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What's New: 10/15/2024

New and Revised MCGs:	MCG Number	Update
1. Alpelisib (Vijoice)	09-J4000-28	Revision to guideline; consisting of updating dosage/administration.
2. Amivantamab-vmjw (Rybrevant)	09-J4000-02	Review and revision to guideline; updated position statement and references.
3. Anifrolumab-fnia (Saphnelo) IV Infusion	09-J4000-07	Review and revision guideline consisting of updating position statement and references.
4. Avacincaptad pegol (Izervay) intravitreal injection	09-J4000-65	Review and revision to the guideline consisting of revising the position statement for submission of ophthalmic test documentation for GA secondary to AMD, extending the initial approval to 1 year, and not allowing concomitant therapy with other intravitreal complement inhibitors.
5. Brentuximab (Adcetris) Injection	09-J1000-53	Review and revision to guideline; consisting of updating the position statement for Adult T-cell Leukemia/Lymphoma, CHL, and Mycosis Fungoides/Sezary syndrome.

6.	<u>Corticosteroid Intravitreal Implant</u>	09-J2000-35	Review and revision to guideline consisting of updating the references.
7.	<u>Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone</u>	02-99221-12	Review: Position statements maintained; description and references updated.
8.	<u>Diaphragmatic/Phrenic Nerve Stimulation (i.e., Electrophrenic Pacemaker)</u>	02-61000-33	Review; no change in position statement. Updated references.
9.	<u>Durable Medical Equipment (DME)</u>	09-E0000-01	Review: Activity chair added to DME table.
10.	<u>Efgartigimod alfa-fcab (Vyvgart, Vyvgart Hytrulo) injection</u>	09-J4000-18	Update to position statement to revise chronic inflammatory demyelinating polyneuropathy (CIDP) criteria.
11.	<u>Endovascular Stent Grafts for Disorders of the Thoracic Aorta</u>	02-33000-29	Review: Position statements maintained, description and references updated.
12.	<u>Enteral Formulas</u>	09-J0000-61	Scheduled review. Revised description, maintained position statement and updated references.
13.	<u>Enzyme Replacement Therapy for Pompe Disease</u>	09-J4000-06	Review and revision to guideline; Updated references.
14.	<u>Extracorporeal Membrane Oxygenation (ECMO) for Adult Conditions</u>	02-33000-40	Scheduled review. Revised description, maintained position statement and updated references.
15.	<u>Extracranial Carotid Angioplasty Stenting</u>	02-33000-28	Revision: Description and position statement sections updated.
16.	<u>Facet Arthroplasty</u>	02-20000-37	Scheduled review. Revised description. Deleted CPT 0719T (refer to MCG 09-A0000-03 Investigational Services). Maintained position statement and updated references.

17. Fecal Microbiota Transplantation	02-40000-24	Scheduled review. Revised description, maintained position statement and updated references.
18. Furosemide (Furoscix) subcutaneous infusion	09-J4000-43	Review and revision to the guideline consisting of revising the position statement to specify oral loop diuretic doses prior to subcutaneous furosemide and submission of medical documentation, removing the continuation criteria and updating the FDA indication to remove the NYHA Class II/III classification.
19. Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer	05-86000-29	Review: Position statement, maintained description and references updated.
20. Givosiran (Givlaari) SQ	09-J3000-60	Review and revision to guideline; including updating references.
21. Human EGFR Inhibitors (Cetuximab [Erbix), Panitumumab (Vectibix)]	09-J0000-94	Review and revision to guideline; consisting of updating the position statement with NCCN updates for appendiceal cancer, colorectal cancer, head and neck cancer, penile cancer and Squamous cell skin cancer.
22. Implantation of Intrastromal Corneal Ring Segments	09-V0000-02	Scheduled review. Revised description, maintained position statement and updated references.
23. Inclisiran (Leqvio) Injection	09-J4000-21	Review and revision to guidelines consisting of updates to the description, position statement, precautions, and references.
24. Infrared Energy Therapy and Low Level Laser Therapy	09-E0000-44	Review: MIRE position statement, description, and references updated.

