

[Policy Review Information](#)

[Preventive Services Information](#)

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

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

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

[Medicare Part B Pharmacy Review Updates](#)

## What's New: 3/15/2025

New and Revised MCGs:	MCG Number	Update
1. <a href="#">ADAMTS13, recombinant-krhn (Adzynma) IV Infusion</a>	09-J4000-75	Review and revision to guidelines consisting of updating the references.
2. <a href="#">Aprepitant (Cinvanti) and fosaprepitant (Focinvez) injectable therapy</a>	09-J2000-60	Review and revision to guideline; consisting of including Focinvez, and updating dosing, precautions, coding, and references.
3. <a href="#">Bevacizumab (Avastin), bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), and bevacizumab-maly (Alymsys), bevacizumab-tnjin (Avzivi), and bevacizumab-adcd (Vegzelma) Injection</a>	09-J0000-66	Review and revision to guideline; consisting of updating the position statement to include hereditary hemorrhagic telangiectasia and vaginal cancer. Revisions included for ampullary, cervical, CNS, colon, hepatic, kidney, ovarian, soft tissue sarcoma, uterine cancer. Updates to coding and references.
4. <a href="#">Ciplacizumab-yhdp (Cablivi)</a>	09-J3000-32	Review and revision to guideline; consisting of updating references.
5. <a href="#">Chelation Therapy</a>	01-99000-07	Scheduled review. Revised description, maintained position statement and updated references.

6. <a href="#"><u>Computed Tomography Angiography (CTA) Abdomen and Pelvis</u></a>	04-70450-04	Review; no change in position statement.
7. <a href="#"><u>Diagnosis and Treatment of Temporomandibular Joint Disorder</u></a>	02-20000-12	Scheduled review. Revised description, maintained position statement and updated references.
8. <a href="#"><u>Donanemab-azbt (Kisunla) intravenous infusion</u></a>	09-J4000-94	Review and revision to the guideline consisting of revising the Position Statement to extend the range for the MMSE assessment from 22-30 to 20-30 for “mild cognitive impairment” and the baseline assessment for amyloid beta plaque from 6 months to 1 year.
9. <a href="#"><u>Drugs and Biologics without Medical Coverage Guideline</u></a>	09-J0000-68	Revision to guideline; added Bizengri, RegeneCyte, Unloxcyt, Vyloy, and Ziihera to table 1
10. <a href="#"><u>Elafibranor (Iqirvo) Tablet</u></a>	09-J4000-93	Review and revision to the guideline consisting of updating the position statement to remove documentation requirements and allow prescribing in consultation with a gastroenterologist or hepatologist.
11. <a href="#"><u>Endothelial Keratoplasty and Corneal Collagen Cross-Linking</u></a>	02-65000-15	Scheduled review. Revised description, maintained position statement, and updated references.
12. <a href="#"><u>Frenectomy or Frenotomy for Ankyloglossia (Tongue-Tie) in Newborns, Children, &amp; Adolescents</u></a>	02-40000-25	Review: Position statements maintained; references updated.
13. <a href="#"><u>Functional Magnetic Resonance Imaging (fMRI)</u></a>	04-70540-10	Review; no change in position statement. Updated references.
14. <a href="#"><u>Gastric Electrical Stimulation</u></a>	01-91000-04	Scheduled review. Maintained position statement and updated references.
15. <a href="#"><u>Gender Affirmation Surgery</u></a>	02-55900-01	Review: Position statements maintained and references updated.

16. <a href="#">Glofitamab-gxbm (Columvi) IV Infusion</a>	09-J4000-60	Revision to guideline consisting of updating the position statement to add new 1 and 2A NCCN recommendations for second-line or subsequent therapy and use in combination with gemcitabine and oxaliplatin.
17. <a href="#">Imatinib (Imkeldi) Oral Solution</a>	09-J5000-15	New Medical Coverage Guideline.
18. <a href="#">Interstitial Laser Therapy</a>	02-99221-16	Review; no change in position statement. Updated references.
19. <a href="#">Intracellular Micronutrient Analysis</a>	05-86000-31	Review: Position statements maintained and references updated.
20. <a href="#">Lecanemab-irmb (Leqembi) intravenous infusion</a>	09-J4000-41	Review and revision to the guideline consisting of revising the Position Statement to extend the range for the MMSE assessment from 22-30 to 20-30 for “mild cognitive impairment” and the baseline assessment for amyloid beta plaque from 6 months to 1 year, updating the new FDA approved extended interval dosing to every 4 weeks after 18 months of the initiation phase, revising precaution and box warning language, and updating references.
21. <a href="#">Medical &amp; Surgical Management of Sleep Apnea, Snoring, and Other Conditions of the Soft Palate and Nasal Passages</a>	02-40000-16	Code 64568 added.
22. <a href="#">Nerve Block Injections</a>	02-61000-29	Scheduled review. Revised description and ICD10 coding table. Revised position statement to include coverage statement for nerve blocks performed for treatment of chronic pelvic/perineal pain. Updated references.
23. <a href="#">Nilotinib Capsules (Tasigna) and Tablets (Danziten)</a>	09-J1000-48	Revision to guideline consisting of updates to the description section, position statement, dosage/administration,

warnings/precautions, and references based on the addition Danziten tablets.

24. <a href="#">Nivolumab products (Opdivo, Opdivo Qvantig)</a>	09-J2000-33	Review and revision to guideline; consisting of including Opdualag Qvantig and updating dosing, coding, and references.
25. <a href="#">Noncontact Normothermic Wound Therapy</a>	09-E0000-42	Review: Position statement maintained; references updated.
26. <a href="#">Obeticholic Acid (Ocaliva) Tablet</a>	09-J2000-65	
27. <a href="#">Orthopedic Applications of Stem-Cell Therapy</a>	02-38240-02	Scheduled review. Revised description, maintained position statement and updated references.
28. <a href="#">Pembrolizumab (Keytruda) Injection</a>	09-J2000-22	Review and revision to guideline; including updating dosing and references.
29. <a href="#">Pemetrexed (Alimta, Axtle, Pemfexy, Pemrydi RTU) IV</a>	09-J1000-01	Review and revision to guideline; updated position statement, coding, references.
30. <a href="#">Physical Therapy (PT) and Occupational Therapy (OT)</a>	01-97000-01	Scheduled review. Maintained position statement and updated references.
31. <a href="#">Plugs for Fistula Repair</a>	02-45000-02	Review: Position statement maintained, and references updated.
32. <a href="#">Positron Emission Tomography (PET) Oncologic Applications</a>	04-78000-17	Review; no change in position statement. Updated references.
33. <a href="#">Preventive Services</a>	01-99385-03	Update; no change in position statement. Updated references; Code update; added 96041.
34. <a href="#">Remestemcel-I-rknd (Ryoncil) Infusion</a>	09-J5000-14	New Medical Coverage Guideline.
35. <a href="#">SARS-CoV-2 (COVID-19) Testing</a>	09-J4000-73	Review and revision to guideline; consisting of updating references.

**36. [Seladelpar \(Livdelzi\) Capsule](#)**

09-J5000-02

Review and revision to the guideline consisting of updating the position statement to remove documentation requirements and allow prescribing in consultation with a gastroenterologist or hepatologist.

**37. [Speech Therapy Services](#)**

01-92506-01

Scheduled review. Maintained position statement, revised program exceptions, and updated references.

**38. [Transanal Endoscopic Microsurgery](#)**

02-45000-01

Review: Position statements maintained, 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

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.