



Amendment to Mass General Brigham Health Plan Coverage Effective January 1, 2026

This document represents a revision to your Member Handbook.

Section: Pharmacy Benefit

Replace Exception Request for Non-Formulary Drugs with:

Members, their authorized representative on file, or Provider may ask that we do a review, within 72 hours, in order to make a coverage decision for non-formulary drug. The Plan will give the Member, their authorized representative, and Provider notice of the decision for the non-formulary drug within 72 hours. We will decide to cover or not the non-formulary drug within 24 hours if you request an expedited review process due to an exigent (emergent) circumstance.

To start the review process, a Member, their authorized representative, or Provider must call Pharmacy Customer Service at 866-567-9175 (TTY 711) and give us the following information:

- Member Name
- Member Contact Information
- Diagnosis
- Provider Name
- Provider Contact Information
- Medication Requested

We have online tools to help you understand your drug benefits. Visit our Member Portal for detailed information about your coverage including a list of covered drugs, and whether any tier, restrictions, or limits apply.

Replace Grievance Review for Coverage of Non-Formulary Drugs with:

If we deny your first request for coverage of a non-formulary drug, you have the right to submit a Grievance to us. You may request in your Grievance for a coverage determination by us or an Independent Review Organization (IRO). To submit a Grievance, you or your authorized representative on file or your Provider must contact us and state if you wish to have us or an IRO decide on your Grievance.

The Plan will send notification of the coverage determination for the non-formulary drug within 72 hours of your request. If you request an expedited review process due to an exigent (emergent) circumstance, we will send notification of the coverage determination for the non-formulary drug within 24 hours of your request.

If you choose to have your Grievance performed by us, and we deny coverage, you have the right to request a second review by an IRO.

Section: Benefit Exclusions and Limitations

Replace Experimental Services and Procedures with:

The Plan does not cover medical and behavioral health care services, procedures, devices, biologic products, and drugs (collectively “treatment”) when there is insufficient scientific evidence to support their use, except when the treatment is required by regulation. The Plan does not cover even if it is a treatment available as a last resort.

Please refer to the following policies for more information:

For behavioral health services, visit: public.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bh_Clinical_Policies.html

For medical health services, visit: massgeneralbrighamhealthplan.org/providers/medical-policies

As required by law, the Plan does cover:

- One or more stem cell (bone marrow) transplants for a member diagnosed with breast cancer that has spread. The Member must meet the eligibility standards that have been set by the Massachusetts Department of Public Health.
- Certain drugs used on an off-label basis. Examples are drugs used to treat cancer and drugs used to treat HIV/AIDS.
- Patient care services furnished pursuant to qualified clinical trials intended to treat cancer.
- Services, procedures, devices, biologic products, drugs (collectively “treatment”) and programs when there is sufficient scientific evidence to support their use.

Section: Care Management and Disease Management Programs

Replace section name Your Care Circle program with:

Coordinated Whole Health Care Management Program