Policy Review 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: 1/1/2026

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 description, position statement, and references.
2. **Abrocitinib (Cibinqo®) Tablets**	09-J4000-27	Review and revision to guideline consisting of updating the description, position statement, and references.
3. **Adalimumab Products (Humira® and biosimilars)**	09-J0000-46	Review and revision to guideline consisting of updating the description, position statement, and references.
4. **Anakinra (Kineret®) Injection**	09-J0000-45	Review and revision to guideline consisting of updating the description, position statement, billing/coding, and references.
5. **Apremilast (Otezla, Otezla XR) Tablet**	09-J2000-19	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, precautions, and references. New extended-release formulation of apremilast (Otezla XR) added to the guideline. The minimum

		weight for Otezla XR in pediatric patient is 50 kg (110 lbs).
6. **Automated Percutaneous Discectomy, Laser Discectomy, Percutaneous Endoscopic Discectomy, and DISC Nucleoplasty™**	02-61000-32	Annual CPT/HCPCS coding update. Added 62330, 62331; revised 62287, 0274T; deleted 0275T.
7. **Bariatric Surgery**	02-40000-10	Annual CPT/HCPCS coding update. Added 43889; deleted C9784.
8. **Baricitinib (Olumiant ®) Tablet**	09-J3000-10	Review and revision to guideline consisting of updating the description, position statement and references.
9. **Baroreflex Stimulation Devices**	02-33000-55	New Medical Coverage Guideline.
10. **Bevacizumab (Avastin), bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), and bevacizumab-maly (Alymsys), bevacizumab-nwgd (Jobevne), bevacizumab-tnjn (Avzivi), and bevacizumab-adcd (Vegzelma) Injection**	09-J0000-66	Revision: For Jobevne, added HCPCS code Q5160 and removed code J9999.
11. **Bimekizumab-bkzx (Bimzelx®) Injection**	09-J4000-70	Review and revision to guideline consisting of updating the description, position statement and references. Bimzelx moved from a Step 3c agent (triple step) to a Step 3a agent (double step) for all FDA-approved indications.
12. **Bio-Engineered Skin and Soft Tissue Substitutes; Amniotic Membrane and Amniotic Fluid**	02-10000-11	Annual CPT/HCPCS coding update. Codes Q4398-Q4433 added; A2001-A4100, Q4101-Q4397 revised, C5271-C5278, Q4100, Q4106 deleted.
13. **Biologic Immunomodulator Agents Not Permitted as Concomitant Therapy**	09-J9000-02	Revision: Additions of Avtozma, Omlyclo, and Starjemza.
14. **Brachytherapy-Oncologic Applications**	04-77260-20	Annual CPT/HCPCS coding update. Added code (77436, 77437, 77438, 77439). Deleted code 0394T.

15. **Brensocatib (Brinsupri) Tablets**	09-J5000-28	New Medical Coverage Guideline: Brensocatib (Brinsupri) for the treatment of non-cystic fibrosis bronchiectasis in adult and pediatric patients 12 years of age and older who have confirmed disease based on clinical history and CT scan.
16. **Brodalumab (Siliq®) Injection**	09-J2000-79	Review and revision to guideline consisting of updating the description, position statement and references.
17. **Certolizumab Pegol (Cimzia®) Injection**	09-J0000-77	Review and revision to guideline consisting of updating the description, position statement and references.
18. **Cooling and Heating Devices Used in the Outpatient Setting**	09-E0000-53	Annual CPT/HCPCS coding update. Added 97007, 97008, 97009. Deleted 0662T, 0663T.
19. **Daprodustat (Jesduvroq)**	09-J4000-89	Revision: Deleted HCPCS code J0889 and added HCPCS code J8499.
20. **Dermabrasion, Chemical Peels, Salabrasion, and Acne Surgery**	02-10000-08	Annual CPT/HCPCS Coding Update. Code 10040 revised.
21. **Deucravacitinib (Sotyktu) Tablet**	09-J4000-37	Review and revision to guideline consisting of updating the description, position statement, and references.
22. **Deuruxolitinib (Leqselvi)**	09-J9000-01	New Medical Coverage Guideline.
23. **Deuruxolitinib (Leqselvi) Tablet**	09-J5000-01	New Medical Coverage Guideline.
24. **Drugs and Biologics without a Medical Coverage Guideline (Orphan Drugs and Off-Label and Labeled Use of FDA Approved Drugs)**	09-J0000-68	Revision to guideline; added Apretude, Avgemzi, Epioxa, Epioxa HD, Inlexzo and Kyxata to Table 1, removed Erwinaze, Infugem from Table 1.
25. **Dupilumab (Dupixent®) Injection**	09-J2000-80	Review and revision to guideline consisting of updating the description, position statement, and references.