25. <u>Injectable Bulking Agents for Treatment of Urinary and Fecal Incontinence</u>	09-A9000-03	Scheduled review. Revised description, maintained position statement and updated references.
26. <u>Interspinous and Interlaminar Stabilization/Distractor (Spacers) and Fixation (Fusion) Devices</u>	02-20000-36	Scheduled review. Revised description. Maintained position statement and updated references.
27. <u>Investigational Services</u>	09-A0000-03	Code 30469 (Vivaer) reviewed. Code 0719T added. Codes 0483T, 0484T removed (refer to policy 02-33000-35).
28. <u>Knee Arthroscopy and Open, Non-Arthroplasty Knee Repair</u>	02-20000-65	Revised description. Added coverage statement for medial knee implanted shock absorber (eg, MISHA™). Updated references.
29. <u>Lysis of Epidural Adhesions</u>	02-61000-28	Scheduled review. Revised description, maintained position statement and updated references.
30. <u>Magnetic Resonance Angiography (MRA) Abdomen and Pelvis</u>	04-70540-21	Review; update position statement. Updated references.
31. <u>Magnetic Resonance Angiography (MRA) Brain (Head)</u>	04-70540-18	Review; update position statement. Updated references.
32. <u>Magnetic Resonance Angiography (MRA) Chest</u>	04-70540-20	Review; update position statement. Updated references.
33. <u>Magnetic Resonance Angiography (MRA) Extremity (Upper and Lower)</u>	04-70540-22	Review; update position statement. Updated references.
34. <u>Magnetic Resonance Angiography (MRA) Neck</u>	04-70540-19	Review; update position statement. Updated references.
35. <u>Magnetic Resonance Angiography (MRA) Spinal Canal</u>	04-70540-23	Review; update position statement. Updated references.
36. <u>Maralixibat (Livmarli)</u>	09-J4000-10	Review and revision to guidelines consisting of updates to the description,

		position statement, billing/coding, and references.
37. Minimally Invasive Fusion Techniques	02-61000-36	Scheduled review. Revised description. Maintained position statement and updated references.
38. Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) and Dysphagia	01-91000-03	Scheduled review. Revised description. Deleted reference to "transesophageal endoscopic gastroplasty". Updated references.
39. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Addition of Posfrea (palonosetron) injection to the drug list.
40. Noninvasive Prenatal Screening for Fetal Aneuploidies, Twin Zygosity, and Microdeletions Using Cell-Free Fetal DNA	03-59000-18	Review: NIPT for single gene disorders position statement updated; description and references updated.
41. Occlusion of Uterine Arteries Using Transcatheter Embolization	02-56000-26	Review; no change to position statement. Updated references.
42. Odevixibat (Bylvay)	09-J4000-09	Review and revision to guidelines consisting of updates to the description, position statement, billing/coding, and references.
43. Omalizumab (Xolair)	09-J0000-44	Revision to guideline; updated position statement with new 300 mg package size.
44. Oscillatory Devices Used in the Home for the Treatment of Cystic Fibrosis and Other Respiratory Disorders	09-E0000-28	Coding section updated.
45. Pegcetacoplan (Syfovre) intravitreal injection	09-J4000-47	Review and revision to the guideline consisting of revising the position statement for submission of ophthalmic test documentation for GA secondary to AMD, extending the initial approval to 1 year, not allowing concomitant therapy with other intravitreal complement inhibitors, and adding the warning for

		retinal vasculitis and retinal vascular occlusion.
46. Pneumatic Compression Devices	09-E0000-31	Reference to Venowave VW5® added.
47. Ramucirumab (Cyramza) Injection	09-J2000-14	Review and revision to guideline, consisting of updating position statement and references.
48. Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, NTRK, and HER2)	05-86000-28	Review: Position statements, title, description, coding, and references updated.
49. Sutimlimab-jome (Enjaymo) Injection	09-J4000-25	Review and revision to guideline; consisting of updating documentation requirement and references.
50. Temporary Prostatic Urethral Stents (Including Implantable Nitinol Devices) and Prostatic Urethral Lift	02-54000-21	Review: Position statements maintained; description and references updated.
51. Transcatheter Mitral Valve Repair/Replacement and Transcatheter Tricuspid Valve Repair	02-33000-35	Revision: Coding section updated.
52. Transcranial Doppler Studies	01-93875-17	Review; update position statement. Updated references.
53. Trilaciclib (Cosela) IV infusion	09-J3000-97	Review and revision to guideline; consisting of updating references.
54. Trofinetide (Daybue) Oral Solution	09-J4000-52	Review and revision to guideline; consisting of updating the documentation requirements and references.
55. Vascular Endothelial Growth Factor Inhibitors for Ocular Neovascularization	09-J1000-78	Review and revision to guideline consisting of updating the description and position statement based on the reintroduction of the Susvimo implant and the provision for a repeat dose of Eylea for retinopathy of prematurity, adding the retinal vasculitis with or without occlusion

to the warnings and precaution section for Lucentis, Cimerli, and Vabysmo, and updating billing codes and references.

