

[Policy Review Information](#)

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

What's New: 1/15/2021

New and Revised MCGs:	MCG Number	Update
1. Asfotase alfa (Strensiq)	09-J2000-82	Review and revision to guideline; references, coding, and position statement
2. Azacitidine (Vidaza) Injection	09-J1000-02	Review and revision to guideline; consisting of updating the position statement and references.
3. Botulinum Toxins	09-J0000-84	Review and revision to guideline consisting of updating the position statement, dosage/administration, and references.
4. Burosumab (Crysvita)	09-J3000-34	Review and revision; updated position statement, dosing, references
5. Cladribine (Mavenclad) tablets	09-J3000-38	Revision to guideline consisting of updating the duration of approval.
6. Daratumumab (Darzalex) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro) Injection	09-J2000-58	Revision to guidelines consisting of updating the description section, position statement, and references based on NCCN guideline updates for MM.
7. Edaravone (Radicava)	09-J2000-99	Review and revision to guideline; updating references.
8. Infrared Energy Therapy and Low Level Laser Therapy	09-J0000-29	Review; Position statements maintained and references updated.
9. Ipilimumab (Yervoy) Injection	09-J1000-80	Revision to guideline; consisting of updating the position statement and references.
10. Oral Oncology Medications	09-J3000-69	Revision to guideline; consisting of updating the position statement and adding Afinitor, Afinitor

		Disperz, Cabometyx, Cometriq, Gleevec, Hycamtin, Tagretin, Tarceva, Temodar, and Xeloda to Table 1.
11. Peanut (Arachis hypogaea) Allergen Powder-dnfd (Palforzia)	09-J3000-85	Updated position statement.
12. Pembrolizumab (Keytruda) Injection	09-J2000-48	Revision to guideline; consisting of updating the position statement, coding, and references.
13. Pulmonary Hypertension Drug Therapy	09-J1000-34	Revision to guideline consisting of changes to position statement.
14. Pyrimethamine (Daraprim)	09-J2000-49	Review and revision to guideline consisting of updating the position statement and references.
15. Remdesivir (Veklury)	09-J3000-86	New Medical Coverage Guideline.
16. Riluzole (Tiglutik)	09-J3000-65	Review and revision of guideline; updated references.
17. SARS-CoV-2 Monoclonal Antibodies	09-J0000-29	New Medical Coverage Guideline.
18. Temsirolimus (Torisel) Injection	09-J2000-22	Review and revision to guideline; consisting of updating references.
19. Topotecan HCl (Hycamtin) Injection and Capsule	09-J1000-12	Revision to guideline.
20. Ziv-aflibercept (Zaltrap) IV	09-J2000-08	Review and revision to guideline; consisting updating precautions and references.

What's New: 1/1/2021

New and Revised MCGs:	MCG Number	Update
1. Abatacept (Orencia) Injection and Infusion	09-J0000-67	Review and revision to guideline consisting of updating the position statement, billing/coding, and references.
2. Adalimumab (Humira) Injection	09-J0000-46	Review and revision to guideline consisting of updating the description, position statement and references.

3. Allergy Testing and Immunotherapy	01-95000-01	Annual CPT/HCPCS coding update. Revised 95070; deleted 95071.
4. Anakinra (Kineret) Injection	09-J0000-45	Review and revision to guideline consisting of updating the position statement and references.
5. Apremilast (Otezla) Tablet	09-J2000-19	Review and revision to guideline consisting of updating the position statement and references.
6. Balloon Dilation of the Eustachian Tube	02-31000-02	Annual CPT/HCPCS update. Codes 69705 and 69706 added; code C9745 deleted.
7. Baricitinib (Olmiant) Tablet	09-J3000-10	Review and revision to guideline consisting of updating the position statement, precautions, and references.
8. Belantamab Mafodotin-blmf (Blenrep) IV Infusion	09-J3000-80	Revision: Added HCPCS code C9069.
9. Brexucabtagene Autoleucel (Tecartus) Infusion	09-J3000-71	Revision: Added HCPCS code C9073.
10. Brodalumab (Siliq) Injection	09-J2000-79	Review and revision to guideline consisting of updating the position statement and references.
11. Cardiac Monitoring Devices	01-93000-05	Annual CPT/HCPCS update. Codes 93241-93248 added; codes 0295T-0298T deleted.
12. Certolizumab Pegol (Cimzia) Injection	09-J0000-77	Review and revision to guideline consisting of updating the position statement and references.
13. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision: Added HCPCS code J7212 and revised description on code J7189.
14. Computed Tomography (CT) Thorax (Chest)	04-70450-21	Annual HCPCS code update. Revised code descriptor (71250, 71260, 71270). Added 71271. Deleted G0297.
15. Daratumumab (Darzalex) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro) Injection	09-J2000-49	Revision: Added HCPCS code J9144 and deleted codes C9062 and J9999.
16. Dimethyl Fumarate (Tecfidera), Diroximel fumarate (Vumerity),	09-J1000-96	Review and revision to guideline; consisting of updating the position statement.

