

[Policy Review Information](#)

[Preventive Services Information](#)

What's New: 7/1/2020

New and Revised MCGs:	MCG Number	Update
1. Abatacept (Orencia) Injection and Infusion	09-J0000-67	Revision to guideline consisting of updating the description, position statement, other, and definitions.
2. Adalimumab (Humira) Injection	09-J0000-46	Review and revision to guideline consisting of updating the description section, position statement, definitions, billing/coding, and other.
3. Alemtuzumab (Lemtrada) IV	09-J2000-27	Revision to guideline; consisting of updating position statement.
4. Allergy Testing and Immunotherapy	01-95000-01	Quarterly CPT/HCPCS coding update: added 0178U; revised code descriptor 0165U.
5. Allogeneic Hematopoietic Cell Transplantation	02-38240-01	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
6. Allogeneic Pancreas Transplant	02-40000-17	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
7. Anakinra (Kineret) Injection	09-J0000-45	Revision to guideline consisting of updating the description, position statement, and billing/coding.
8. Apremilast (Otezla) Tablet	09-J2000-19	Revision to guideline consisting of updating the description, position statement, billing/coding, related guidelines, and definitions.
9. Autologous Hematopoietic Cell Transplantation	02-38241-01	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.

10. Baricitinib (Olumiant) Tablet	09-J3000-10	Revision to guideline consisting of updating the description, position statement, dosage/administration, and references.
11. Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid	02-10000-11	Quarterly CPT/HCPCS coding update. Added codes Q4227-Q4248; revised code Q4176.
12. Brodalumab (Siliq) Injection	09-J2000-79	Revision to guideline consisting of updating the description, position statement, and definitions.
13. Certolizumab Pegol (Cimzia) Injection	09-J0000-77	Revision to guideline consisting of updating the description, position statement, and definitions.
14. Cladribine (Mavenclad) tablets	09-J3000-34	Revision to guideline consisting of updating the position statement.
15. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision: added HCPCS code J7204.
16. Crizanlizumab-tmca (Adakveo)	09-J3000-56	Revision: Added HCPCS code J0791 and deleted codes C9053 and J3590.
17. Dimethyl Fumarate (Tecfidera) and Diroximel fumarate (Vumerity) Capsules	09-J1000-96	Review and revision to guideline; consisting of updating position statement, description, dosing, precautions, and references.
18. Enfortumab Vedotin-ejfv (Padcev) IV	09-J3000-59	Revision: Added HCPCS code J9177 and deleted code J3590.
19. Eptinezumab-jjmr (Vyepti)	09-J3000-68	Revision: Added HCPCS code C9063.
20. Etanercept (Enbrel) Injection	09-J0000-38	Revision to guideline consisting of updating the description, position statement, billing/coding, and definitions.
21. Fam-Trastuzumab Deruxtecan-nxki (Enhertu)	09-J3000-58	Revision: Added HCPCS code J9358 and deleted code J9999.
22. Fecal Microbiota Transplantation	02-40000-24	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
23. Fingolimod (Gilenya) Capsule	09-J1000-30	Revision to guideline; consisting of updating the

position statement.

24. Genetic Testing	05-82000-28	Revision: CADASIL syndrome position statements updated; gene expression analysis and protein biomarkers to guide management of prostate cancer reviewed and position statement maintained; references updated. Quarterly CPT/HCPCS update. Added codes 0173U and 0175U.
25. Givosiran (Givlaari) SQ	09-J3000-60	Revision: Added HCPCS code J0223 and deleted codes C9056 and J3490.
26. Golimumab (Simponi, Simponi Aria) Injection and Infusion	09-J1000-11	Revision to guideline consisting of updating the description, position statement, and definitions.
27. Golodirsen (Vyondys 53)	09-J3000-55	Revision: Added HCPCS code J1429 and deleted code J3490.
28. Granulocyte Colony Stimulating Factors	09-J0000-62	Revision: Added HCPCS code Q5120 and deleted codes C9058 and J3590.
29. Guselkumab (Tremfya) Injection	09-J2000-87	Revision to guideline consisting of updating the description and position statement.
30. Heart and Lung Transplant	02-33000-24	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
31. Heart Transplant	02-33000-23	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
32. Immune Globulin Therapy	09-J0000-06	Revision: Added HCPCS code J1558.
33. Infliximab Products [infliximab (Remicade), infliximab-dyyb (Inflectra), infliximab-abda (Renflexis), and infliximab-axxq (Avsola)]	09-J0000-39	Revision to guideline consisting of updating the description, position statement, billing/coding, definitions, and other sections.
34. Interspinous and Interlaminar Stabilization/Distractor (Spacers) and Fixation (Fusion) Devices	02-20000-36	Added code C1821.
35. Investigational Services	09-A0000-03	Quarterly CPT/HCPCS coding update. Added codes

0598T-0619T; revised code 0577T.

