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What's New: 6/15/2026

New and Revised MCGs:	MCG Number	Update
1. Afamitresgene Autoleucel (Tecelra)	09-J4000-96	Review and revision to guideline; updated position statement and references.
2. Aprocitentan (Tryvio) Tablets	09-J5000-18	Review and revision of the guideline consisting of updating the references.
3. Chenodiol (Ctexli) Tablets	09-J5000-16	Review and revision to guideline consisting of updating references.
4. Computed Tomography to Detect Coronary Artery Calcification	04-70450-02	Review; no change in position statement.
5. Etranacogene Dezaparvovec (Hemgenix)	09-J4000-44	Review and revision to guideline; consisting of updating position statement with comparative effectiveness language.
6. Evoked Potentials, Intraoperative Neurophysiologic Monitoring, and Quantitative Electroencephalography (QEEG)	01-95805-13	Annual review: Position statements maintained; references updated.
7. Fidanacogene Elaparvovec (Beqvez)	09-J4000-92	Revision to guideline; updated position statement with Comparative Effectiveness language.
8. Granulocyte Colony Stimulating Factors	09-J0000-62	Review and revision to guideline consisting of adding pegfilgrastim-unne (Armlupeg) to the guideline. Updated regimens with intermediate to high risk of febrile neutropenia.
9. Immune Globulin Therapy	09-J0000-06	Revision to guideline; including addition of comparative effectiveness statement for Asceniv. Updated the position statement for

IgG subclass deficiency and acquired hypogammaglobulinemia conditions.

10. Infertility	02-56000-24	Review; no change in position statement. Updated references.
11. Investigational Services	09-A0000-03	SleepioRx™ (G0552) reviewed. Code 0646T removed (refer to policy 02-33000-35).
12. Irreversible Electroporation (IRE)	02-40000-26	Annual review: Position statement maintained and references updated.
13. Knee Arthroscopy and Open, Non-Arthroplasty Knee Repair	02-20000-65	Review; no change in position statement. Updated references.
14. Lenacapavir (Yeztugo, Sunlenca) SQ Injection and Tablet	09-J5000-23	Review and revision to the guideline consisting of adding lenacapavir (Sunlenca) to the position statement for the treatment of HIV-1 but not requiring prior authorization, revising the MCG title and respective sections with lenacapavir (Sunlenca) prescribing information and billing/coding, and updating references.
15. Magnetic Resonance Imaging (MRI) of the Breast	04-70540-09	Review; no change in position statement. Updated references.
16. Mechanical Stretching Devices for Treatment of Joint Stiffness and Contractures	09-E0000-47	Annual review: Position statements maintained and references updated.
17. Myoelectric Prosthetic and Orthotic Components for the Upper Limb	09-L0000-07	Annual review: Position statements maintained; references updated.
18. Nab-Paclitaxel Injection (Abraxane®)	09-J1000-05	Revision to guideline; consisting of updating the position statement breast cancer, endometrial cancer, Kaposi sarcoma, ovarian cancer, and pancreatic cancer.
19. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Added Avopef (etoposide) injection, Evdi (trabectedin) injection, and Favlyxa (fluorouracil) injection and removed Armlupeg (pegfilgrastim-unne) injection from the drug list.
20. Orthognathic Surgery	02-12000-17	Annual review: Position statements maintained and references updated.

21. <u>Radiation Treatment Delivery and Radiation Treatment Management Reimbursement Guideline</u>	04-77260-01	Review; no change to position statement.
22. <u>Resmetirom (Rezdiffra) tablets</u>	09-J4000-85	Review and revision to guideline consisting of revising the position statement to not allow combination therapy with Wegovy (semaglutide) for MASH and updating references.
23. <u>Revakinagene taroretcel-lwey (Encelto) Intravitreal Implant</u>	09-J5000-17	Review and revision to guideline consisting of updating references.
24. <u>Subtalar Arthroereisis</u>	02-99221-17	Annual review: Position statement maintained; references updated.
25. <u>Surgical Ablation for Treatment of Chronic Rhinitis</u>	02-31000-03	Review; no change to position statement.
26. <u>Teplizumab (Tziel) Injection</u>	09-J4000-40	Revision to guideline consisting of updating the description section, position statement, dosage/administration, precautions, and references based on expanded FDA-approved indication (now includes ages 1 year and older) and new Boxed Warning regarding viral reactivation.
27. <u>Therapeutic Radiology Simulation-Aided Field Setting Reimbursement Guideline</u>	04-77260-05	Review; no change to position statement.
28. <u>Therapeutic Radiology Treatment Planning Reimbursement Guideline</u>	04-77260-04	Review; no change to position statement.
29. <u>Thoracic and Lumbar Spine Surgery</u>	02-20000-48	Review; no change in position statement. Updated references.
30. <u>Transcatheter Mitral Valve Repair/Replacement and Transcatheter Tricuspid Valve Repair/Replacement</u>	02-33000-35	Review: Position statements, coding, and references updated.
31. <u>Transvaginal Radiofrequency Bladder Neck Suspension and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence</u>	02-50000-16	Review; no change in position statement.
32. <u>Tumor/Genetic Markers</u>	05-86000-22	Signatera position statements revised; coding updated.
33. <u>Valoctocogene Roxaparvovec-rvox (Roctavian)</u>	09-J4000-62	Revision to guideline; updated position statement with Comparative Effectiveness language.