		Clarified requirements for chronic spontaneous urticaria.
26. **Efgartigimod alfa-fcab (Vyvgart, Vyvgart Hytrulo) injection**	09-J4000-18	Update to position statement for agents not to be used in combination and inclusion of a clinical reason to bypass the step through Vyvgart Hytrulo. Update to agents are not permitted for use in combination.
27. **Electrical Nerve Stimulation**	02-61000-03	Scheduled review. Policy title, description, position statements, coding and references updated.Annual CPT/HCPCS coding update. Code 64567 added; 0720T deleted.
28. **Elivaldogene autotemcel (Skysona) Suspension for Intravenous Infusion**	09-J4000-33	Revision: Added HCPCS code J3387 and removed code J3590.
29. **Endovascular Stent Grafts for Disorders of the Thoracic Aorta**	02-33000-29	Annual CPT/HCPCS Coding Update. Code 33882 added; 33880-33886 revised; 33884, 33889, 75956-75959 deleted.
30. **Esketamine (Spravato®) Nasal Spray**	09-J3000-37	Revision: Added HCPCS code J0013 and removed code S0013.
31. **Etanercept (Enbrel®) Injection**	09-J0000-38	Review and revision to guideline consisting of updating the description, position statement, and references.
32. **Etrasimod (Velsipity) Tablet**	09-J4000-72	Review and revision to guideline consisting of updating the description, position statement and references.
33. **Genetic Testing**	05-82000-28	Annual CPT/HCPCS Coding Update. Codes 0033U, 0131U, 0132U, 0135U deleted.Codes 81232, 81346, S3722 removed.
34. **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, and references. The indication for moderately to severely active UC was expanded to include pediatric patients weighing at least 15 kg. A lower dosage is required for patients between 15 kg and 40 kg.
35. **Gonadotropin Releasing Hormone Analogs and Antagonists**	09-J0000-48	Revision to guideline consisting of updating the position statement, dosage/administration, and references. Newly approved product, Camcevi ETM, added for the treatment of prostate cancer. A note has been added to the position statement that coverage for gender-affirming treatment is subject to the member's benefit terms, limitations and maximums.
36. **Guselkumab (Tremfya®) Injection and Infusion**	09-J2000-87	Review and revision to guideline consisting of updating the description, position statement and references.
37. **Hereditary Angioedema Drug Therapy**	09-J1000-08	Revision to position statement, dosing/administration, precautions/warnings, coding, references
38. **Hormone Replacement**	09-J1000-24	Revision to guidelines; a note has been added to the position statement that coverage for gender-affirming treatment is subject to the member's benefit terms, limitations and maximums. Added HCPCS code J1073 and remove codes J3490 and S0189.
39. **Image-Guided Radiation Therapy**	04-77260-19	Annual CPT/HCPCS coding update. Deleted code 77014, G6001, G6002 and G6017.
40. **Infliximab Products [infliximab (Remicade®), Infliximab, infliximab-dyyb (Inflectra®), infliximab-abda (Renflexis®), and infliximab-axxq (Avsola®) intravenous infusions; and**	09-J0000-39	Review and revision to guideline consisting of updating the description, position statement, billing/coding, and references. IEC-associated enterocolitis

