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

[Duchenne Muscular Dystrophy Medical Coverage Guidelines Consolidation](#)

[CAR T-cell therapy Medical Coverage Guidelines Consolidation](#)

What's New: 7/15/2021

New and Revised MCGs:	MCG Number	Update
1. Apheresis, Plasmapheresis and Plasma Exchange	02-33000-17	Revision: minor update to position statement for selective high-density lipoprotein (HDL) delipidation and plasma reinfusion when used for acute coronary syndrome. Updated references.
2. Belantamab Mafodotin-blmf (Blenrep) IV Infusion	09-J3000-80	Review and revision including updates to the description section, position statement, related guidelines, and references.
3. Bevacizumab Products	09-J0000-66	Review and revision to guideline; consisting of updating the position statement and references.
4. Bortezomib (Velcade) Injection	09-J0000-92	Review and revision to guidelines consisting of updating the description section, position statement, billing/coding information, related guidelines, and references.
5. Botulinum Toxins	09-J0000-29	Revision to guideline consisting of updating the dosage/administration section and references.
6. Cannabidiol (Epidiolex)	09-J3000-08	Review and revision to guideline; updated references.
7. Carfilzomib (Kyprolis) Injection	09-J1000-81	Review and revision to guidelines consisting of updating the description section, related guidelines, and references.

8.	Chimeric Antigen Receptor (CAR) T-Cell Therapies	09-J3000-94	Revision to guideline consisting of updating the position statement.
9.	Computer-Assisted Navigation for Orthopedic Procedures	02-20000-30	Review; Position statement, coding, and references updated.
10.	Crizanlizumab-tmca (Adakveo)	09-J3000-56	Review and revision of guideline; Updated references.
11.	Daratumumab (Darzalex) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro) Injection	09-J2000-49	Review and revision to guidelines consisting of updating the description section, position statement, related guidelines, and references.
12.	Denosumab (Prolia, Xgeva) Injection	09-J1000-25	Revision to guideline; consisting of updating the position statement and references.
13.	Elexacaftor-Tezacaftor-Ivacaftor (Trikafta)	09-J3000-53	Revision to position statement.
14.	Elotuzumab (Empliciti) Injection	09-J2000-50	Review and revision to guidelines consisting of updating the description section, related guidelines, and references.
15.	Evoked Potentials, Intraoperative Neurophysiologic Monitoring, and Quantitative Electroencephalography (QEEG)	01-95805-13	Review; Position statements maintained and references updated.
16.	Extracorporeal Membrane Oxygenation (ECMO) for Adult Conditions	02-33000-40	Scheduled review. Added Berlin Definition of Acute Respiratory Distress Syndrome table. Updated references.
17.	Hormone Replacement	09-J1000-24	Revision to guidelines; consisting of updating the position statement.
18.	Isatuximab-irfc (Sarclisa) Infusion	09-J3000-67	Review and revision including updates to the description section, position statement, related guidelines, and references.
19.	Ixazomib (Ninlaro) Capsule	09-J2000-51	Review and revision to guidelines consisting of updating the description section, position statement, dosage/administration, precautions, billing/coding information, related guidelines, and references.

