

[Policy Review Information](#)

[Preventive Services Information](#)

[CAR T-cell therapy Medical Coverage Guidelines Consolidation](#)

[Duchenne Muscular Dystrophy Medical Coverage Guidelines Consolidation](#)

[Oral Oncology Medications Medical Coverage Guidelines Consolidation](#)

[Medicare Part B Pharmacy Review Updates](#)

## What's New: 10/1/2024

New and Revised MCGs:	MCG Number	Update
1. <a href="#">Abatacept (Orencia) Injection and Infusion</a>	09-J0000-67	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for subcutaneous Orencia for RA, PJIA, and PsA. Rinvoq LQ added among the required prerequisite agents for subcutaneous Orencia for PJIA and PsA. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
2. <a href="#">Adalimumab Products (Humira and biosimilars)</a>	09-J0000-46	Simlandi changed from a non-preferred Step 3c adalimumab product to a preferred Step 1a adalimumab product.
3. <a href="#">Anakinra (Kineret) Injection</a>	09-J0000-45	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for RA.
4. <a href="#">Apremilast (Otezla) Tablet</a>	09-J2000-19	Updates to Table 1.
5. <a href="#">Baricitinib (Olumiant) Tablet</a>	09-J3000-10	Revision to guideline consisting of updating the position statement. Updates

to Table 1. Simlandi added among the required prerequisite agents for Olumiant for RA.

6.	<a href="#"><u>Belinostat (Beleodaq) Injection</u></a>	09-J2000-21	ICD 10 update.
7.	<a href="#"><u>Bendamustine HCl Injection</u></a>	09-J2000-40	Revision: ICD-10 code updates.
8.	<a href="#"><u>Bimekizumab-bkzx (Bimzelx) Injection</u></a>	09-J4000-70	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents.
9.	<a href="#"><u>Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid</u></a>	02-10000-11	Quarterly CPT/HCPCS coding update. Codes A2027-A2029, Q4336-Q4345 added; code A2024 revised.
10.	<a href="#"><u>Blood Glucose Monitors and Supplies</u></a>	09-E0000-14	Quarterly CPT/HCPCS coding update. Revised A4271.
11.	<a href="#"><u>Brentuximab (Adcetris) Injection</u></a>	09-J1000-53	ICD-10 coding update.
12.	<a href="#"><u>Brodalumab (Siliq) Injection</u></a>	09-J2000-79	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents.
13.	<a href="#"><u>Carfilzomib (Kyprolis) Injection</u></a>	09-J1000-81	Revision: ICD-10 code updates.
14.	<a href="#"><u>Certolizumab Pegol (Cimzia) Injection</u></a>	09-J0000-77	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for self-administered Cimzia for AS, RA, CD, PS, and PsA. Rinvoq LQ added among the required prerequisite agents for self-administered Cimzia for PsA. New ICD-10 codes.
15.	<a href="#"><u>Chimeric Antigen Receptor (CAR) T-Cell Therapies</u></a>	09-J3000-94	Revision: ICD-10 code updates.

