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What's New: 8/15/2024

New and Revised MCGs:	MCG Number	Update
1. Alpelisib (Vijoice)	09-J4000-28	Review and revision to guideline; consisting of updating position statement and references.
2. Asciminib (Scemblix) Tablet	09-J4000-22	Revision to guideline consisting of updates to the description section, dosage/administration, and references. A new 100 mg tablet strength is now available.
3. Automated Percutaneous Discectomy, Laser Discectomy, Percutaneous Endoscopic Discectomy, and DISC Nucleoplasty	02-61000-32	Scheduled review. Revised description, maintained position statement and updated references.
4. Balloon Ostial Dilatation (Balloon Sinuplasty) and Implantable Devices	02-31000-01	Review; no change to position statement. Updated references.
5. Bendamustine HCl Injection	09-J2000-40	Review and revision to guideline consisting of updating the description, position statement, billing/coding, and references. Per NCCN updates, revised the acceptable regimens for follicular and mantle cell lymphoma. For MM indication, added requirement that the member has received at least three prior lines of

therapy. Added new indication of Mycosis Fungoides/Sezary Syndrome for use in certain situations. For brand Vivimusta (J9056), use is only permitted when other bendamustine products cannot be used.

6.	Cardiac Nuclear Imaging (Myocardial Perfusion Imaging)	04-78000-19	Review; no change in position statement. Updated references.
7.	Computed Tomography (CT) Abdomen and Pelvis	04-70450-22	Review; no change in position statement.
8.	Computed Tomography (CT) Extremity (Upper and Lower)	04-70450-24	Review; no change in position statement. Updated references.
9.	Computed Tomography (CT) Heart	04-70450-26	Review; no change in position statement. Updated references.
10.	Computed Tomography (CT) Spine (Cervical, Thoracic, Lumbar)	04-70450-23	Review; no change in position statement. Updated references.
11.	Cooling and Heating Devices Used in the Outpatient Setting	09-E0000-53	Scheduled review. Revised description, maintained position statement and updated references.
12.	Daprodustat (Jesduvrog)	09-J4000-89	New Medical Coverage Guideline.
13.	Efgartigimod alfa-fcab (Vyvgart, Vyvgart Hytrulo) injection	09-J4000-18	Update to position statement to include chronic inflammatory demyelinating polyneuropathy (CIDP) and update to dosing.
14.	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	02-33000-22	Review: Position statements maintained; description and references updated.
15.	Erythropoiesis Stimulating Agents	09-J0000-31	Review and revision to guideline consisting of updating the position statement not to permit use in combination with daprodustat or vadadustat.

16. External Insulin Infusion Pumps and Continuous Glucose Monitors	01-99000-03	Scheduled review. Maintained position statement and updated references.
17. Extracorporeal Shock Wave (ESW) Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	02-20000-24	Scheduled review. Revised description, maintained position statement and updated references.
18. FDG-SPECT	04-78000-15	Review; no change in position statement. Updated references.
19. Genetic Testing	05-82000-28	Review: Position statements and investigational test list reviewed and updated; description, coding and references updated.
20. High Resolution Anoscopy	02-46000-01	Review: Position statements maintained; description and references updated.
21. Home Cardiorespiratory Monitoring, Infant	09-E0000-50	Review: Position statements maintained, and references updated.
22. Ibrutinib (Imbruvica)	09-J2000-09	Review and revision to guideline consisting of updating the description section, position statement, precautions, and references. A 560 mg strength must be obtained using four 140 mg capsules. Added an allowance for the oral suspension to be used for members (including adults) who are unable to swallow capsules. New precaution in the package labeling regarding hepatotoxicity, including drug-induced liver injury.
23. In Utero (Intrauterine) Fetal Surgery	03-59000-16	Review; no change to position statement. Updated references.
24. Inebilizumab (Uplizna) Injection	09-J3000-73	Review and revision to guideline; consisting of updating the position statement for NMOSD.

