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: 2/15/2026

New and Revised MCGs:	MCG Number	Update
1. Allergy Testing and Immunotherapy	01-95000-01	Position statements maintained.
2. Allogeneic Hematopoietic Cell Transplantation	02-38240-01	Position statements maintained.
3. Alpha1-Proteinase Inhibitors (Human)	09-J0000-49	Review and revision to guideline; consisting of updating references.
4. Apheresis, Plasmapheresis and Plasma Exchange	02-33000-17	Position statements maintained.
5. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	05-86000-26	Annual review: Position statements maintained.
6. Autologous Hematopoietic Cell Transplantation	02-38241-01	Position statements maintained.
7. Axatilimab (Niktimvo™) Injection	09-J4000-98	Review and revision to guideline; consisting of updating documentation and position statement, drug availability, and references.
8. Bariatric Surgery	02-40000-10	Scheduled review. Maintained position statement and updated references.
9. Belumosudil (Rezurock™) tablets	09-J4000-08	Review and revision to guideline; consisting of updating documentation, drug interactions and references.

10. Benralizumab (Fasenra)	09-J2000-92	Review of guideline; updated position statement, coding, and references.
11. Betibeglogene Autotemcel (Zynteglo®) IV Infusion	09-J4000-35	Review and revision to guidelines consisting of updating references.
12. Bosutinib (Bosulif®) Capsules and Tablets	09-J1000-84	Review and revision to guideline consisting of updates to the position statement, related guidelines, and references. For newly treated, chronic-phase CML, the step requirement was expanded to two products (vs. one).
13. Botulinum Toxins	09-J0000-29	Review and revision to guideline consisting of updating the position statement and references.
14. Chimeric Antigen Receptor (CAR) T-Cell Therapies	09-J3000-94	Review and revision to guideline consisting of updating the position statement and references. New requirement that the healthcare facility where the CAR T-cell therapy is being administered must be FACT-accredited for the clinical service of "Immune Effector Cellular Therapy".
15. Cognitive Rehabilitation	01-97000-04	Position statements maintained.
16. Computed Tomographic (CT) Colonography (Virtual Colonoscopy)	01-91000-06	Review; maintain position statements. Updated references.
17. Computed Tomographic Angiography (CTA) Heart	04-70450-03	Review; no change in position statement.
18. Continuous Passive Motion Device	09-E0000-15	Position statements maintained.
19. Cranial Orthosis for Craniosynostoses and Plagiocephaly	09-L0000-02	Position statements maintained.
20. Daratumumab (Darzalex®) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex FasproTM) Injection	09-J2000-49	Revision to guidelines consisting of updating the description section, position statement, and references based on updated NCCN guidelines for MM. Added allowances for: (1) the combination regimen of teclistamab and daratumumab or daratumumab-hyaluronidase as second-line or later MM therapy, (2) first-line MM

		quadruplet therapy with bortezomib, lenalidomide and dexamethasone (when HCT is not planned) and the member is both less than 80 years old and not frail, and (3) treatment of POEMs when HCT is not planned based on inclusion in the NCCN recommendations for MM. Updated the "transplant ineligible" terminology to "HCT is either NOT indicated (i.e., a non-transplant candidate) or NOT planned (i.e., transplant-deferred)" per NCCN updated wording.
21. **Dermabrasion, Chemical Peels, Salabrasion, and Acne Surgery**	02-10000-08	Annual review: Position statements maintained; references updated.
22. **Electrostimulation and Electromagnetic Therapy for Treating Wounds**	09-E0000-43	Position statements maintained.
23. **Endoscopic Radiofrequency Ablation or Cryosurgical Ablation for Barrett's Esophagus**	01-91000-10	Position statements maintained.
24. **Enteral Formulas**	09-J0000-61	Position statements maintained.
25. **Esophageal pH Monitoring**	01-91000-01	Position statements maintained.
26. **Fam-trastuzumab deruxtecan-nxki injection (Enhertu®)**	09-J3000-58	Revision to position statement.
27. **Foot Care Services**	09-M0101-01	Position statements maintained.
28. **Hip Arthroscopy and Open, Non-Arthroplasty Hip Repair**	02-20000-55	Scheduled review. Maintained position statement and updated references.
29. **Hyperbaric Oxygen Therapy (Systemic & Topical)**	01-99180-01	Position statements maintained.
30. **Hyperthermic Intraperitoneal Chemotherapy (HIPEC)**	01-96400-03	Position statements maintained.
31. **Imatinib (Imkeldi) Oral Solution**	09-J5000-15	Review and revision to guideline consisting of updating the references.
32. **Inebilizumab (Uplizna) Injection**	09-J3000-73	Review and revision to guideline; consisting of including generalized myasthenia gravis into the position statement.