20. Laboratory Tests Post Transplant and for Heart Failure	05-86000-24	Review; Position statements and references updated.
21. Lanreotide (Somatuline Depot) Injection	09-J1000-20	Review and revision to guideline consisting of updating references.
22. Melphalan Flufenamide (Pepaxto) Infusion	09-J4000-00	Revision to guideline consisting of updating the position statement.
23. Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) and Dysphagia	01-91000-03	Revision. Updated references and Program Exceptions section and maintained position statement.
24. Nab-Paclitaxel Injection (Abraxane)	09-J1000-05	Review and revision to guideline; consisting of updating position statement. dosing, warnings, coding, and references.
25. Obeticholic Acid (Ocaliva) Tablet	09-J2000-65	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, warnings/precautions, and references.
26. Octreotide Acetate (Sandostatin LAR Depot, Bynfezia Pen, Mycapssa Capsule)	09-J0000-90	Review and revision to guideline; consisting of updating the position statement and references.
27. Omadacycline (Nuzyra) Tablet	09-J3000-72	Revision to guidelines consisting of updating the position statement, dosage/administration, and references.
28. Osilodrostat (Isturisa)	09-J3000-74	Review and revision to guideline consisting of updating references.
29. Palivizumab (Synagis)	09-J0000-28	Review and revision to guideline; consisting of updating other section and references.
30. Pasireotide (Signifor Signifor LAR) Injection	09-J1000-94	Review and revision to guideline; consisting of updating position statement and references.
31. Peanut (Arachis hypogaea) Allergen Powder-dnfd (Palforzia)	09-J3000-69	Review and revision to guideline; updated references

32. Pegvaliase-pqpz (Palyngiq)	09-J3000-07	Review and revision to guideline; updated references.
33. Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	02-33000-36	Scheduled review. Revised CHADS2 score and CHA2DS2-VASc score requirement to ≥ 3 . Updated references.
34. Pitolisant (Wakix)	09-J3000-52	Review and revision to guideline; updated position statement and references
35. Positive Pressure Ventilation	09-E0000-55	Review; pediatric indications for non-invasive positive pressure ventilation position statements added; multi-use ventilator position statement maintained.
36. Positron Emission Tomography (PET) Oncologic Applications	04-78000-17	Review/Revision. Revised: position statement indications and criteria for: (cancer: endometrial, colorectal, chronic lymphocytic leukemia, soft tissue sarcoma, neuroendocrine tumors, GA68 (Gallium 68) Dotatate, 18F-Fluciclovine (Axumin). Added indication and criteria for: brain and thyroid cancer and lung nodule. Repositioned subsequent treatment management. Deleted surveillance/remission. Updated references.
37. Prosthetic Eyes and Lens Implants	09-V0000-01	Review; no change to position statement.
38. Ravulizumab (Ultomiris) IV	09-J3000-26	Revision to guideline; consisting of updating the position statement, description, dosing, and references.
39. Risankizumab-rzaa (Skyrizi) Injection	09-J3000-45	Revision to guideline consisting of updating the position statement, dosage/administration, other section, and references.
40. Secukinumab (Cosentyx) Injection	09-J2000-30	Revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, other section, and references.
41. Tezacaftor-Ivacaftor (Symdeko)	09-J2000-97	Revision to position statement.

42. Total Body Plethysmography	01-94010-09	Review; revised experimental or investigational statement.
43. Transcatheter Mitral Valve Repair (TMVR)	02-33000-35	Annual review: Position statements maintained; references updated.
44. Treatments for Varicose Veins/Venous Insufficiency	02-33000-31	Review: Position statements maintained, and references updated.
45. Tumor Treating Fields Therapy	02-61000-10	Scheduled review. Maintained position statement and updated references.
46. Ultrasound Osteogenesis Stimulators, Non-invasive	09-E0000-32	Review; no change in position statement. Updated references.
47. Viscocolostomy and Canaloplasty	02-65000-18	Scheduled review. Revised description, maintained position statement, and updated references.
48. Voxelotor (Oxbryta)	09-J3000-57	Review and revision to guidelines; updated position statement and references.

What's New: 7/1/2021

New and Revised MCGs:	MCG Number	Update
1. Aducanumab-avwa (Aduhelm™)	09-J4000-01	New Medical Coverage Guideline.
2. Analysis of Human DNA as a Technique for Colorectal Cancer Screening	05-82000-27	Quarterly CPT/HCPCS update. Code G0327 added.
3. Aprepitant injectable therapy (Cinvanti®)	09-J2000-60	Revision to guideline; consisting of removing Emend from the policy.
4. Chimeric Antigen Receptor (CAR) T-Cell Therapies	09-J3000-94	Added HCPCS code C9076.
5. Cooling and Heating Devices Used in the Outpatient Setting	09-E0000-53	Quarterly CPT/HCPCS coding update. Added 0662T and 0663T.