25. Invasive Electrical Bone Growth Stimulator (EBGS)	02-20000-22	Scheduled review. Revised description, maintained position statement, and updated references.
26. Liver Transplant and Combined Liver-Kidney Transplant	02-40000-20	Scheduled review. Revised description, maintained position statement and updated references.
27. Lung and Lobar Lung Transplant	02-30000-10	Scheduled review. Revised description, maintained position statement and updated references.
28. Magnetoencephalography/Magnetic Source Imaging	01-95805-16	Review; no change to position statement.
29. Mavacamten (Camzyos) Tablet	09-J4000-31	Review and revision to guideline consisting of updating the description, Precautions/Warnings section, and references.
30. Neuropsychological Testing	01-95805-14	Scheduled review. Maintained position statement and updated references.
31. Obeticholic Acid (Ocaliva) Tablet	09-J2000-65	Review and revision to guideline consisting of revising the position statement to not allow combination therapy with elafibranor (Iqirvo) and updating the references.
32. Obinutuzumab (Gazyva) Injection	09-J2000-07	Review and revision to guideline consisting of updating the description section, position statement, and references. Added a new indication of mantle cell lymphoma. Updated the CLL/SLL section for better clarity and added high-dose methylprednisolone (HDMP) + obinutuzumab as a treatment option in certain situations.
33. Oscillatory Devices Used in the Home for the Treatment of Cystic Fibrosis and Other Respiratory Disorders	09-E0000-28	Review: Position statements maintained, and references updated.

34. Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty and Intraosseous Basivertebral Nerve Ablation	02-61000-20	Scheduled review. Revised description. Maintained position statement and updated references.
35. Pitolisant (Wakix)	09-J3000-52	Review and revision to guideline; updated position statement, dosage, and references.
36. Positron Emission Tomography (PET) Cardiac Applications	04-78000-16	Review; no change in position statement. Updated references.
37. Ravulizumab (Ultomiris) IV	09-J3000-26	Review and revision; consisting of updating the position statement for NMOSD.
38. Sarilumab (Kevzara) Injection	09-J2000-88	Revision to guidelines consisting of updates to the description, position statement, dosage/administration, billing/coding, and references based on the new FDA-approved indication for the treatment of active PJIA in patients who weigh 63 kg or greater.
39. SARS-CoV-2 Monoclonal Antibodies	09-J3000-86	Revised position statement and coding.
40. Satralizumab (Enspryng)	09-J3000-79	Review and revision to guideline; consisting of updating the position statement for NMOSD.
41. Scanning Computerized Ophthalmic Diagnostic Imaging	01-92000-17	Scheduled review. Maintained position statement and updated references.
42. Stereotactic Body Radiotherapy	02-77371-02	Review; no change to position statement. Updated references.
43. Stereotactic Radiosurgery (Intracranial)	02-77371-01	Review; no change to position statement. Updated references.
44. Tebentafusp-tebn (Kimmtrak) IV Infusion	09-J4000-26	Review and revision to guideline consisting of updating the references.

45. Thoracic Electrical Bioimpedance (TEB)	01-93000-29	Scheduled review. Maintained position statement and updated references.
46. Transcatheter Pulmonary Valve Implantation	02-33000-33	Review; no change to position statement. Updated references.
47. Tumor/Genetic Markers	05-86000-22	Review: Position statements and investigational test list reviewed and updated; description, coding and references updated.
48. Vadadustat (Vafseo)	09-J4000-90	New Medical Coverage Guideline.

Medical Coverage Guidelines (MCG) for the following oral oncology medications have been consolidated to a single MCG:

[09-J3000-65, Oral Oncology Medications](#)