36. Irreversible Electroporation (IRE)	02-40000-26	Quarterly CPT/HCPCS coding update. Added codes 0600T, 0601T.
37. Islet Cell Transplantation	02-40000-21	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
38. Isolated Small Bowel Transplant	02-40000-18	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
39. Ixekizumab (Taltz) Injection	09-J2000-62	Revision to guideline consisting of updating the description, position statement, dosage/administration, definitions, other, and references.
40. Kidney Transplant	02-50300-01	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
41. Liver Transplant and Combined Liver-Kidney Transplant	02-40000-20	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
42. Lung and Lobar Lung Transplant	02-30000-10	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
43. Luspatercept-aamt (Reblozyl)	09-J3000-61	Revision: Added HCPCS code J0896 and deleted code J3590.
44. Melphalan HCl, Captisol-Enabled (Evomela) IV Infusion	09-J2000-61	Revision: Added HCPCS code J9246 and deleted code J9245.
45. Multiple Sclerosis Self Injectable Therapy	09-J1000-39	Revision to guideline; consisting of updating position statement.
46. Natalizumab (Tysabri) IV	09-J0000-73	Revision to guideline; consisting of updating the position statement.
47. Ocrelizumab (Ocrevus) Infusion	09-J2000-78	Revision to guideline consisting of updating the

position statement.

48. Onasemnogene abeparvovec (Zolgensma)	09-J3000-30	Revision: Added HCPCS code J3399 and deleted codes C9399 and J3590.
49. Ozanimod (Zeposia) Capsules	09-J3000-70	New Medical Coverage Guideline.
50. Risankizumab-rzaa (Skyrizi) Injection	09-J3000-45	Revision to guideline consisting of updating the description and position statement.
51. Rituximab (Rituxan) and Rituximab hyaluronidase (Rituxan Hycela)	09-J0000-59	Revision: Added HCPCS code Q5119.
52. Sarilumab (Kevzara) Injection	09-J2000-88	Revision to guideline consisting of updating the description, position statement, dosage/administration, and other section.
53. Secukinumab (Cosentyx) Injection	09-J2000-30	Revision to guideline consisting of updating the description and position statement.
54. Siponimod (Mayzent) tablets	09-J3000-35	Revision to guideline; consisting of updating the position statement.
55. Small Bowel, Liver and Multivisceral Transplant	02-40000-19	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
56. Teprotumumab (Tepezza) Infusion	09-J3000-64	Revision: Added HCPCS code C9061.
57. Teriflunomide (Aubagio) Tablets	09-J1000-82	Revision to guideline; consisting of updating the position statement.
58. Tildrakizumab-asmn (Ilumya)	09-J3000-04	Revision to guideline consisting of updating the description, position statement, and definitions.
59. Tocilizumab (Actemra) Injection and Infusion	09-J1000-21	Revision to guideline consisting of updating the description and position statement.
60. Tofacitinib (Xeljanz, Xeljanz XR) Tablets	09-J1000-86	Revision to guideline consisting of updating the description, position statement, and definitions.
61. Tumor/Genetic Markers	05-86000-22	Gene expression profiling for cutaneous melanoma reviewed and position statements maintained;

references updated. Quarterly CPT/HCPCS update.
Added codes 0174U & 0179U.

62. Upadacitinib (Rinvog)	09-J3000-51	Revision to guideline consisting of updating the description and position statement.
63. Ustekinumab (Stelara) Injection and Infusion	09-J1000-16	Revision to guideline consisting of updating the description, position statement, billing/coding, and definitions.
64. Vedolizumab (Entyvio) Infusion	09-J2000-18	Revision to guideline consisting of updating the description and position statement.
65. Viscosupplementation, Hyaluronan Injections (e.g. Synvisc)	09-J1000-22	Revision: Added HCPCS code J7333 and revised description for code J7321.

What's New: 6/15/2020

New and Revised MCGs:	MCG Number	
1. Computer-Assisted Navigation for Orthopedic Procedures	02-20000-30	Review; Investigational position maintained and references updated.
2. Cysteamine Bitartrate (Procysbi)	09-J2000-02	Revision to guideline; consisting of updating the position statement, dosing, and references.
3. Drugs and Biologics without Medical Coverage Guideline	09-J0000-68	Revision to guideline; adding Istodax and Romidepsin to and removing Sylatron from Position Statement.
4. Enteral Formulas	09-J0000-61	Scheduled review. Maintained position statement and updated references.
5. Eptinezumab-jjmr (Vyepiti)	09-J3000-68	New Medical Coverage Guideline
6. Extracorporeal Membrane Oxygenation (ECMO) for Adult Conditions	02-33000-40	Scheduled review. Revised description. Maintained position statement and updated references.