56. Voclosporin (Lupkynis)	09-J3000-96	Review and revision to guideline, consisting of updating position statement and references.
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What's New: 10/1/2024

New and Revised MCGs:	MCG Number	Update
1. Abatacept (Orencia) Injection and Infusion	09-J0000-67	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for subcutaneous Orencia for RA, PJIA, and PsA. Rinvoq LQ added among the required prerequisite agents for subcutaneous Orencia for PJIA and PsA. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
2. Adalimumab Products (Humira and biosimilars)	09-J0000-46	Simlandi changed from a non-preferred Step 3c adalimumab product to a preferred Step 1a adalimumab product.
3. Anakinra (Kineret) Injection	09-J0000-45	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for RA.
4. Apremilast (Otezla) Tablet	09-J2000-19	Updates to Table 1.
5. Baricitinib (Olumiant) Tablet	09-J3000-10	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Olumiant for RA.

6.	<u>Belinostat (Beleodaq) Injection</u>	09-J2000-21	ICD 10 update.
7.	<u>Bendamustine HCl Injection</u>	09-J2000-40	Revision: ICD-10 code updates.
8.	<u>Bimekizumab-bkzx (Bimzelx) Injection</u>	09-J4000-70	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents.
9.	<u>Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid</u>	02-10000-11	Quarterly CPT/HCPCS coding update. Codes A2027-A2029, Q4336-Q4345 added; code A2024 revised.
10.	<u>Blood Glucose Monitors and Supplies</u>	09-E0000-14	Quarterly CPT/HCPCS coding update. Revised A4271.
11.	<u>Brentuximab (Adcetris) Injection</u>	09-J1000-53	ICD-10 coding update.
12.	<u>Brodalumab (Siliq) Injection</u>	09-J2000-79	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents.
13.	<u>Carfilzomib (Kyprolis) Injection</u>	09-J1000-81	Revision: ICD-10 code updates.
14.	<u>Certolizumab Pegol (Cimzia) Injection</u>	09-J0000-77	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for self-administered Cimzia for AS, RA, CD, PS, and PsA. Rinvoq LQ added among the required prerequisite agents for self-administered Cimzia for PsA. New ICD-10 codes.
15.	<u>Chimeric Antigen Receptor (CAR) T-Cell Therapies</u>	09-J3000-94	Revision: ICD-10 code updates.
16.	<u>Deucravacitinib (Sotyktu) Tablet</u>	09-J4000-37	Revision to guideline consisting of updating the position statement. Updates

		to Table 1. Simlandi added among the required prerequisite agents.
17. Docetaxel (Taxotere) IV	09-J0000-95	Revision: Updated description of HCPCS code J9172.
18. Donanemab-azbt (Kisunla) intravenous infusion	09-J4000-94	Revision: Added HCPCS code J0175 and deleted codes C9399 and J3590.
19. Doxorubicin HCl Liposome (Doxil) Injection	09-J0000-91	Revision: ICD-10 code updates.
20. Elafibranor (Iqirvo) Tablet	09-J4000-93	New Medical Coverage Guideline: Elafibranor (Iqirvo) for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.
21. Epcoritamab-bysp (Epkiny) SQ Injection	09-J4000-61	Revision: Updating ICD-10 billing codes.
22. Etanercept (Enbrel) Injection	09-J0000-38	Updates to Table 1.
23. Etrasimod (Velsipity) Tablet	09-J4000-72	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi and Skyrizi added among the required prerequisite agents.
24. Fidanacogene Elaparvovec (Beqvez)	09-J4000-92	Revision: Added HCPCS code C9172.
25. Genetic Testing	05-82000-28	Quarterly CPT/HCPCS coding update. Codes 0476U,0477U added; code 0403U revised, code 0078U deleted.
26. Givinostat HCl (Duvyzat)	09-J4000-86	New Medical Coverage Guideline.
27. Glofitamab-gxbm (Columvi) IV Infusion	09-J4000-60	Revision: Updating ICD-10 billing codes.
28. Golimumab (Simponi, Simponi Aria) Injection and Infusion	09-J1000-11	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1.