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 Guidelines (MCG) for these therapies 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

[09-J5000-50, Transthyretin Amyloidosis \(ATTR\)](#)

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

Generic/Brand	MCG Number
Acoramidis (Attruby)	09-J5000-11
Eplontersen (Wainua)	09-J4000-77
Patisiran Sodium (Onpattro)	09-J3000-16
Tafamidis (Vyndamax, Vyndaqel) Oral	09-J3000-41
Vutrisiran (Amvuttra)	09-J4000-32

[09-J5000-52, Cystic Fibrosis Transmembrane Conductance Regulator \(CFTR\) Modulators](#)

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

Generic/Brand	MCG Number
Ivacaftor (Kalydeco) Oral	09-J1000-68
Lumacaftor Ivacaftor (Orkambi) Capsule	09-J2000-29
Tezacaftor-Ivacaftor (Symdeko)	09-J2000-97
Elexacaftor-tezacaftor-ivacaftor (Trikafta)	09-J3000-53
Deutivacaftor-Tezacaftor- Vanzacaftor (Alyftrek)	09-J5000-10

[09-J5000-53, Deflazacort \(Emflaza\), Vamorolone \(Agamree\)](#)

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

Generic/Brand	MCG Number
Deflazacort (Emflaza)	09-J2000-76
Vamorolone (Agamree)	09-J4000-76

[09-J5000-43, Huntington's Chorea and Tardive Dyskinesia Agents](#)

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

Generic/Brand	MCG Number
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Tetrabenazine (Xenazine) and Deutetrabenazine (Austedo, Austedo XR)	09-J1000-07
Valbenazine (Ingrezza, Ingrezza Sprinkle)	09-J2000-81

[09-J5000-35, Interleukin-5 \(IL-5\) Inhibitors](#)

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

Generic/Brand	MCG Number
Benralizumab (Fasenra)	09-J2000-92
Mepolizumab (Nucala)	09-J2000-54
Reslizumab (Cinqair) IV infusion	09-J2000-63

[09-J5000-37, IL-13 Antagonists](#)

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

Generic/Brand	MCG Number
Lebrikizumab-lbkz (Ebglyss)	09-J5000-00
Tralokinumab-ldrm (Adbry) Injection	09-J4000-20

[09-J5000-51, Lupus](#)

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

Generic/Brand	MCG Number
Anifrolumab-fnia (Saphnelo)	09-J4000-07
Belimumab (Benlysta) Injection	09-J1000-35
Voclosporin (Lupkynis)	09-J3000-96

[09-J5000-44, Multiple Sclerosis: Oral and Self Injectable Therapy](#)

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

Generic/Brand	MCG Number
Brand Aubagio Tablets	09-J1000-82
Brand Gilenya and Tascenso ODT	09-J1000-30
Brand Tecfidera, Diroximel fumarate (Vumerity), Monomethyl fumarate (Bafiertam) Capsule	09-J1000-96
Cladribine (Mavenclad) tablets	09-J3000-34
Multiple Sclerosis Self Injectable Therapy (Interferon beta products and Copaxone)	09-J1000-39
Ofatumumab (Kesimpta)	09-J3000-84
Ponesimod (Ponvory) Tablet	09-J3000-98
Siponimod (Mayzent) tablets	09-J3000-35

[09-J5000-40, Niemann-Pick Disease Type C](#)

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

Generic/Brand	MCG Number
Arimoclomol (Miplyffa) Capsules	09-J5000-04
Levacetylleucin (Aqneursa) Oral Suspension	09-J5000-05

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

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

Generic/Brand	MCG Number
Abiraterone Acetate (Yonsa, Zytiga) Tablets	09-J1000-36
Bosutinib (Bosulif) Capsules and Tablets	09-J1000-84
Ibrutinib (Imbruvica)	09-J2000-09
Imatinib (Imkeldi) Oral Solution	09-J5000-15
Ixazomib (Ninlaro) Capsule	09-J2000-51
Momelotinib (Ojjaara) Tablets	09-J4000-69
Nilotinib Capsules (Nilceya and Tasigna) and Tablets (Danziten)	09-J1000-48
Pacritinib (Vonjo) Capsule	09-J4000-24
Ropeginterferon alfa-2b-njft (Besremi)	09-J4000-19

[09-J5000-41, Oral and IV Amyotrophic Lateral Sclerosis](#)

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

Generic/Brand	MCG Number
Edaravone (Radicava)	09-J5000-04
Riluzole (Exservan, Tiglutik)	09-J3000-38

[09-J5000-45, Osteoporosis Self-Injectable Therapy](#)

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

Generic/Brand	MCG Number
Abaloparatide (Tymlos)	09-J2000-85
Teriparatide (Forteo, Bonsity, Teriparatide) injection	09-J0000-47

[09-J5000-49, Phenylketonuria \(PKU\)](#)

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

Generic/Brand	MCG Number
Pegvaliase-pqpz (Palyntiq)	09-J3000-07
Sapropterin (Kuvan) Tablets	09-J0000-74

[09-J5000-46, Thrombocytopenia Oral Therapy](#)

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

Generic/Brand	MCG Number
Avatrombopag (Doptelet, Doptelet Sprinkle)	09-J3000-02
Eltrombopag (Promacta, Alvaiz)	09-J1000-13
Fostamatinib (Tavalisse)	09-J3000-00
Lusutrombopag (Mullepla) Tablet	09-J3000-11
Rilzabrutinib (Wayrilz)	09-J5000-30

[09-J5000-47, Urea Cycle Disorders](#)

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

Generic/Brand	MCG Number
Glycerol Phenylbutyrate (Ravicti)	09-J1000-98
Sodium Phenylbutyrate (Buphenyl, Olpruva, Pheburane)	09-J1000-97

[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

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.