A complete list of previous oral oncology MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number	Generic/Brand	MCG Number
Abemaciclib (Verzenio)	09-J2000-93	Lenvatinib (Lenvima)	09-J2000-38
Acalabrutinib (Calquence)	09-J2000-94	Lorlatinib (Lorbrena)	09-J3000-23
Afatinib (Gilotrif)	09-J2000-06	Midostaurin (Rydapt)	09-J2000-86
Alectinib (Alecensa)	09-J2000-56	Neratinib (Nerlynx)	09-J2000-83
Alpelisib (Piqray)	09-J3000-42	Niraparib (Zejula)	09-J2000-77
Apalutamide (Erleada)	09-J3000-03	Olaparib (Lynparza)	09-J2000-32
Avapritinib (Ayvakit)	09-J3000-63	Osimertinib (Tagrisso)	09-J2000-55
Axitinib (Inlyta)	09-J1000-67	Palbociclib (Ibrance)	09-J2000-34
Binimetinib (Mektovi)	09-J3000-20	Panobinostat (Farydak)	09-J2000-37
Brigatinib (Alunbrig)	09-J2000-84	Pazopanib (Votrient)	09-J1000-49
Ceritinib (Zykadia)	09-J2000-17	Pexidartinib (Turalio)	09-J3000-47
Cobimetinib (Cotellic)	09-J2000-53	Pomalidomide (Pomalyst)	09-J1000-95
Crizotinib (Xalkori)	09-J1000-57	Ponatinib (Iclusig)	09-J1000-89
Dabrafenib (Tafinlar)	09-J2000-00	Regorafenib (Stivarga)	09-J1000-83
Dacomitinib (Vizimpro)	09-J3000-18	Rucaparib (Rubraca)	09-J2000-72
Darolutamide (Nubeqa)	09-J3000-50	Ruxolitinib (Jakafi)	09-J1000-63
Dasatinib (Sprycel)	09-J1000-43	Selinexor (Xpovio)	09-J3000-44
Duvelisib (Copiktra)	09-J3000-14	Sonidegib (Odomzo)	09-J2000-45
Enasidenib (Idhifa)	09-J2000-90	Sorafenib (Nexavar)	09-J1000-50
Encorafenib (Braftovi)	09-J3000-19	Sunitinib Malate (Sutent)	09-J1000-51
Entrectinib (Rozlytrek)	09-J3000-48	Talazoparib (Talzenna)	09-J3000-21
Enzalutamide (Xtandi)	09-J1000-85	Topotecan HCl (Hycamtin)	09-J1000-02
Erdafitinib (Balversa)	09-J3000-31	Trametinib (Mekinist)	09-J1000-99
Gefitinib (Iressa)	09-J2000-44	Tretinoin Oral	09-J1000-61
Gilteritinib (Xospata)	09-J3000-28	Trifluridine-Tipiracil (Lonsurf)	09-J2000-46
Glasdegib (Daurismo)	09-J3000-27	Vandetanib (Caprelsa)	09-J1000-38
Idelalisib (Zydelig)	09-J2000-23	Vemurafenib (Zelboraf)	09-J1000-40
Ivosidenib (Tibsovo)	09-J3000-13	Venetoclax (Venclexta)	09-J2000-64
Lapatinib (Tykerb)	09-J1000-47	Vismodegib (Erivedge)	09-J1000-66

Larotrectinib (Vitrakvi)

09-J3000-25

Vorinostat (Zolinza)

09-J1000-54

Lenalidomide (Revlimid)

09-J0000-80

Zanubrutinib (Brukinsa)

09-J3000-62

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J3000-93, Exon-Skipping Therapy for Duchenne Muscular Dystrophy](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Eteplirsen (Exondys 51)	09-J2000-69
Golodirsen (Vyondys 53)	09-J3000-55
Viltolarsen (Viltepso)	09-J3000-78

Medical Coverage Guideline: 09-J2000-91, Tisagenlecleucel (Kymriah) Infusion

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J3000-94, Chimeric Antigen Receptor \(CAR\) T-Cell Therapies](#)

A complete list of previous CAR T-cell therapy MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Tisagenlecleucel (Kymriah) Infusion	09-J2000-91
Axicabtagene Ciloleucel (Yescarta) Infusion	09-J2000-95
Brexucabtagene Autoleucel (Tecartus) Infusion	09-J3000-71
Lisocabtagene Maraleucel (Breyanzi)	09-J3000-83

Policy Review Information

Submit new information relevant to a policy when next reviewed by Florida Blue to:

Florida Blue Medical Policy Area

4800 Deerwood Campus Parkway

Building 900, 5th floor

Jacksonville, FL 32246-8273

Preventive Services Information

Preventive services include a broad range of services (including screening tests, counseling, and immunizations/vaccines). Florida Blue has adopted the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services: [childhood and adolescent immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP); adult immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP)].

[Centers for Disease Control and Prevention \(CDC\)](#) (recommended vaccines and immunizations).

[Guide to Clinical Preventive Services](#) (recommendations made by the **USPSTF** for clinical preventive services).

Medicare Part B Pharmacy Review Updates

Effective January 1, 2024, the following updates to the Medical Coverage Guideline Program Exceptions will go into effect:

Program Exceptions:

Medicare Advantage Products (Effective 1/1/2024):

For treatment initiation and continuing therapy under Medicare Advantage:

1. Approve for one (1) year unless a shorter duration is clinically indicated under FDA label (Dosage and Administration section).
2. Approve per duration indicated in the associated Florida Blue Medical Coverage Guideline (MCG) if MCG approval duration exceeds FDA label for clinical evaluation.

In the absence of dosing frequency information within the Local Coverage Determination (LCD) or National Coverage Determination (NCD), refer to the Position Statement section or Dosage and Administration section within the associated Medical Coverage Guideline.