Medical Policies				
Policy Title	Summary	Products Affected	Effective Date	
Amtagvi	Annual review. • Added MassHealth variation.	MassHealth ACO	2/1/2025	
Abecma	 Annual review. Updated code list. Updated criteria from requiring at least 4 prior lines of therapy to 2 per NCCN guidelines. Updated references. 	All products	2/1/2025	
Breyanzi	 Annual review. Updated code list. Expanded FDA indications to include chronic lymphocytic leukemia/small lymphocytic lymphoma and mantle cell lymphoma. Added ECOG performance status. Updated references. 	All products	<mark>4</mark> /1/2025	
Carvykti	 Annual review. Updated code list. Added FDA indication for patients who are refractory to lenalidomide and have received at least 1 prior line of therapy including a proteasome inhibitor and an immunomodulatory agent. Updated references. 	All products	2/1/2025	
Kymriah	Annual review. • Updated code list.	All products	2/1/2025	
Lutathera	 Annual review. Expanded FDA indications to include patients 12 years and older. Fixed formatting. Added MassHealth variation. 	All products	2/1/2025	
Tecartus	Annual review • Updated code list.	All products	2/1/2025	

Yescarta	Annual review.	All products	2/1/2025
	 Updated code list. 		
Breast Surgeries	Ad hoc review. • Added exclusion for prophylactic removal of texturized breast implants due to small risk of developing anaplastic large cell lymphoma.	All products	2/1/2025
Experimental and Investigational	Ad hoc review. • Updated code list	All products	1/1/2025
Neuromodulation for Overactive Bladder and Fecal Incontinence	Ad hoc review. Updated code list. Added reference to custom InterQual® subset.	All products	2/1/2025
Vertebral Body Tethering	Ad hoc review. • Removed all codes from prior authorization.	All products	<mark>1</mark> /1/2025
Zynteglo	Ad hoc review. • Removed CAR-T NCD from policy and references.	All products	2/1/2025
Tecelra	New policy.	All products	2/ <mark>18</mark> /2025