. Trabectedin (Yondelis)
94. Trastuzumab (Herceptin)
95. Tremelimumab (Imjudo)
96. Zolbetuximab (Vyloy)

The following policies were reviewed with no changes:

- MBP 11.0 Botulinum Toxin