33. Laboratory Tests Post Transplant and for Heart Failure	05-86000-24	Annual review: Position statements maintained, references updated.
34. Loncastuximab Tesirine-lpyl (Zynlonta®) IV Infusion	09-J4000-05	Review and revision to guideline consisting of updating billing/coding and references.
35. Lumasiran (Oxlumo) injection	09-J3000-91	Review and revision to guideline; consisting of updating the references.
36. Mastectomy for Gynecomastia	02-12000-14	Position statements maintained.
37. Mepolizumab (Nucala)	09-J2000-54	Review and revision to guideline; update position statement, coding, and references.
38. Nedosiran (Rivfloza) subcutaneous injection	09-J4000-79	Review and revision to guideline; consisting of updating dosing and references.
39. Nerve Block Injections	02-61000-29	Scheduled review. Position statements, coding, and references updated.
40. Nilotinib Capsules (Nilceya and Tasigna) and Tablets (Danziten)	09-J1000-48	Review and revision to guideline consisting of updates to the description section, position statement, related guidelines, and references.
41. Non-Invasive Electrical Bone Growth Stimulators (EBGS)	09-E0000-22	Position statements maintained.
42. Omalizumab (Xolair®, Omlyclo®)	09-J0000-44	Review and revision to guideline; updated position statement, references, and coding.
43. Orthotics	09-L0000-03	Position statements maintained.
44. Outpatient Medical Nutrition Therapy	01-99000-05	Position statements maintained.
45. Pemetrexed (Alimta®, Axtle™, Pemfexy™, Pemrydi RTU®) IV	09-J1000-01	Revision to position statement.
46. Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty	02-20000-18	Scheduled review. Maintained position statement and updated references.
47. Pertuzumab (Perjeta™) Injection	09-J1000-75	Revision to position statement.
48. Platelet-Derived Growth Factors and Platelet-Rich Plasma	02-10000-09	Position statements maintained.
49. Polatuzumab vedotin-piiq (Polivy®) Infusion	09-J3000-43	Review and revision to the guideline including updates to the description section, billing/coding, and references.

50. **Positron Emission Tomography (PET) Cardiac Applications**	04-78000-16	Position statements maintained.
51. **ProThelial™ for the Treatment of Oral Mucositis**	09-00000-01	Position statements maintained.
52. **Psoralens Plus Ultraviolet A (PUVA) Therapy (Photochemotherapy)**	02-10000-16	Position statements maintained.
53. **Remestemcel-l-rknd (Ryoncil) Infusion**	09-J5000-14	Review and revision to guideline; including update to references.
54. **Reslizumab (Cinqair®) IV infusion**	09-J2000-63	Review and revision; updated position statement, coding, references.
55. **Scanning Computerized Ophthalmic Diagnostic Imaging**	01-92000-17	Position statements maintained.
56. **Teclistamab (Tecvayli) Injection**	09-J4000-46	Revision to guideline consisting of updating the description section, position statement, and references. Added an allowance for the combination regimen of teclistamab and daratumumab or daratumumab-hyaluronidase as second-line or later therapy based on inclusion in the NCCN recommendations for MM.
57. **Teplizumab (TzieldTM) Injection**	09-J4000-40	Review and revision to guideline consisting of updating the description and references. New Standards of Care in Diabetes – 2026 was published.
58. **Tezepelumab-ekko (Tezspire)**	09-J4000-13	Review and revision of guideline; updated position statement, coding, and references.
59. **Total Artificial Hearts and Implantable Ventricular Assist Devices**	02-33000-25	Scheduled review. Maintained position statement and updated references.
60. **Transcatheter Aortic Valve Replacement**	02-33000-32	Position statements maintained.
61. **Transmyocardial Revascularization (TMR)**	02-33000-19	Position statements maintained.
62. **Treatment of Tinnitus**	01-92502-11	Review; maintain position statements. Updated references.
63. **Ultrasound in Maternity Care**	04-76500-01	Position statements maintained.

64.	**Ultrasound Osteogenesis Stimulators, Non-Invasive**	09-E0000-32	Position statements maintained.
65.	**Vagus Nerve Stimulation**	02-61000-22	Scheduled review. Maintained position statements and updated references.
66.	**Vascular Endothelial Growth Factor Inhibitors for Ocular Neovascularization**	09-J1000-78	Review and revision of the guideline consisting of updating the position statement to add the new FDA indication of macular edema following RVO and resuming every 4-week dosing for those with no successful response for all indications for Eylea HD and updating the dosing/administration, billing/coding, and reference sections.

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.