

[Policy Review Information](#)

[Preventive Services Information](#)

What's New: 11/15/2020

New and Revised MCGs:	MCG Number	Update
1. Automated Percutaneous Discectomy, Laser Discectomy, Percutaneous Endoscopic Discectomy, and DISC Nucleoplasty	02-61000-32	Scheduled review. Maintained position statement and updated references.
2. Balloon Dilation of the Eustachian Tube	02-31000-02	Review; Position statements, coding, and references updated.
3. Belantamab Mafodotin-blmf (Blenrep) IV Infusion	09-J3000-80	New Medical Coverage Guideline.
4. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision to position statement.
5. Eculizumab (Soliris) Injection	09-J1000-17	Revision to guideline consisting of updating position statement and references.
6. Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer	05-86000-29	Review; Position statement, title, description, and references updated.
7. Genetic Testing	05-82000-28	Revision; PALB2 position statements updated; Testing for BRIP1, RAD51C, and RAD51D variants position statements added; coding and references updated.
8. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	05-82000-31	Review; Coverage maintained and references updated.
9. Glycerol Phenylbutyrate (Ravicti)	09-J1000-98	Review and revision to guideline; consisting of updating the position statement and references.
10. Growth Hormone Therapy	09-J0000-27	Review and revision to guideline consisting of updating the position statement, dosing, and references.
11. Home Health Care	01-99500-01	Review and revision. Clarified statement for home health aide. Format changes. Updated references.

12. Hospice Care	01-99500-03	Review; no change in position statement. Updated references.
13. Inebilizumab (Uplizna) Injection	09-J3000-73	Revision to position statement.
14. Ipilimumab (Yervoy) Injection	09-J1000-34	Revision to guideline; consisting of updating the position statement, description, dosing, and references.
15. Magnetic Resonance - Guided High Intensity Focused Ultrasound Ablation	02-56000-27	Code update; 0398T removed investigational.
16. Manipulation Under Anesthesia	02-20000-34	Revision, added clarifying language for conservative therapy related to adhesive capsulitis (frozen shoulder).
17. Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) and Dysphagia	01-91000-03	Scheduled review. Revised description and maintained position statement. Updated references.
18. Nivolumab (Opdivo)	09-J2000-33	Revision to guideline; consisting of updating the position statement, description, dosing and references.
19. Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA	03-59000-18	Review; Position statements and references updated.
20. Oral Oncology Medications	09-J3000-65	Revision to guideline; consisting of adding Gavreto, Onureg, and Inqovi.
21. Orthopedic Applications of Stem-Cell Therapy	02-38240-02	Revision. Updated product names and classifications. Updated references.
22. Photocoagulation of Macular Drusen	01-92000-21	Scheduled review. Revised description, maintained position statement, and updated references.
23. Private Duty Nursing Care in the Home	01-99500-02	Review; no change in position statement. Updated references.
24. Quantitative Sensory Testing	01-95805-18	Review; Position statement maintained and references updated.
25. Ravulizumab (Ultomiris) IV	09-J3000-26	Revision to guideline; consisting of updating the position statement.
26. Scanning Computerized Ophthalmic Diagnostic Imaging	01-92000-17	Scheduled review. Maintained position statement and updated references.

27. Sodium Phenylbutyrate (Buphenyl)	09-J1000-97	Review and revision to guideline; consisting of updating the position statement.
28. Tafasitamab-cxix (Monjuvi) IV Infusion	09-J3000-81	New Medical Coverage Guideline.
29. Thoracic Electrical Bioimpedance (TEB)	01-93000-29	Scheduled review. Revised description, maintained position statement, and updated references.
30. Transanal Radiofrequency Therapy as a Treatment of Fecal Incontinence	01-91000-07	Scheduled review. Maintained position statement and updated references.
31. Tumor/Genetic Markers	05-86000-22	Revision; coding and references updated.
32. Viltolarsen (Viltepso)	09-J3000-78	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	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).