

[Policy Review Information](#)

[Preventive Services Information](#)

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

What's New: 2/15/2021

New and Revised MCGs:	MCG Number	Update
1. Abaloparatide (Tymlos)	09-J2000-85	Review and revision to guideline; consisting of updating the description, position statement and references.
2. Adalimumab (Humira) Injection	09-J0000-46	Revision to guideline consisting of updating the description, position statement, dosage/administration, and references.
3. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	05-86000-26	Review; Position statements and references updated.
4. Axicabtagene Ciloleucel (Yescarta) Infusion	09-J2000-95	Review and revision of guidelines consisting of updating the description, position statement, precautions, related guidelines, and references.
5. Benralizumab (Fasenra)	09-J2000-92	Review of guideline; updated position statement and references.
6. Bosutinib (Bosulif) Tablets	09-J1000-84	Review and revision to guideline consisting of updates to the description, position statement, precautions, other section, related guidelines, and references.
7. Botulinum Toxins	09-J0000-29	Revision to guideline consisting of updating the position statement and dosage/administration section.
8. Cryoablation of Liver Tumors	02-40000-22	Scheduled review. Revised description, maintained position statement, and updated references.

9. Denosumab (Prolia, Xgeva) Injection	09-J1000-25	Review and revision to guideline; consisting of updating the position statement and references.
10. Diabetic Self-Management Training and Educational Supplies	01-99000-02	Scheduled review. Maintained position statement and updated references.
11. Drug Testing in Pain Management and Substance Use Disorder Treatment	05-86000-32	Annual review; Position statements, reimbursement information, coding, and references updated.
12. Drugs and Biologics without Medical Coverage Guideline	09-J0000-68	Revision to guideline; adding Targretin (bexarotene) gel to Position Statement.
13. Dupilumab (Dupixent) Injection	09-J2000-80	Revision to guideline consisting of updating the position statement.
14. Enteral Formulas	09-J0000-61	Revision. Added coverage statement for digestive enzyme cartridges (e.g. Relizorb). Updated references.
15. Genetic Testing	05-82000-28	Review;Measurable residual disease (MRD) statements updated; gene expression analysis and protein biomarkers to guide management of prostate cancer maintained; prenatal whole exome/whole genome sequencing statement added; investigational test list, coding, and references updated. Codes 0007U & 0079U removed (refer to policy 05-86000-32).
16. Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers	05-82000-30	Review; position statements and references updated.
17. H.P. Acthar Gel (repository corticotropin)	09-J1000-15	Review and revision to guideline; consisting of updating references.
18. Laser Vitreolysis	02-65000-14	Scheduled review. Revised description, maintained position statement, and updated references.
19. Lisocabtagene Maraleucel (Breyanzi) Infusion	09-J3000-83	New Medical Coverage Guideline.
20. Lumbar Spine Surgery	02-20000-48	Revision. Updated description. Added criteria for spinal deformity surgery. Updated references.

21. Mepolizumab (Nucala)	09-J2000-54	Review and revision to guideline; update references.
22. Nilotinib (Tasigna) Capsules	09-J1000-48	Review and revision to guideline consisting of updates to the description, position statement, billing/coding, other section, related guidelines, and references.
23. Omalizumab (Xolair)	09-J0000-44	Review and revision to guideline; consisting of updating position statement, dosing, references.
24. Orthognathic Surgery	02-12000-17	Scheduled review. Revised description, maintained position statement, and updated references.
25. Pemetrexed Disodium (Alimta, Pemfexy) IV	09-J1000-01	Revision to guideline; updated description and references.
26. Polatuzumab vedotin-piiq (Polivy) Infusion	09-J3000-43	Review and revision to the guideline including updates to the description section, position statement, billing/coding, and references.
27. Reslizumab (Cinqair) IV infusion	09-J2000-63	Review and revision; updated position statement, references.
28. Romosozumab-aqgg (Evenity)	09-J3000-33	Review and revision to guideline; consisting of updating the description, position statement and references.
29. Teriparatide (Forteo)	09-J0000-47	Review and revision to guideline; consisting of updating the description, position statement and references.
30. Tisagenlecleucel (Kymriah) Infusion	09-J2000-91	Review and revision of guidelines consisting of updating the description, position statement, related guidelines, and references.
31. Tumor/Genetic Markers	05-86000-22	Review; Circulating tumor DNA management of NSCLC, molecular analysis for targeted therapy for NSCLC, measurement of serum antibodies to selected biologic agents, and pharmacogenomics markers for members treated with thiopurines position statements updated; coding and references updated.

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).