16. <a href="#">Deucravacitinib (Sotyktu) Tablet</a>	09-J4000-37	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents.
17. <a href="#">Docetaxel (Taxotere) IV</a>	09-J0000-95	Revision: Updated description of HCPCS code J9172.
18. <a href="#">Donanemab-azbt (Kisunla) intravenous infusion</a>	09-J4000-94	Revision: Added HCPCS code J0175 and deleted codes C9399 and J3590.
19. <a href="#">Doxorubicin HCl Liposome (Doxil) Injection</a>	09-J0000-91	Revision: ICD-10 code updates.
20. <a href="#">Elafibranor (Iqirvo) Tablet</a>	09-J4000-93	New Medical Coverage Guideline: Elafibranor (Iqirvo) for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.
21. <a href="#">Epcoritamab-bysp (Epkinyly) SQ Injection</a>	09-J4000-61	Revision: Updating ICD-10 billing codes.
22. <a href="#">Etanercept (Enbrel) Injection</a>	09-J0000-38	Updates to Table 1.
23. <a href="#">Etrasimod (Velsipity) Tablet</a>	09-J4000-72	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi and Skyrizi added among the required prerequisite agents.
24. <a href="#">Fidanacogene Elaparvovec (Beqvez)</a>	09-J4000-92	Revision: Added HCPCS code C9172.
25. <a href="#">Genetic Testing</a>	05-82000-28	Quarterly CPT/HCPCS coding update. Codes 0476U,0477U added; code 0403U revised, code 0078U deleted.
26. <a href="#">Givinostat HCl (Duvyzat)</a>	09-J4000-86	New Medical Coverage Guideline.
27. <a href="#">Glofitamab-gxbm (Columvi) IV Infusion</a>	09-J4000-60	Revision: Updating ICD-10 billing codes.

28. <a href="#"><u>Golimumab (Simponi, Simponi Aria) Injection and Infusion</u></a>	09-J1000-11	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for Simponi for AS, RA, UC, and PsA. Rinvoq LQ added among the required prerequisite agents for Simponi for PsA. Skyrizi added among the required prerequisite agents for Simponi for UC. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
29. <a href="#"><u>Granulocyte Colony Stimulating Factors</u></a>	09-J0000-62	Review and revision to guideline; consisting of updating the position statement to prefer pegfilgrastim biosimilars prior to the use of Neulasta and Neulasta Onpro. Added filgrastim-txid (Nypozi) to the position statement.
30. <a href="#"><u>Guselkumab (Tremfya) Injection</u></a>	09-J2000-87	Updates to Table 1.
31. <a href="#"><u>Ibrutinib (Imbruvica)</u></a>	09-J2000-09	Revision: ICD-10 code updates.
32. <a href="#"><u>Immune Globulin Therapy</u></a>	09-J0000-06	ICD-10 coding update.
33. <a href="#"><u>In Vitro Chemoresistance and Chemosensitivity Assays</u></a>	05-86000-11	Quarterly CPT/HCPCS coding update. Code 0248U revised.
34. <a href="#"><u>Infliximab Products [infliximab (Remicade), infliximab-dyyb (Inflectra), infliximab-abda (Renflexis), and infliximab-axxq (Avsola)]</u></a>	09-J0000-39	Revision to guideline consisting of updating the position statement and billing/coding. Renflexis added as a co-preferred infliximab product. Simlandi (for CD) and Simlandi and Skyrizi (for UC) added to the list of prerequisite agents that must be tried prior to the use of Zymfentra. Updated dosing for immune checkpoint inhibitor-related adverse effect. New ICD-10 codes related to fistulas and adverse effect of immune checkpoint inhibitors.

35. <a href="#">Intravenous Lidocaine for the Management of Chronic Pain</a>	09-J0000-65	Revision: Added HCPCS codes J2002 and 2003 and deleted code J2001.
36. <a href="#">Investigational Services</a>	09-A0000-03	Quarterly CPT/HCPCS coding update. Codes A4543, A4544, E0715, E0716, E0721, E0743 added; code E0739 revised.
37. <a href="#">Ixazomib (Ninlaro) Capsule</a>	09-J2000-51	Revision: ICD-10 code updates.
38. <a href="#">Ixekizumab (Taltz) Injection</a>	09-J2000-62	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Taltz for AS, PS, and PsA. Rinvoq LQ added among the required prerequisite agents for Taltz for PsA.
39. <a href="#">Knee Braces</a>	09-L0000-01	Quarterly CPT/HCPCS update. Code L1821 added; code L1820 revised.
40. <a href="#">Laboratory Tests Post Transplant and for Heart Failure</a>	05-86000-24	Quarterly CPT/HCPCS update. Code 0493U added.
41. <a href="#">Lanreotide (Somatuline Depot) Injection</a>	09-J1000-20	ICD-10 coding update.
42. <a href="#">Levoleucovorin (Fusilev, Khapzory)</a>	09-J2000-31	ICD-10 coding update.
43. <a href="#">Mavorixafor (Xolremdi) Capsule</a>	09-J4000-91	New Medical Coverage Guideline.
44. <a href="#">Mirikizumab-mrkz (Omvoh®) Injection and Infusion</a>	09-J4000-71	Revision to guideline consisting of updating the position statement. Omvoh moved from a Step 3c agent to a Step 3b agent.
45. <a href="#">Nab-Paclitaxel Injection (Abraxane)</a>	09-J1000-05	Revision: Removed HCPCS code J9258. Per CMS, Teva's paclitaxel product is now considered as a multisource drug to be billed under Abraxane's existing HCPCS code J9264.