		Simlandi added among the required prerequisite agents for Simponi for AS, RA, UC, and PsA. Rinvoq LQ added among the required prerequisite agents for Simponi for PsA. Skyrizi added among the required prerequisite agents for Simponi for UC. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
29. Granulocyte Colony Stimulating Factors	09-J0000-62	Review and revision to guideline; consisting of updating the position statement to prefer pegfilgrastim biosimilars prior to the use of Neulasta and Neulasta Onpro. Added filgrastim-txid (Nypozi) to the position statement.
30. Guselkumab (Tremfya) Injection	09-J2000-87	Updates to Table 1.
31. Ibrutinib (Imbruvica)	09-J2000-09	Revision: ICD-10 code updates.
32. Immune Globulin Therapy	09-J0000-06	ICD-10 coding update.
33. In Vitro Chemoresistance and Chemosensitivity Assays	05-86000-11	Quarterly CPT/HCPCS coding update. Code 0248U revised.
34. 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 and billing/coding. Renflexis added as a co-preferred infliximab product. Simlandi (for CD) and Simlandi and Skyrizi (for UC) added to the list of prerequisite agents that must be tried prior to the use of Zymfentra. Updated dosing for immune checkpoint inhibitor-related adverse effect. New ICD-10 codes related to fistulas and adverse effect of immune checkpoint inhibitors.
35. Intravenous Lidocaine for the Management of Chronic Pain	09-J0000-65	Revision: Added HCPCS codes J2002 and 2003 and deleted code J2001.

36. Investigational Services	09-A0000-03	Quarterly CPT/HCPCS coding update. Codes A4543, A4544, E0715, E0716, E0721, E0743 added; code E0739 revised.
37. Ixazomib (Ninlaro) Capsule	09-J2000-51	Revision: ICD-10 code updates.
38. Ixekizumab (Taltz) Injection	09-J2000-62	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Taltz for AS, PS, and PsA. Rinvoq LQ added among the required prerequisite agents for Taltz for PsA.
39. Knee Braces	09-L0000-01	Quarterly CPT/HCPCS update. Code L1821 added; code L1820 revised.
40. Laboratory Tests Post Transplant and for Heart Failure	05-86000-24	Quarterly CPT/HCPCS update. Code 0493U added.
41. Lanreotide (Somatuline Depot) Injection	09-J1000-20	ICD-10 coding update.
42. Levoleucovorin (Fusilev, Khapzory)	09-J2000-31	ICD-10 coding update.
43. Mavorixafor (Xolremdi) Capsule	09-J4000-91	New Medical Coverage Guideline.
44. Mirikizumab-mrkz (Omvoh®) Injection and Infusion	09-J4000-71	Revision to guideline consisting of updating the position statement. Omvoh moved from a Step 3c agent to a Step 3b agent.
45. Nab-Paclitaxel Injection (Abraxane)	09-J1000-05	Revision: Removed HCPCS code J9258. Per CMS, Teva's paclitaxel product is now considered as a multisource drug to be billed under Abraxane's existing HCPCS code J9264.
46. Nivolumab (Opdivo)	09-J2000-33	ICD-10 coding, dosing, and reference updates.

47. Obinutuzumab (Gazyva) Injection	09-J2000-07	Revision: ICD-10 code updates.
48. Octreotide Acetate (Sandostatin LAR Depot, Mycapssa Capsule)	09-J0000-90	ICD-10 coding updates.
49. Oral Oncology Medications	09-J3000-65	Review and revision to guideline; addition of Ojemda tablets and oral suspension to Table 1. Retevmo tablets were added and a step through generic pazopanib was included for Votrient.
50. Oscillatory Devices Used in the Home for the Treatment of Cystic Fibrosis and Other Respiratory Disorders	09-E0000-28	Quarterly CPT/HCPCS coding update. Code E0469 added.
51. Ozanimod (Zeposia) Capsules	09-J3000-70	Revision to guideline consisting of updating the position statement. Simlandi and Skyrizi added among the required prerequisite agents for Zeposia for UC.
52. Pembrolizumab (Keytruda) Injection	09-J2000-22	ICD-10 coding, dosing, and reference update.
53. Pemetrexed (Alimta, Pemfexy) IV	09-J1000-01	Revision: Updated HCPCS code C83.390 and added HCPCS code C83.398.
54. Physical Therapy (PT) and Occupational Therapy (OT)	01-97000-01	Quarterly CPT/HCPCS coding update. Added code E3200. Revised description and position statement, and updated references.
55. Pneumatic Compression Devices	09-E0000-31	Quarterly CPT/HCPCS coding update. Added E0683.
56. Polatuzumab vedotin-piiq (Polivy) Infusion	09-J3000-43	Revision: ICD-10 code updates.
57. Pralatrexate (Folotyn) IV	09-J1000-18	ICD 10 update.
58. Preventive Services	01-99385-03	Quarterly CPT/HCPCS update; added 90624.