infliximab-dyyb (Zymfentra®) subcutaneous injection]		specific to BCMA-directed CAR T-cell therapy added as an indication for infliximab IV. New ICD-10 codes. Revised criteria for Immune checkpoint inhibitor-related toxicity.
41. Intensity-Modulated Radiation Therapy (IMRT)	04-77260-22	Annual CPT/HCPCS coding update. Deleted code (77385, 77386, G6015, G6016).
42. Investigational Services	09-A0000-03	Codes 0714T, 0867T (transperineal laser ablation of benign prostatic hyperplasia) reviewed. Annual CPT/HCPCS Coding Update. Codes 0598T, 0599T revised; codes 0266T-0273T, 0619T, 0631T deleted. Code 0867T added. Codes 93025, 0308T,0338T, 0339T, 0704T-0706T, 0725T-0734T, 0823T-0826T removed from policy.
43. Irreversible Electroporation (IRE)	02-40000-26	Annual CPT/HCPCS coding update. Added 47384, 55877, revised 0600T.
44. Ixekizumab (Taltz®) Injection	09-J2000-62	Review and revision to guideline consisting of updating the description, position statement and references.
45. Lebrikizumab-lbkz (Ebglyss) Injection	09-J5000-00	Review and revision to guidelines consisting of update to the description section, position statement, and references
46. Lecanemab-irmb (Leqembi, Leqembi Iqlik) intravenous infusion and SQ injection	09-J4000-41	Review and revision of the guideline consisting of adding a position statement for the lecanemab-irmb subcutaneous formulation (Leqembi Iqlik) for patients completing at least 18 months of IV Leqembi therapy and updating the MCG title, dosing section, product availability, billing, and references.
47. Linvoseltamab-gcpt (Lynozyfic) IV Infusion	09-J5000-27	Revision: Added HCPCS code C9307.

48. **Minimally Invasive Fusion Techniques**	02-61000-36	Annual CPT/HCPCS coding update. Added 63032; revised 27278, 27279.
49. **Mirikizumab-mrkz (Omvoh®) Injection and Infusion**	09-J4000-71	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, and references.
50. **Nemolizumab-ilto (Nemluvio) Injection**	09-J4000-99	Review and revision to guidelines consisting of update to the description section, position statement, and references.
51. **New-To-Market Program for Medical Benefit Medications**	09-J4000-30	Added Exdensur (depemokimab-ulaa) SC injection, Rybrevant Faspro (amivantamab and hyaluronidase-lpuj) SC injection, and Vabrinty (leuprolide acetate extended release) SC injection to the drug list. Removed Avgemsi (gemcitabine) IV infusion, Avtozma (tocilizumab-anoh) IV infusion, and Starjemza (ustekinumab-hmny) IV infusion and SC injection from the drug list. Added HCPCS code J3389 for Zevaskyn.
52. **Nipocalimab-aahu (Imaavy)**	09-J5000-25	Revision: Added HCPCS code J9256 and removed codes C9305 and J3590.
53. **Nitisinone (Orfadin®, Nityr™, Harliku™)**	09-J1000-27	Review and revision to guideline to include Harliku in position statement, dosing and administration, references
54. **Non-Covered Services**	09-A0000-00	Annual CPT/HCPCS coding update. Revised 99453, 99454, 99457, 99458; deleted G0071.
55. **Ozanimod (Zeposia®) Capsules**	09-J3000-70	Revision: Rinvoq removed from the list of prerequsted treatments for UC.
56. **Preventive Services**	01-99385-03	Annual HCPCS code update. Added 90635.