46. <a href="#">Nivolumab (Opdivo)</a>	09-J2000-33	ICD-10 coding, dosing, and reference updates.
47. <a href="#">Obinutuzumab (Gazyva) Injection</a>	09-J2000-07	Revision: ICD-10 code updates.
48. <a href="#">Octreotide Acetate (Sandostatin LAR Depot, Mycapssa Capsule)</a>	09-J0000-90	ICD-10 coding updates.
49. <a href="#">Oral Oncology Medications</a>	09-J3000-65	Review and revision to guideline; addition of Ojemda tablets and oral suspension to Table 1. Retevmo tablets were added and a step through generic pazopanib was included for Votrient.
50. <a href="#">Oscillatory Devices Used in the Home for the Treatment of Cystic Fibrosis and Other Respiratory Disorders</a>	09-E0000-28	Quarterly CPT/HCPCS coding update. Code E0469 added.
51. <a href="#">Ozanimod (Zeposia) Capsules</a>	09-J3000-70	Revision to guideline consisting of updating the position statement. Simlandi and Skyrizi added among the required prerequisite agents for Zeposia for UC.
52. <a href="#">Pembrolizumab (Keytruda) Injection</a>	09-J2000-22	ICD-10 coding, dosing, and reference update.
53. <a href="#">Pemetrexed (Alimta, Pemfexy) IV</a>	09-J1000-01	Revision: Updated HCPCS code C83.390 and added HCPCS code C83.398.
54. <a href="#">Physical Therapy (PT) and Occupational Therapy (OT)</a>	01-97000-01	Quarterly CPT/HCPCS coding update. Added code E3200. Revised description and position statement, and updated references.
55. <a href="#">Pneumatic Compression Devices</a>	09-E0000-31	Quarterly CPT/HCPCS coding update. Added E0683.
56. <a href="#">Polatuzumab vedotin-piiq (Polivy) Infusion</a>	09-J3000-43	Revision: ICD-10 code updates.
57. <a href="#">Pralatrexate (Folotyn) IV</a>	09-J1000-18	ICD 10 update.

58. <a href="#">Preventive Services</a>	01-99385-03	Quarterly CPT/HCPCS update; added 90624.
59. <a href="#">Psoralens Plus Ultraviolet A (PUVA) Therapy (Photochemotherapy)</a>	02-10000-16	Annual ICD10 coding update. Codes L29.89, L66.10, L66.11 L66.19 added; codes L29.8 and L66.1 deleted.
60. <a href="#">Risankizumab-rzaa (Skyrizi) Injection and Infusion</a>	09-J3000-45	Revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, billing/coding, and references based on the new FDA-approved indication for UC in adults.
61. <a href="#">Rituximab Products</a>	09-J0000-59	ICD-10 coding update.
62. <a href="#">Sarilumab (Kevzara) Injection</a>	09-J2000-88	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Kevzara for RA and PJIA.
63. <a href="#">Secukinumab (Cosentyx) Injection and Infusion</a>	09-J2000-30	Updates to Table 1.
64. <a href="#">Speech Generating Devices</a>	09-E0000-51	Quarterly CPT/HCPCS coding update, Added E2513. Deleted E2599.
65. <a href="#">Step Therapy Requirements for Medicare Outpatient (Part B) Medications</a>	09-J3000-39	Revision to guidelines, consisting of the addition of new ST programs and addition of PiaSky as a preferred complement inhibitor. New HCPCS and ICD-10 codes.
66. <a href="#">Tafasitamab-cxix (Monjuvi) IV Infusion</a>	09-J3000-81	Revision: ICD-10 code updates.
67. <a href="#">Teplizumab (Tziel) Injection</a>	09-J4000-40	Revision: Added ICD-10 code E10.A2 and deleted codes E10.8 and E10.9.
68. <a href="#">Tocilizumab (Actemra) Injection and Infusion, Tocilizumab-aazg (Tyenne) Injection and Infusion, and Tocilizumab-bavi (Tofidence) Infusion</a>	09-J1000-21	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required