59. <u>Psoralens Plus Ultraviolet A (PUVA) Therapy (Photochemotherapy)</u>	02-10000-16	Annual ICD10 coding update. Codes L29.89, L66.10, L66.11 L66.19 added; codes L29.8 and L66.1 deleted.
60. <u>Risankizumab-rzaa (Skyrizi) Injection and Infusion</u>	09-J3000-45	Revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, billing/coding, and references based on the new FDA-approved indication for UC in adults.
61. <u>Rituximab Products</u>	09-J0000-59	ICD-10 coding update.
62. <u>Sarilumab (Kevzara) Injection</u>	09-J2000-88	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Kevzara for RA and PJIA.
63. <u>Secukinumab (Cosentyx) Injection and Infusion</u>	09-J2000-30	Updates to Table 1.
64. <u>Speech Generating Devices</u>	09-E0000-51	Quarterly CPT/HCPCS coding update, Added E2513. Deleted E2599.
65. <u>Step Therapy Requirements for Medicare Outpatient (Part B) Medications</u>	09-J3000-39	Revision to guidelines, consisting of the addition of new ST programs and addition of PiaSky as a preferred complement inhibitor. New HCPCS and ICD-10 codes.
66. <u>Tafasitamab-cxix (Monjuvi) IV Infusion</u>	09-J3000-81	Revision: ICD-10 code updates.
67. <u>Teplizumab (Tziel) Injection</u>	09-J4000-40	Revision: Added ICD-10 code E10.A2 and deleted codes E10.8 and E10.9.
68. <u>Tocilizumab (Actemra) Injection and Infusion, Tocilizumab-aazg (Tyenne) Injection and Infusion, and Tocilizumab-bavi (Tofidence) Infusion</u>	09-J1000-21	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for self-administered Actemra for RA and PJIA. Rinvoq LQ added among the required prerequisite agents

		for self-administered Actemra for PJIA. Added HCPC code Q5135. New ICD-10 codes.
69. Tofacitinib (Xeljanz, Xeljanz XR) Oral Solution, Tablet and Extended-Release Tablet	09-J1000-86	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for all indications.
70. Trastuzumab (Herceptin) Injection	09-J0000-86	Revision to guideline; Updated position statement.
71. Tumor/Genetic Markers	05-86000-22	Quarterly CPT/HCPCS coding update. Codes 0490U-0492U added.
72. Upadacitinib Tablets (Rinvoq) and Oral Solution (Rinvoq LQ)	09-J3000-51	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for AS, PJIA, PsA, RA, CD, and UC.
73. Ustekinumab (Stelara) Injection and Infusion	09-J1000-16	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. New ICD-10 codes related to adverse effect of immune checkpoint inhibitors.
74. Vedolizumab (Entyvio) Injection and Infusion	09-J2000-18	Revision to guideline consisting of updating the position statement and billing/coding. Updates to Table 1. Simlandi added among the required prerequisite agents for self-administered Entyvio for CD and UC. Skyrizi added among the required prerequisite agents for self-administered Entyvio for UC. ICD-10 codes related to adverse effect of immune checkpoint inhibitors.

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).

Medicare Part B Pharmacy Review Updates

Effective January 1, 2024, the following updates to the Medical Coverage Guideline Program Exceptions will go into effect:

Program Exceptions:

Medicare Advantage Products (Effective 1/1/2024):

For treatment initiation and continuing therapy under Medicare Advantage:

1. Approve for one (1) year unless a shorter duration is clinically indicated under FDA label (Dosage and Administration section).
2. Approve per duration indicated in the associated Florida Blue Medical Coverage Guideline (MCG) if MCG approval duration exceeds FDA label for clinical evaluation.

In the absence of dosing frequency information within the Local Coverage Determination (LCD) or National Coverage Determination (NCD), refer to the Position Statement section or Dosage and Administration section within the associated Medical Coverage Guideline.