57. **Rilzabrutinib (Wayrilz)**	09-J5000-30	New Medical Coverage Guideline.
58. **Risankizumab-rzaa (Skyrizi®) Injection and Infusion**	09-J3000-45	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, and references.
59. **Ritlecitinib (Litfulo) Capsule**	09-J4000-57	Review and revision to guideline consisting of updating the description, position statement and references.
60. **Sapropterin (Kuvan®, Javygtor™) Tablets, Sepiapterin (Sephience™) Oral Powder**	09-J0000-74	Review and revision to guideline; consisting of reformatting position statement, updating references.
61. **Sarilumab (Kevzara®) Injection**	09-J2000-88	Review and revision to guideline consisting of updating the description, position statement, and references.
62. **Secukinumab (Cosentyx®) Injection and Infusion**	09-J2000-30	Review and revision to guideline consisting of updating the description, position statement and references.
63. **Site of Service Review for Select Surgical Procedures**	08-00000-01	Annual CPT/HCPCS Coding Update. Code 55700 deleted.
64. **Spesolimab-sbzo (Spevigo®) Subcutaneous Injection and Intravenous Infusion**	09-J4000-36	Review and revision to guideline consisting of updating the position statement and references.
65. **Step Therapy Requirements for Medicare Outpatient (Part B) Medications**	09-J3000-39	Review and revision to guidelines consisting of update to existing ST categories: non-preferred Cortrophin [Anti-Inflammatory Agents], non-preferred Avsola and preferred Renflexis [Autoimmune Therapy], non-preferred Stelara IV, Imuldosa, Otulfi, Pyzchiva, Starjemza, Wezlana, Yesintek and preferred Ustekinumab-aekn, Selarsdi, Steqeyma [Autoimmune Therapy], non-preferred (1) Bildyos, non-preferred (2) Ospomyv, Bosaya,Enoby [Bone

		Remodeling Agents], non-preferred Ontruzant, preferred Ogivri and Trazimera [Cancer and Supportive Therapy], preferred Riabni [Cancer and Supportive Therapy], non-preferred (1) Bilprevda, non-preferred (2) [Cancer and Supportive Therapy], non-preferred Nyvepria and preferred Fylnetra [Colony Stimulating Factors], preferred Epysqli [Complement Inhibitors], non-preferred (1) Eydenzelt, non-preferred (2) Beovu and Susvimo [Ophthalmic Agents].
66. **Surgical Treatments for Lymphedema and Lipedema**	02-12000-18	Annual CPT/HCPCS coding update. Added 1019T.
67. **Technologies for the Evaluation of Malignant Melanoma**	01-96900-03	Annual CPT/HCPCS Coding Update. Code 1020T added.
68. **Telisotuzumab Vedotin (Emrelis) IV infusion**	09-J5000-24	Revision: Added HCPCS code J9326 and removed codes C9306 and J9999.
69. **Tibial Nerve Stimulation**	02-64000-01	Annual CPT/HCPCS Coding Update. Codes 0988T, 0989T added.
70. **Tildrakizumab-asmn (Ilumya®) Injection**	09-J3000-04	Review and revision to guideline consisting of updating the description, position statement and references.
71. **Tocilizumab Products (Actemra and Tyenne Injections, and Actemra, Avtozma, Tofidence, and Tyenne Infusions)**	09-J1000-21	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, billing/coding, and references. Avtozma added as a non-preferred IV tocilizumab product (stepped through Tyenne IV), Revised criteria for Immune checkpoint inhibitor-related toxicity per NCCN updates.
72. **Tofacitinib (Xeljanz®, Xeljanz® XR) Oral Solution, Tablet, and Extended-Release Tablet**	09-J1000-86	Review and revision to guideline consisting of updating the description, position statement,

		dosage/administration, precautions, and references. New expanded indication for Xeljanz tablets and oral solution to include pediatric patients 2 years of age and older for the treatment of PsA.
73. **Tralokinumab-ldrm (Adbry®) Injection**	09-J4000-20	Review and revision to guideline consisting of updating the description, position statement and references.
74. **Treatments for Varicose Veins/Venous Insufficiency**	02-33000-31	Annual CPT/HCPCS Coding Update. Code 37500 deleted.
75. **Upadacitinib Tablets (Rinvoq®) and Oral Solution (Rinvoq LQ®)**	09-J3000-51	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, and references. Rinvoq moved from a Step 1b agent to a Step 2 agents for CD and UC.
76. **Ustekinumab Products (Stelara® and biosimilars)**	09-J1000-16	Review and revision to guideline consisting of updating the description, position statement, and references. Starjemza IV and SC added as non-preferred ustekinumab products.
77. **Vagus Nerve Stimulation**	02-61000-22	Annual CPT/HCPCS coding update. Added C1607.
78. **Vedolizumab (Entyvio®) Injection and Infusion**	09-J2000-18	Review and revision to guideline consisting of updating the description, position statement, billing/coding, and references. IEC-associated enterocolitis specific to BCMA-directed CAR T-cell therapy added as an indication for Entyvio IV. New ICD-10 codes. Revised criteria for Immune checkpoint inhibitor-related toxicity.
79. **Viscosupplementation, Hyaluronan Injections (e.g. Synvisc®)**	09-J1000-22	Revision: Modified the description of HCPCS code J7322 to include hymovis one.