		prerequisite agents for self-administered Actemra for RA and PJIA. Rinvoq LQ added among the required prerequisite agents for self-administered Actemra for PJIA. Added HCPC code Q5135. New ICD-10 codes.
69. <a href="#">Tofacitinib (Xeljanz, Xeljanz XR) Oral Solution, Tablet and Extended-Release Tablet</a>	09-J1000-86	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for all indications.
70. <a href="#">Trastuzumab (Herceptin) Injection</a>	09-J0000-86	Revision to guideline; Updated position statement.
71. <a href="#">Tumor/Genetic Markers</a>	05-86000-22	Quarterly CPT/HCPCS coding update. Codes 0490U-0492U added.
72. <a href="#">Upadacitinib Tablets (Rinvoq) and Oral Solution (Rinvoq LQ)</a>	09-J3000-51	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for AS, PJIA, PsA, RA, CD, and UC.
73. <a href="#">Ustekinumab (Stelara) Injection and Infusion</a>	09-J1000-16	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
74. <a href="#">Vedolizumab (Entyvio) Injection and Infusion</a>	09-J2000-18	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for self-administered Entyvio for CD and UC. Skyrizi added among the required prerequisite agents for self-administered Entyvio for UC. ICD-10 codes related to adverse effect of immune checkpoint inhibitors.



## What's New: 9/15/2024

New and Revised MCGs:	MCG Number	Update
1. <a href="#">Autologous Chondrocyte Implantation (ACI)</a>	02-20000-17	Scheduled review. Revised description, maintained position statement and updated references.
2. <a href="#">Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid</a>	02-10000-11	Revision: Collagen dressing position statements added; coding, reimbursement, and references updated.
3. <a href="#">Botulinum Toxins</a>	09-J0000-29	Revision: Added ICD-10 codes G51.31 – G51.39.
4. <a href="#">Bronchial Thermoplasty</a>	02-30000-12	Review; no change in position statement. Updated references.
5. <a href="#">Cenegermin-bkbj (Oxervate)</a>	09-J3000-15	Review and revision to guideline consisting of revising the position statement approval duration to 12 weeks to allow for the 8-week treatment regimen.
6. <a href="#">Cochlear Implants</a>	02-69000-03	Scheduled review. Maintained position statement and updated references.
7. <a href="#">Complications of Pregnancy</a>	03-59000-04	Review; no change in position statement. Updated references.
8. <a href="#">Computer Assisted Surgical Navigation</a>	02-99221-14	Review; no change in position statement. Updated references.
9. <a href="#">Crovalimab (Piasky)</a>	09-J4000-95	New Medical Coverage Guideline.
10. <a href="#">Cryoablation of Liver Tumors</a>	02-40000-22	Scheduled review. Revised description, maintained position statement, and updated references.