Monomethyl fumarate (Bafiertam) Capsule		
17. Droxidopa (Northera)	09-J3000-82	New Medical Coverage Guideline.
18. Drug Testing in Pain Management and Substance Use Disorder Treatment	05-86000-32	Annual CPT/HCPCS update. Codes 82077 and 0227U added.
19. Dupilumab (Dupixent) Injection	09-J2000-80	Review and revision to guideline consisting of updating the references.
20. Epidural Injections	02-61000-31	Annual CPT/HCPCS coding update. Revised 64479, 64480, 64483, 64484; deleted 0228T, 0229T, 0230T, 0231T.
21. Esketamine (Spravato) Nasal Spray	09-J3000-37	Revision: Added HCPCS code S0013.
22. Etanercept (Enbrel) Injection	09-J0000-38	Review and revision to guideline consisting of updating the position statement and references.
23. Evoked Potentials, Intraoperative Neurophysiologic Monitoring, and Quantitative Electroencephalography (QEEG)	01-95805-13	Annual CPT/HCPCS update. Codes 92517-92519, 92650-92653 added; codes 92585 & 92586 deleted.
24. Gender Reassignment Surgery	02-55900-01	Annual CPT/HCPCS update. Codes 19318 and 19325 revised.
25. Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer	05-86000-29	Annual CPT/HCPCS update. Code 0229U added.
26. Genetic Testing	05-82000-28	Annual CPT/HCPCS update. Codes 0228U, 0234U, 0235U, 0237U added; codes 81400-81400-81408 revised.
27. Golimumab (Simponi, Simponi Aria) Injection and Infusion	09-J1000-11	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, billing/coding, and references.
28. Granulocyte Colony Stimulating Factors	09-J0000-62	Revision: Added HCPCS code Q5122 and deleted code J3590.

29. Guselkumab (Tremfya) Injection	09-J2000-87	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, billing/coding, definitions, related guidelines, other, and references.
30. Immune Globulin Therapy	09-J0000-06	Revision: Added HCPCS code C9072 and deleted code C9399.
31. Inebilizumab (Uplizna) Injection	09-J3000-73	Revision: Added HCPCS code J1823 and deleted code J3590.
32. Infertility	02-56000-24	Annual HCPCS code update. Deleted 0058T.
33. Infliximab Products [infliximab (Remicade), infliximab-dyyb (Inflectra), infliximab-abda (Renflexis), and infliximab-axxq (Avsola)]	09-J0000-39	Review and revision to guideline consisting of updating the position statement, billing/coding, and references.
34. Investigational Services	09-A0000-03	Annual CPT/HCPCS coding update. Codes 30468, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T added; code 0577T revised; codes 0126T, 0381T-0396T deleted.
35. Irreversible Electroporation (IRE)	02-40000-26	Annual CPT/HCPCS coding update. Revised 0601T.
36. Ixekizumab (Taltz) Injection	09-J2000-62	Review and revision to guideline consisting of updating the position statement and references.
37. Laboratory Tests Post Transplant and for Heart Failure	05-86000-24	Annual CPT/HCPCS update. Code 0085T deleted.
38. Magnetic Resonance - Guided High Intensity Focused Ultrasound Ablation	02-56000-27	Annual HCPCS code update. Added 55880.
39. Nerve Block Injections	02-61000-29	Annual CPT/HCPCS coding update. Revised 64455.
40. Pertuzumab, Trastuzumab, Hyaluronidase-zzxf (Phesgo)	09-J3000-75	Revision: Added HCPCS code J9316 and deleted code J9999.
41. Preventive Services	01-99385-03	Annual HCPCS code update. Added 71271, 92650-92653. Deleted 92585, 92586, 99201, G0297.
42. Reconstructive Surgery/ Cosmetic	02-12000-01	Annual HCPCS code update. Revised code descriptor

Surgery		(19328, 19330, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380). Deleted (19324, 19366).
43. Risankizumab-rzaa (Skyrizi) Injection	09-J3000-45	Review and revision to guideline consisting of updating the position statement and references.
44. Sacituzumab Govitecan-hziy (Trodelvy)	09-J3000-76	Revision: Added HCPCS code J9317 and deleted codes C9066 and J9999.
45. Sarilumab (Kevzara) Injection	09-J2000-88	Review and revision to guideline consisting of updating the position statement and references.
46. Satralizumab (Enspryng)	09-J3000-79	New Medical Coverage Guideline.
47. Secukinumab (Cosentyx) Injection	09-J2000-30	Review and revision to guideline consisting of updating the description, position statement, related guidelines, billing/coding, and references.
48. Tafasitamab-cxix (Monjuvi) IV Infusion	09-J3000-81	Revision: Added HCPCS code C9070.
49. Technologies for the Evaluation of Malignant Melanoma	01-96900-03	Annual CPT/HCPCS update. Codes 0400T and 0401T deleted.
50. Tildrakizumab-asmn (Ilumya)	09-J3000-04	Review and revision to guideline consisting of updating the position statement and references.
51. Tocilizumab (Actemra) Injection and Infusion	09-J1000-21	Review and revision to guideline consisting of updating the position statement and references.
52. Tofacitinib (Xeljanz, Xeljanz XR) Tablets	09-J1000-86	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, billing/coding and references.
53. Total Body Plethysmography	01-94010-09	Annual HCPCS code update. Deleted 94750.
54. Treatments for Varicose Veins/Venous Insufficiency	02-33000-31	Annual CPT/HCPCS update. Code 76970 deleted.
55. Tumor/Genetic Markers	05-86000-22	Annual CPT/HCPCS update. Codes 81191-81194, 81529, 81546, 81554 added; codes 81545, 0111T deleted.
56. Upadacitinib (Rinvoq)	09-J3000-51	Review and revision to guideline consisting of

		updating the position statement and references.
57. Ustekinumab (Stelara) Injection and Infusion	09-J1000-16	Review and revision to guideline consisting of updating the description, position statement, and references.
58. Vedolizumab (Entyvio) Infusion	09-J2000-18	Review and revision to guideline consisting of updating the description, position statement, precautions, and references.
59. Ventricular Assist Devices and Total Artificial Hearts	02-33000-25	Annual CPT/HCPCS coding update. Revised 33990, 33991, 33992, 33993; added 33995, 33997.
60. Viltolarsen (Viltepso)	09-J3000-78	Revision: Added HCPCS code C9071.

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

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).