6.	Evinacumab-dgnb (Evkeeza®) IV Infusion	09-J3000-99	Added HCPCS code C9079.
7.	Exon-Skipping Therapy for Duchenne Muscular Dystrophy	09-J3000-93	Added HCPCS codes J3490 and C9078 and deleted code C9071.
8.	Gonadotropin Releasing Hormone Analogs and Antagonists	09-J0000-48	Revision: Added HCPCS code J1951.
9.	Granulocyte Colony Stimulating Factors	09-J0000-62	Revision to guideline consisting of updating the position statement and references.
10.	Infliximab Products [infliximab (Remicade®), infliximab-dyyb (Inflectra®), infliximab-abda (Renflexis®), and infliximab-axxq (Avsola®)]	09-J0000-39	Revision to guideline consisting of updating the position statement as it relates to preferred products and “Other” section.
11.	Investigational Services	09-A0000-03	Quarterly CPT/HCPCS update. Codes 0640T-0643T,0646T,0656T-0657T, 0660T, 0661T & 0664T-0670T added; code 0493T revised.
12.	Lumasiran (Oxlumo) injection	09-J3000-91	Revision: Added HCPCS code J0224 and deleted codes C9074 and J3490.
13.	Margetuximab-cmkb (Margenza™)	09-J3000-88	Revision: Added HCPCS code J9353 and deleted code J9999.
14.	Melphalan Flufenamide (Pepaxto®) IV infusion	09-J4000-00	Added HCPCS code C9080.
15.	Naxitamab-gqqk (Danyelza) Injection	09-J3000-92	Revision: Added HCPCS code J9348 and deleted codes C9399 and J9999.
16.	Oral Oncology Medications	09-J3000-65	Revision to guideline; consisting of adding Fotivda, Tepmetko, and Ukoniq to Table 1.
17.	Ponesimod (Ponvory™) Tablet	09-J3000-98	New Medical Coverage Guideline.
18.	Preventive Services	01-99385-03	Quarterly CPT/HCPCS update; added 0671 and 90677.
19.	Rituximab Products [rituximab (Rituxan®), rituximab-abbs(Truxima®), rituximab-arrx (Riabni™), rituximab-pvvr (Ruxience™), and rituximab;hyaluronidase (Rituxan Hycela™)]	09-J0000-59	Revision: Added HCPCS code Q5123 and deleted code J9999.

20. SARS-CoV-2 Monoclonal Antibodies	09-J3000-86	Revised position statement, dosing, and coding
21. Trilaciclib (Cosela) IV infusion	09-J3000-97	Revision: Added HCPCS code C9078.
22. Tumor/Genetic Markers	05-86000-22	Quarterly CPT/HCPCS update. Codes 0249U and 0250U added.
23. Voclosporin (Lupkynis)	09-J3000-96	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	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

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J3000-93, Exon-Skipping Therapy for Duchenne Muscular Dystrophy](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Eteplirsen (Exondys 51)	09-J2000-69
Golodirsen (Vyondys 53)	09-J3000-55
Viltolarsen (Viltepso)	09-J3000-78

Medical Coverage Guideline: 09-J2000-91, Tisagenlecleucel (Kymriah) Infusion

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J3000-94, Chimeric Antigen Receptor \(CAR\) T-Cell Therapies](#)

A complete list of previous CAR T-cell therapy MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Tisagenlecleucel (Kymriah) Infusion	09-J2000-91
Axicabtagene Ciloleucel (Yescarta) Infusion	09-J2000-95
Brexucabtagene Autoleucel (Tecartus) Infusion	09-J3000-71
Lisocabtagene Maraleucel (Breyanzi)	09-J3000-83

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).