11. <a href="#">Daratumumab (Darzalex) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro) Injection</a>	09-J2000-49	Revision to guidelines consisting of updating the description section, position statement, dosage/administration, and references. The FDA approved a new MM regimen for Darzalex Faspro in combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in newly diagnosed MM patients who are eligible for ASCT. The FDA-approved regimen is based on 4-week cycles.
12. <a href="#">Diabetic Self-Management Training and Educational Supplies</a>	01-99000-02	Scheduled review. Revised description, maintained position statement and updated references.
13. <a href="#">Donanemab-azbt (Kisunla) intravenous infusion</a>	09-J4000-94	New Medical Coverage Guideline.
14. <a href="#">Donislecel (Lantidra) Allogenic Islet Cell Transplant</a>	09-J4000-58	Review and revision of the guideline to update the position statement for conditions incompatible for transplant and removing the requirement for GLP-1 receptor agonist as concomitant therapy, adding billing code C9399, and updating references.
15. <a href="#">Drugs and Biologics without Medical Coverage Guideline</a>	09-J0000-68	Revision to guideline; added Anktiva, Imdelltra, and Rytelo to table 1.
16. <a href="#">Eculizumab (Soliris) Injection</a>	09-J1000-17	Review and revision to guideline; consisting of updating the the position statement to revise the step for paroxysmal nocturnal hemoglobinuria and updating agents not to be used in combination.
17. <a href="#">Edaravone (Radicava)</a>	09-J2000-82	Revision to guideline; updated position statement.
18. <a href="#">Epcoritamab-bysp (Epkinly) SQ Injection</a>	09-J4000-61	Review and revision to guideline consisting of revising the position statement and dosing/administration

section to include the new FDA approved indication for relapsed or refractory follicular lymphoma and its associated dosing, adding billing codes, and updating references.

19. <a href="#">Evinacumab-dgnb (Evkeeza) Infusion</a>	09-J3000-99	Review and revision to guideline consisting of updating the position statement and references. Updated the HoFH diagnosis requirements and added age limits for when certain prerequisite lipid lowering therapy is required.
20. <a href="#">Fidanacogene Elaparovec (Beqvez)</a>	09-J4000-92	New Medical Coverage Guideline.
21. <a href="#">Glofitamab-gxbm (Columvi) IV Infusion</a>	09-J4000-60	Review and revision to guideline consisting of updating references.
22. <a href="#">Hospital Beds and Accessories</a>	09-E0000-12	Review: Position statements maintained.
23. <a href="#">Lecanemab-irmb (Leqembi) intravenous infusion</a>	09-J4000-41	Review and revision to the guideline consisting of revising the Position Statement to specify that baseline assessments should be performed within the last 6 months and to not allow concomitant therapy with donanemab-azbt (Kisunla).
24. <a href="#">Lifileucel (Amtagvi) suspension for IV infusion</a>	09-J4000-81	Update to the position statement to clarify the IL-2 (aldesleukin) dosing of 600,000 IU/kg intravenously for a maximum of 6 total doses within 4 days after the lifileucel (Amtagvi) infusion.
25. <a href="#">Magnetic Resonance - Guided High Intensity Focused Ultrasound Ablation</a>	02-56000-27	Review; no change to position statement. Updated references.
26. <a href="#">Magnetic Resonance Imaging (MRI) Spine (Cervical, Thoracic, Lumbar)</a>	04-70540-17	Revised preoperative and post operative evaluation/planning.