		Hymovis One added to the description section.

What's New: 12/15/2025

New and Revised MCGs:	MCG Number	Update
1. Afamelanotide (Scenesse) implant	09-J4000-38	Review and revision of the guideline, consisting of updating the references.
2. Autologous Chondrocyte Implantation (ACI)	02-20000-17	Revision. Revised description, added coverage statement for synthetic resorbable polymers/scaffolds (eg, AGILI-C®), and updated references.
3. Belantamab Mafodotin-blmf (Blenrep) IV Infusion	09-J3000-80	MCG reactivated due to Blenrep being re-approved by the FDA, in combination with bortezomib and dexamethasone, for the treatment of adult patients with relapsed or refractory MM who have received at least 2 prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.
4. Brachytherapy-Oncologic Applications	04-77260-20	Review; revised endobronchial brachytherapy. Updated references.
5. Cardiac Monitoring Devices	01-93000-05	Review: Position statements maintained; description and references updated.
6. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision to position statement.
7. Daratumumab (Darzalex) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro) Injection	09-J2000-49	Revision to guidelines consisting of updating the description section, position statement, dosage/administration, definitions, and references. The FDA approved a new indication for Darzalex

			Faspro for the treatment of adult patients with high-risk smoldering MM as monotherapy.
8.	**Denosumab Products (Prolia,Xgeva and biosimilars)**	09-J1000-25	Review and revision to guideline; consisting of updating the position statement to include additional biosimilars.
9.	**Dopamine Transporter Imaging with Single-Photon Emission Computed Tomography**	04-78000-23	Review; no change to position statement. Updated references.
10.	**Eltrombopag (Promacta, Alvaiz)**	09-J1000-13	Review and revision to guideline; consisting of adding a step through generic eltrombopag into the position statement.
11.	**Exagamglogene autotemcel (Casgevy) suspension for IV infusion**	09-J4000-82	Review and revision of guideline consisting of revising the position statement to allow a history of receiving 10 units or more of pRBCs per year in the previous two years as a third option to define transfusion-dependent beta-thalassemia.
12.	**Fecal Analysis in the Diagnosis of Intestinal Dysbiosis**	05-82000-33	Review; Policy archived.
13.	**Ingestible pH and Pressure Capsule**	01-91000-08	Review; no change in position statement.
14.	**Microwave Tumor Ablation Other Than Liver Tumors**	02-99221-18	Review; no change in position statement. Updated references.
15.	**Natalizumab (Tysabri, Tyruko) IV**	09-J0000-73	Review and revision to guideline; consisting of adding Tyruko and updating coding and references.
16.	**Nerve Conduction Studies; F-Wave Studies; H- Reflex Studies**	01-95805-02	Review; no change in position statement. Updated references.

17. **Non-Covered Services**	09-A0000-00	Scheduled review. Existing coding maintained.
18. **Olezarsen Sodium (Tryngolza) SQ Injection**	09-J5000-07	Review and revision to the guideline, consisting of revising the position statement to allow for inconclusive FCS genetic testing results with FCS scoring and expanded specialist prescribers and updating references.
19. **Olipudase Alfa-rpcp (Xenpozyme)**	09-J4000-34	Review and revision to guideline; updated references.
20. **Omaveloxolone (Skyclarys) Oral Capsule**	09-J4000-49	Review and revision of the guideline, consisting of revising the position statement to allow in consultation with a specialist for prescribing and updating the references.
21. **Proton Beam Therapy**	04-77260-18	Review; no change in position statement. Updated references.
22. **Pyrimethamine (Daraprim)**	09-J2000-48	Review and revision to guideline consisting of updating references
23. **Reconstructive Surgery/Cosmetic Surgery**	02-12000-01	Review; no change to position statement.
24. **Rituximab Products [rituximab (Rituxan), rituximab-abbs (Truxima), rituximab-arrx (Riabni), rituximab-pvvr (Ruxience), and rituximab;hyaluronidase (Rituxan Hycela)**	09-J0000-59	Review and revision to guideline; consisting of updating the position statement to include Truxima as a co-preferred biosimilar with Ruxience and Riabni. Update to myasthenia gravis, liver transplant, hematopoietic cell transplant, compendia supported diagnoses, and inclusion of alternate dosing.
25. **Teriparatide (Forteo, Bonsity, Teriparatide Injection)**	09-J0000-47	Review and revision to guideline; consisting of updating the position statement to include Bonsity and a step through generic teriparatide for continuation.

