

Systemic Chemotherapy
Avgemsi (gemcitabine)
Beizray (docetaxel)
Kyxata (carboplatin)
Onivyde (irinotecan liposome)
Pemfexy (pemetrexed)
Vyxeos (daunorubicine/cytarabine)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Avgemsi (gemcitabine vial) is a nucleoside metabolic inhibitor that requires dilution prior to administration. It is indicated:

- in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least six months after completion of platinum-based therapy
- in combination with paclitaxel, for first-line treatment of metastatic breast cancer (mBC) after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated
- in combination with cisplatin for the treatment of non-small cell lung cancer (NSCLC)
- as a single agent as first-line treatment for patients with locally advanced (nonresectable Stage II or Stage III) or metastatic (Stage IV) pancreatic cancer

Beizray (docetaxel) is the first clinically validated docetaxel formulation that uses human-derived albumin for solubilization, reducing adverse effects associated with conventional formulations. It is indicated:

- as a single agent for locally advanced or mBC after chemotherapy failure;
- in combination with doxorubicin and cyclophosphamide as adjuvant treatment of operable node-positive BC.
- as a single agent for locally advanced or metastatic NSCLC after platinum therapy failure;
- in combination with cisplatin for unresectable, locally advanced or metastatic untreated NSCLC.
- with prednisone in metastatic castration-resistant prostate cancer.
- in combination with cisplatin and fluorouracil for untreated, advanced gastric adenocarcinoma, including the gastroesophageal junction, who have not received prior chemotherapy for advanced disease
- in combination with cisplatin and fluorouracil for the induction treatment of locally advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN)

Kyxata (carboplatin) is a platinum-based drug in a ready-to-use formulation. It is indicated:

- as part of a combination regimen, for the initial treatment of advanced ovarian carcinoma.
- as a single agent for the treatment of ovarian carcinoma recurrent after prior chemotherapy.

Pemfexy (pemetrexed) is a folate analog metabolic inhibitor designed to block DNA replication and cell division. It is indicated:

- in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.
- in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC.
- as a single agent for the maintenance treatment of patients with locally advanced or metastatic non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.
- as a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC after prior chemotherapy.

Onivyde (irinotecan liposome) is indicated in combination with fluorouracil and leucovorin for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy, and was more recently approved in combination with oxaliplatin, fluorouracil and leucovorin, for the first-line treatment of adult patients with metastatic pancreatic adenocarcinoma.

Vyxeos (daunorubicin/cytarabine liposome) is a liposomal combination of daunorubicin, an anthracycline topoisomerase inhibitor, and cytarabine, a nucleoside metabolic inhibitor, in a 1:5 molar ratio that is indicated for the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) in pediatric patients one year and older.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Avgemsi (gemcitabine vial)

1. Diagnosis of ONE of the following:
 - a. Breast cancer
 - b. Non-small cell lung cancer (NSCLC)
 - c. Ovarian cancer
 - d. Pancreatic cancer
2. Prescriber is a hematologist or oncologist
3. Member is ≥ 18 years of age
4. Appropriate dosing
5. Inadequate response, adverse reaction, or contraindication to a gemcitabine product available without prior authorization



Beizray (docetaxel)

1. Diagnosis of ONE of the following:
 - a. Breast cancer
 - b. Non-small cell lung cancer (NSCLC)
 - c. Castration-resistant prostate cancer (CRPC)
 - d. Gastric adenocarcinoma (GC)
 - e. Squamous cell carcinoma of the head and neck (SCCHN)
2. Prescriber is a hematologist or oncologist
3. Member is ≥18 years of age
4. Appropriate dosing
5. Inadequate response, adverse reaction, or contraindication to a docetaxel formulation available without prior authorization

Kyxata (carboplatin)

1. Diagnosis of ovarian carcinoma
2. Prescriber is a hematologist or oncologist
3. Member is ≥18 years of age
4. Appropriate dosing
5. Inadequate response, adverse reaction, or contraindication to a carboplatin formulation available without prior authorization

Onivyde (irinotecan liposome)

1. Diagnosis of metastatic adenocarcinoma of the pancreas
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Member ≥18 years of age
5. **ONE** of the following:
 - a. Requested agent will be used in combination with fluorouracil and leucovorin
 - b. **BOTH** of the following:
 - i. Requested agent will be used in combination with fluorouracil and leucovorin
 - ii. Physician attestation of inadequate response or adverse reaction to **ONE** or contraindication to **BOTH** of the following (see appendix for gemcitabine- and fluoropyrimidine-based chemotherapy regimens):
 1. gemcitabine-based chemotherapy regimen
 2. fluoropyrimidine-based chemotherapy regimen

Pemfexy (pemetrexed)

1. Diagnosis of malignant pleural mesothelioma or non-small cell lung cancer (NSCLC)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Physician attestation of inadequate response, adverse reaction, or contraindication to a pemetrexed product available without prior authorization

Vyxeos (daunorubicin/cytarabine)

1. Diagnosis of newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) or MDS/CMML
2. Prescriber is a hematologist or oncologist



3. Appropriate dosing
4. ONE of the following:
 - a. Member is ≥ 60 years of age
 - b. BOTH of the following:
 - i. Member ≥ 1 year of age and < 60 years of age

Inadequate response, adverse reaction, or contraindication to use of separate daunorubicin and cytarabine chemotherapy agents

Continuation of Therapy

Reauthorization by physician will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted 6 months
2. Reauthorizations will be granted for 12 months

References

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Review History

02/08/2023 - Reviewed and created for Feb P&T; Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.

04/12/23 – Reviewed and updated for Apr P&T. Added Alimta and pemetrexed to Overview table under no PA. No clinical changes. Effective 5/1/23.

05/10/23 – Reviewed and updated for P&T. Vyxeos was added to MB management for consistency with the rest of the class. Effective 6/5/23

06/14/23 – Reviewed and updated for P&T. Etopophos (etoposide phosphate) will be managed under MB no PA. Effective 7/31/23.

09/11/24 – Reviewed and updated for P&T. Removed Marqibo due to no longer FDA approved and obsolete. Added expanded indication for Onivyde as a first-line treatment option in combination with oxaliplatin, fluorouracil and leucovorin for adults with metastatic pancreatic adenocarcinoma. Effective 10/1/24.

07/09/25 – Reviewed and updated for P&T. Removed appendix as this info can be found on NCCN. Updated the Overview section to include indications of impacted drugs. Effective 9/1/25

11/12/25 – Reviewed and updated for P&T. Removed Infugem due to product being withdrawn. Effective 1/1/26

09/10/26 – Reviewed and updated for P&T. Avgemsi, Beizray, and Kyxata were added to MB management for consistency with the rest of the class. Updated the Overview section to include indications of impacted drugs. The referencing age for Vyxeos was moved into actual criteria based on NCCN guidance. Initial approval duration was updated to 6 months and reauth duration was updated to 12 months. Effective 10/1/26