27. <a href="#">Maralixibat (Livmarli)</a>	09-J4000-10	Revision to guidelines consisting of updates to the description, position statement, dosage/administration, precautions, and references based on the expanded FDA-approved age for PFIC and new 19 mg/mL oral solution concentration.
28. <a href="#">Medical &amp; Surgical Management of Sleep Apnea, Snoring, and Other Conditions of the Soft Palate and Nasal Passages</a>	02-40000-16	Review: HNS position statements, description, and references updated.
29. <a href="#">New-To-Market Program for Medical Benefit Medications</a>	09-J4000-30	Review and revision of guideline with updates to the description section, position statement, and billing/coding. Expanded the scope of the program to include any medical benefit medication. Removed Beqvez (fidanacogene elaparvovec-dzkt), Kisunla (donanemab-azbt) and Piasky (crovalimab-akkz) from the drug list.
30. <a href="#">Orthognathic Surgery</a>	02-12000-17	Revision. Changed coverage designation for genioplasty from “does not meet the definition of medical necessity” to “non-covered”.
31. <a href="#">Oxygen</a>	09-E0400-00	Review: Informational note on airline travel added; program exception section and references updated.
32. <a href="#">Panniculectomy and Abdominoplasty</a>	02-12000-16	Review; no change in position statement.
33. <a href="#">Pelvic Floor Stimulation as a Treatment of Incontinence</a>	01-97000-06	Scheduled review. Maintained position statement and updated references.
34. <a href="#">Percutaneous Electrical Nerve Stimulation (PENS)</a>	02-61000-03	Revision. Revised description, maintained position statement and updated references.
35. <a href="#">Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation</a>	02-33000-36	Scheduled review. Maintained position statement and updated references.

36. <a href="#">Physical Therapy (PT) and Occupational Therapy (OT)</a>	01-97000-01	Revision. Revised description, added coverage statement for AposTherapy®, and updated references.
37. <a href="#">Positive Airway Pressure Devices</a>	09-E0000-21	Review: Position statements maintained and references updated.
38. <a href="#">Positron Emission Tomography (PET) Miscellaneous Applications</a>	04-78000-18	Review; added statement for anti-amyloid drug. Updated references.
39. <a href="#">Prophylactic Mastectomy</a>	02-12000-15	Review; no change to position statement. Updated references.
40. <a href="#">Reduction Mammoplasty</a>	02-12000-11	Review; no change to position statement. Updated references.
41. <a href="#">Resmetirom (Rezdiffra) tablets</a>	09-J4000-85	Review and revision to guideline consisting of revising the position statement to require documentation of the FIB-4 score, allow for non-invasive liver tests as an alternative to liver biopsy, and extension of the initial approval duration to 1 year.
42. <a href="#">Selective Internal Radiation Therapy</a>	04-77260-21	Review; no change to position statement. Updated references.
43. <a href="#">Sleep Testing</a>	01-95828-01	Review: Position statements, description, and references updated.
44. <a href="#">Speech Generating Devices</a>	09-E0000-51	Scheduled review. Maintained position statement and updated references.
45. <a href="#">Technologies for the Evaluation of Malignant Melanoma</a>	01-96900-03	Review: Position statement maintained; description and references updated.
46. <a href="#">Tofersen (Qalsody) Intrathecal Injection</a>	09-J4000-59	Review and revision to guideline consisting of updating the position statement to allow prescribing of tofersen (Qalsody) by, or in consultation with, a neurologist or neuromuscular specialist

but limiting diagnosis to a specialist, requiring laboratory documentation for the genetic test, and updating references.

47. [Transcatheter Mitral Valve Repair/Replacement and Transcatheter Tricuspid Valve Repair](#)

02-33000-35

Review: Position statements, title, description, coding, and references updated.

48. [Treatment of Hyperhidrosis](#)

01-94010-08

Scheduled review. Revised description, added CPT 64818, maintained position statement and updated references.

49. [Tumor Treating Fields Therapy](#)

02-61000-10

Scheduled review. Maintained position statement and updated references.

50. [Tumor/Genetic Markers](#)

05-86000-22

Revision: codes 80145, 80230, 80280 removed.

51. [Valbenazine \(Ingrezza, Ingrezza Sprinkle\)](#)

09-J2000-81

Review and revision to guideline; consisting of updating the position statement to include Ingrezza Sprinkle capsules.

52. [Wheelchairs and Wheelchair Accessories](#)

09-E0000-35

Scheduled review. Maintained position statement, revised Medicare Advantage program exception, and updated references.

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.