26. **Velmanase alfa-tycv (Lamzede) intravenous infusion**	09-J4000-50	Review and revision of the guideline, consisting of updating the references.
27. **Wireless Capsule Endoscopy**	01-91000-05	Review and update. No change to position statement. Updated code 91111.

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
Abemaciclib (Verzenio)	09-J2000-93
Acalabrutinib (Calquence)	09-J2000-94
Afatinib (Gilotrif)	09-J2000-06
Alectinib (Alecensa)	09-J2000-56
Alpelisib (Piqray)	09-J3000-42
Apalutamide (Erleada)	09-J3000-03
Avapritinib (Ayvakit)	09-J3000-63
Axitinib (Inlyta)	09-J1000-67
Binimetinib (Mektovi)	09-J3000-20
Brigatinib (Alunbrig)	09-J2000-84
Ceritinib (Zykadia)	09-J2000-17
Cobimetinib (Cotellic)	09-J2000-53
Crizotinib (Xalkori)	09-J1000-57
Dabrafenib (Tafinlar)	09-J2000-00
Dacomitinib (Vizimpro)	09-J3000-18
Darolutamide (Nubeqa)	09-J3000-50
Dasatinib (Sprycel)	09-J1000-43
Duvelisib (Copiktra)	09-J3000-14
Enasidenib (Idhifa)	09-J2000-90
Encorafenib (Braftovi)	09-J3000-19
Entrectinib (Rozlytrek)	09-J3000-48
Enzalutamide (Xtandi)	09-J1000-85
Erdafitinib (Balversa)	09-J3000-31
Gefitinib (Iressa)	09-J2000-44
Gilteritinib (Xospata)	09-J3000-28
Glasdegib (Daurismo)	09-J3000-27
Idelalisib (Zydelig)	09-J2000-23
Ivosidenib (Tibsovo)	09-J3000-13
Lapatinib (Tykerb)	09-J1000-47

Generic/Brand	MCG Number
Lenvatinib (Lenvima)	09-J2000-38
Lorlatinib (Lorbrena)	09-J3000-23
Midostaurin (Rydapt)	09-J2000-86
Neratinib (Nerlynx)	09-J2000-83
Niraparib (Zejula)	09-J2000-77
Olaparib (Lynparza)	09-J2000-32
Osimertinib (Tagrisso)	09-J2000-55
Palbociclib (Ibrance)	09-J2000-34
Panobinostat (Farydak)	09-J2000-37
Pazopanib (Votrient)	09-J1000-49
Pexidartinib (Turalio)	09-J3000-47
Pomalidomide (Pomalyst)	09-J1000-95
Ponatinib (Iclusig)	09-J1000-89
Regorafenib (Stivarga)	09-J1000-83
Rucaparib (Rubraca)	09-J2000-72
Ruxolitinib (Jakafi)	09-J1000-63
Selinexor (Xpovio)	09-J3000-44
Sonidegib (Odomzo)	09-J2000-45
Sorafenib (Nexavar)	09-J1000-50
Sunitinib Malate (Sutent)	09-J1000-51
Talazoparib (Talzenna)	09-J3000-21
Topotecan HCl (Hycamtin)	09-J1000-02
Trametinib (Mekinist)	09-J1000-99
Tretinoin Oral	09-J1000-61
Trifluridine-Tipiracil (Lonsurf)	09-J2000-46
Vandetanib (Caprelsa)	09-J1000-38
Vemurafenib (Zelboraf)	09-J1000-40
Venetoclax (Venclexta)	09-J2000-64
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

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.