7.	Gonadotropin Releasing Hormone Analogs and Antagonists	09-J0000-48	Revision to guideline consisting of updating the position statement.
8.	Granulocyte Colony Stimulating Factors	09-J0000-62	Revision to guideline consisting of updating Table 1 and references.
9.	Hospital Beds and Accessories	09-E0000-12	Review; Position statements maintained.
10.	Injectable Iron Therapy	09-J2000-10	Revised position statement and coding to include Monoferric and Triferic AVNU
11.	Interspinous and Interlaminar Stabilization/Distractor (Spacers) and Fixation (Fusion) Devices	02-20000-36	Scheduled review. Revised description. Maintained position statement and updated references.
12.	Investigational Services	09-A0000-03	Added codes 84112 & 0066U.
13.	Ipilimumab (Yervoy™) Injection	09-J1000-34	Revision to guideline; consisting of updating the position statement.
14.	Irinotecan Liposome Injection (Onivyde™)	09-J2000-52	Review and revision to guideline consisting of updating references.
15.	Isatuximab-irfc (Sarclisa) Infusion	09-J3000-67	New Medical Coverage Guideline
16.	Lower Limb Microprocessor-Controlled Prosthetics	09-L0000-06	Review; no change in position statement. Updated references.
17.	Luspatercept-aamt (Reblozyl)	09-J3000-61	Revision to guideline consisting of updating the description section, position statement, dosage/administration, precautions, billing/coding, other section, and references based on a new FDA-approved indication for MDS.
18.	Magnetoencephalography/Magnetic Source Imaging	01-95805-16	Review; no change to position statement. Updated references.
19.	Mechanical Stretching Devices for Treatment of Joint Stiffness and Contractures	09-E0000-47	Review; Position statements maintained and references updated.
20.	Myoelectric Prosthetic and Orthotic Components for the Upper Limb	09-L0000-07	Review; Position statements maintained and references updated.

21. Neurolysis, Ablation	02-61000-34	Revision: added codes C9752, C9753 (investigational). Updated references.
22. Neuromuscular Electrical Stimulation (NMES)	09-E0000-25	Review; Maintain position statements and update references.
23. Nivolumab (Opdivo®)	09-J2000-33	Revision to guideline; consisting of updating the position statement.
24. Octreotide Acetate (Sandostatin LAR Depot, Bynfezia Pen) Injection	09-J0000-90	Review and revision to guideline consisting of updating position statement, dosing, coding and references.
25. Olaratumab (Lartruvo)	09-J2000-73	Review and revision to guideline; maintained position statement. Updated references.
26. Peanut (Arachis hypogaea) Allergen Powder-dnfd (Palforzia)	09-J3000-69	New Medical Coverage Guideline
27. Pembrolizumab (Keytruda®) Injection	09-J2000-22	Revision to guideline; consisting of updating position statement, dosing and references.
28. Pemetrexed Disodium (Alimta, Pefexy) IV	09-J1000-01	Revision to guideline; added Pefexy to position statement.
29. Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty	02-20000-18	Scheduled review. Revised description. Revised position statement (added coverage statements for acute fracture due to trauma). Updated references.
30. Platelet-Derived Growth Factors and Platelet-Rich Plasma	02-10000-09	Review; Position statements maintained and references updated.
31. Subtalar Arthroereisis	02-99221-17	Review; position statement maintained and references updated.
32. Tesamorelin (Egrifta™) Injection	09-J1000-32	Revision to guideline to remove CT from initiation criteria
33. Viscocalostomy and Canaloplasty	02-65000-18	Scheduled review. Revised description, Maintained position statement 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 (Ihdifa)	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	Trametinib (Mekinist)	09-J1000-99
Erdafitinib (Balversa)	09-J3000-31	Tretinoin Oral	09-J1000-61
Gefitinib (Iressa)	09-J2000-44	Trifluridine-Tipiracil (Lonsurf)	09-J2000-46
Gilteritinib (Xospata)	09-J3000-28	Vandetanib (Caprelsa)	09-J1000-38
Glasdegib (Daurismo)	09-J3000-27	Vemurafenib (Zelboraf)	09-J1000-40
Idelalisib (Zydelig)	09-J2000-23	Venetoclax (Venclexta)	09-J2000-64
Ivosidenib (Tibsovo)	09-J3000-13	Vismodegib (Erivedge)	09-J1000-66
Lapatinib (Tykerb)	09-J1000-47	Vorinostat (Zolinza)	09-J1000-54
Larotrectinib (Vitrakvi)	09-J3000-25	Zanubrutinib (Brukinsa)	09-J3000-62
Lenalidomide (Revlimid)	09-J0000-80		

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).