

[Policy Review Information](#)

[Preventive Services Information](#)

What's New: 11/15/2019

New and Revised MCGs:

1. [Afatinib \(Gilotrif TM\) Tablets](#) Revision to guideline, consisting of updating position statement.
2. [Alemtuzumab \(Lemtrada TM\) IV](#) Review and revision to guideline; consisting of updating position statement and references.
3. [Allergy Testing and Immunotherapy](#) Revision. Add (E/I) coverage statement for sublingual immunotherapy antigen drops. Update references.
4. [Apalutamide \(Erleada\) Tablet](#) Revision to guideline consisting of updating the description section, position statement, dosage/administration, precautions, and references.
5. [Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer](#) Review; Position statements maintained and references updated.
6. [Blepharoplasty/Brow Surgical Procedures](#) Scheduled review. Maintained position statement, revised program exceptions, and updated references.
7. [Blood Glucose Monitors and Supplies](#) Scheduled review. Position statement maintained. Revised program exception section, Updated references.
8. [Buprenorphine HCl \(Probuphine ®\) Subdermal Implant](#) Review and revision to guideline, consisting of updating references.
9. [Cladribine \(Mavenclad\) tablets](#) Revision to guideline consisting of updating the position statement, description, definitions, and references.

10. [Computed Tomographic Angiography \(CTA\) Heart](#) Revised description and position statements; added evaluation in suspected coronary artery disease (CAD). Updated references.
11. [Computed Tomography \(CT\) Abdomen and Pelvis](#) Revised position statements (abdomen, pelvis, abdomen and pelvis). Updated references.
12. [Computed Tomography \(CT\) Extremity \(Upper and Lower\)](#) Revised position statements for (upper extremity: mass/tumor, known cancer, infection or inflammatory disease, pre-operative/procedural evaluation, additional indications for upper extremity, shoulder, wrist) and (lower extremity: mass/tumor, pre-operative procedural evaluation, additional indications for lower extremity, foot, knee, hip). Updated references.
13. [Computed Tomography \(CT\) Head and Brain](#) Revised position statement for (seizure disorder, suspected trauma, headache, brain tumor, mass or metastasis, CVA, inflammatory disease or infection, congenital abnormality, other indications for brain CT, combination studies). Updated references.
14. [Computed Tomography \(CT\) Heart](#) Revised position statements for (cardiac structure and function/adult congenital heart disease, left ventricular function assessment, valvular assessment, intra and extracardiac structures, electrophysiologic procedure planning, transcatheter structural intervention planning, aortic pathology). Revised description, reimbursement information and abbreviations. Updated references.
15. [Computed Tomography \(CT\) of the Neck for Soft Tissue Evaluation](#) Revised position statements for (tumor or cancer, combination studies, suspected tumor or cancer, other indications for neck CT). Added deep space infections or abscesses of the pharynx or neck. Deleted inflammatory disease or infection and combination studies. Updated references.
16. [Computed Tomography \(CT\) Spine \(Cervical, Thoracic, Lumbar\)](#) Revised position statements for (cervical, thoracic, lumbar). Lumbar CT: added evaluation of chronic back pain. Updated references

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| 17. Computed Tomography (CT) Temporal Bone/Mastoid & Maxillofacial | Revised position statements for (maxillofacial and sinus, tumor, trauma, evaluation (pre-operative, post-operative), other indications for sinus and maxillofacial CT, orbit). Added deep space infections or abscesses of the pharynx or neck, temporal/mastoid/internal auditory canal, hearing loss, tinnitus, other indications). Deleted temporal bone and mastoid, maxillofacial and sinus, orbits and sella. Updated references. |
| 18. Computed Tomography (CT) Thorax (Chest) | Revised position statements for (tumor, cancer or mass, lung cancer screening). Added position statement for pulmonary embolism (PE). Deleted indication for combination studies. Updated references. |
| 19. Daratumumab (Darzalex®) Injection | Revision to guidelines consisting of updating the description section, position statement, dosage/administration section, and references based on NCCN guideline updates and a new FDA-approved indication for first-line use in combination with bortezomib, thalidomide, and dexamethasone. |
| 20. Dimethyl Fumarate (Tecfidera®) Capsule | Review and revision to guideline; consisting of updating position statement, description and references. |
| 21. Enasidenib Mesylate (Idhifa®) Tablet | Revision to guideline consisting of updating the description section, position statement, and references. |
| 22. Enzalutamide (Xtandi®) Capsules | Review and revision to guidelines consisting of updating the description section, position statement, and references. |
| 23. External Infusion Pumps (non-insulin) | Scheduled review. Maintained position statement and updated references. |
| 24. Fingolimod (Gilenya™) Capsule | Review and revision to guideline; consisting of updating the description, position statement and references. |
| 25. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes | Revision; MMR & EPCAM testing criteria, description section, and references updated. |
| 26. Gilteritinib (Xospata) | Review and revision to guidelines consisting of updating the description, position statement, dosage/administration, precautions, and references. |

27. Glasdegib (Daurismo)	Review and revision to guidelines consisting of updating the description, position statement, billing/coding, and references.
28. Hormone Replacement	Revision to guidelines; consisting of adding FDA approved dosing to Position Statement
29. Inotersen (Tegsedi)	Review and revision, consisting of updating references, position statement, description
30. Invasive Electrical Bone Growth Stimulator (EBGS)	Scheduled review. Revised description, maintained position statement, and updated references.
31. Investigational Services	Added code T1505.
32. Ivosidenib (Tibsovo)	Review and revision to guidelines consisting of updating the description, position statement, billing/coding, and references.
33. Midostaurin (Rydapt)	Review and revision to guidelines consisting of updating the description, position statement, billing/coding, and references.
34. Multigene Expression Assay for Predicting Recurrence in Colon Cancer	Review; position statement maintained and references updated.
35. Multiple Sclerosis Self Injectable Therapy	Review and revision to guideline; consisting of updating position statement, description and references.
36. Natalizumab (Tysabri®) IV	Review and revision to guideline; consisting of updating description, position statement and references.
37. Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA	Review; Position statements maintained and references updated.
38. Ocrelizumab (Ocrevus®) Infusion	Review and revision to guideline; consisting of updating position statement, description, and references.
39. Patisiran Sodium (Onpattro)	Review and revision, consisting of updating references, position statement, description
40. Percutaneous Electrical Nerve Stimulation (PENS)	Revision. Revised description, added coverage statement for peripherally implanted nerve stimulators. Updated references.

41. [Prosthetics](#) Scheduled review. Revised description and position statement (minor revisions to breast, lower limb, feet, and sockets; added coverage statement for pneumatic or hydraulic polycentric hip joint). Updated Medicare Advantage program exception and references.
42. [Siponimod \(Mayzent\) tablets](#) Revision to guideline; consisting of updating the description, definition and references.
43. [Sonidegib \(Odomzo®\) Capsule](#) Review and revision to guideline consisting of updating the position statement, precautions, billing/coding, and references.
44. [Teriflunomide \(Aubagio®\) Tablets](#) Review and revision to guideline; consisting of updating position statement, description and references.
45. [Tesamorelin \(Egrifta™\) Injection](#) Review and revision to guideline; consisting of dosing, references.
46. [Treatment of Autism Spectrum Disorders](#) Scheduled review. Revised description. Maintained position statement and updated references.
47. [Vismodegib \(Erivedge™\) Capsules](#) Review and revision to guideline consisting of updating the description, position statement, billing/coding, and references.
48. [Whole Body Dual X-ray Absorptiometry \(DEXA\) to Determine Body Composition and Other Body Composition Techniques](#) Review; no change to position statement.

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).