

[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: 4/1/2026

New and Revised MCGs:	MCG Number	Update
1. <u>Adalimumab Products (Humira® and biosimilars)</u>	09-J0000-46	Revision to guideline consisting of updating the position statement and references. Adalimumab-bwwd (an unbranded version of Hadlima from Cordavis) added as a non-preferred biosimilar.
2. <u>Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer</u>	05-86000-26	Quarterly CPT/HCPCS Coding Update: Code 0630U added.
3. <u>Bio-Engineered Skin and Soft Tissue Substitutes; Amniotic Membrane and Amniotic Fluid</u>	02-10000-11	Quarterly CPT/HCPCS coding update. Codes A2040-A2045, G0681-G0684, Q4418-Q4440 added.
4. <u>Delgocitinib (Anzupgo) Cream</u>	09-J5000-38	New Medical Coverage Guideline.
5. <u>Denosumab Products (Prolia™; Xgeva™ and biosimilars)</u>	09-J1000-25	Revision: Added HCPCS codes Q5161 and Q5162.
6. <u>Doxecitine and Doxribtimine (Kygevvii) Powder for Oral Solution</u>	09-J5000-32	New Medical Coverage Guideline: Doxecitine and doxribtimine (Kygevvii) for the treatment of genetically confirmed thymidine kinase 2 deficiency (TK2d) in adults and pediatric patients with an age of symptom onset on or before 12 years.
7. <u>Drugs and Biologics without a Medical Coverage Guideline (Orphan Drugs and Off-Label and Labeled Use of FDA Approved Drugs)</u>	09-J0000-68	Revision to guideline; added Somavert SQ injection, Lunsumio Velo SQ injection, Yartemlea IV infusion, Fesilty IV infusion (prior authorization is not required for Fesilty) to table 1; added link to medical policy for Epioxa and Epioxa HD.
8. <u>Familial Chylomicronemia Syndrome</u>	09-J5000-39	New Medical Coverage Guideline: Adding the newly FDA approved plozasiran (Redemplo) SQ injection to the 09-J5000-07, olezarsen sodium (Tryngolza) SQ injection criteria to create the Familial

		Chylomicronemia Syndrome criteria and updating the olezarsen (Tryngolza) position statement to require a step through plozasiran (Redemplo) therapy and not allowing use of olezarsen (Tryngolza) and plozasiran (Redemplo) in combination.
9.	<u>Gonadotropin Releasing Hormone Analogs and Antagonists</u>	09-J0000-48 Revision: Added HCPCS code J9003.
10.	<u>Immune Globulin Therapy</u>	09-J0000-06 Revision: Added HCPCS code J1553.
11.	<u>Immunoglobulin A Nephropathy (IgAN)</u>	09-J5000-34 New Medical Coverage Guideline: Merging MCGs 09-J5000-20, Atrasentan (Vanrafia) tablet, 09-J4000-14, Budesonide (Tarpeyo), 09-J4000-48, Sparsentan (Filspari); Adding Sibeprenlimab (Voyxact) to position statement.
12.	<u>Interstitial Lung Disease (ILD)</u>	09-J5000-48 New Medical Coverage Guideline: Merging MCGs 09-J2000-25, Nintedanib (Ofev®) Oral Capsules and 09-J2000-24, Pirfenidone (Esbriet®); Adding nerandomilast to position statement.
13.	<u>Lecanemab-irmb (Legembi, Legembi Iqlik) intravenous infusion and SQ injection</u>	09-J4000-41 Revision: Revised description for HCPCS code J0174.
14.	<u>Linvoseltamab-gcpt (Lynozytic) IV Infusion</u>	09-J5000-27 Revision: Added HCPCS code J9601 and removed codes C9307 and J9999.
15.	<u>Medical & Surgical Management of Sleep Apnea, Snoring, and Other Conditions of the Soft Palate and Nasal Passages</u>	02-40000-16 Quarterly CPT/HCPCS coding update. Codes C8007-C8009, C8011-C8013 added.
16.	<u>Myoelectric Prosthetic and Orthotic Components for the Upper Limb</u>	09-L0000-07 Quarterly CPT/HCPCS coding update. Code L6028 revised.
17.	<u>New-To-Market Program for Medical Benefit Medications</u>	09-J4000-30 Addition of Loargys (pegzilarginase-nbln) injection to the drug list. Added code C9309 for Itvisma.
18.	<u>Octreotide Acetate (Sandostatin LAR® Depot, Mycapssa Capsule®)</u>	09-J0000-90 Review and revision to guideline; consisting of updating the policy to include Bynfezia into the position statement and updating the dosing, warnings, and references. Included Merkel cell carcinoma in the position statement for Sandostatin LAR and updating coding.
19.	<u>Pembrolizumab (Keytruda®, Keytruda Qlex) Injection</u>	09-J2000-22 Revision: Added HCPCS code J9277 and removed code J9999.
20.	<u>Primary Biliary Cholangitis</u>	09-J5000-42 New Medical Coverage Guideline: Merger of 09-J5000-02, Seladelpar (Livdelzi) Capsule and 09-J4000-93, Elafibranor (Iqirvo) Tablet to create the Primary Biliary

		Cholangitis MCG and updating the seladelpar (Livdelzi) position statement to require a step through elafibranor (Iqirvo).
21. Remibrutinib (Rhapsido) Tablet	09-J5000-36	New Medical Coverage Guideline.
22. Tocilizumab Products (Actemra and Tyenne Injections, and Actemra, Avtozma, Tofidence, and Tyenne Infusions)	09-J1000-21	Revision: Added HCPCS codes M0233, M0234, M0237, M0238, Q0237, and Q0238.
23. Zopapogene imadenovec-drba (Papzimeos) SQ Injection	09-J5000-29	Revision: Added HCPCS code J3404 and removed codes C9399 and J3590.

What's New: 3/15/2026

New and Revised MCGs:	MCG Number	Update
1. Abortion	03-59800-01	Position statements maintained.
2. ADAMTS13, recombinant-krhn (Adzynma) IV Infusion	09-J4000-75	Review and revision to guidelines consisting of updating the references.
3. Amivantamab-vmjw (Rybrevant™), Amivantamab/Hyaluronidase-lpuj (Rybrevant Faspro™)	09-J4000-02	Revision to guideline; updated position statement and dosing, references; added Rybrevant Faspro.
4. Bone Mineral Density Studies	04-70000-21	Position statements maintained.
5. Caplacizumab-yhdp (Cablivi®)	09-J3000-32	Review and revision to guideline, consisting of updating the description and dosage/administration sections to include the expanded FDA approved pediatric population of 12 years and older and updating references.
6. Cardiac Nuclear Imaging (Myocardial Perfusion Imaging)	04-78000-19	Position statements maintained.
7. Chelation Therapy	01-99000-07	Scheduled review. Maintained position statement and updated references.
8. Chimeric Antigen Receptor (CAR) T-Cell Therapies	09-J3000-94	Revision to consisting of updating the description section, position statement, billing/coding, and references. The Yescarta prescribing information removed the previous Limitations of Use in patients with relapsed or refractory primary central nervous system lymphoma.
9. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision to guideline; updated position statement, related guidelines.

10. Complications of Pregnancy	03-59000-04	Position statements maintained.
11. Computed Tomography Angiography (CTA) Abdomen and Pelvis	04-70450-04	Review; no change in position statement.
12. Cooling and Heating Devices Used in the Outpatient Setting	09-E0000-53	Review: Position statements and references updated.
13. Crinicerfont (Crenessity) Capsule and Oral Solution	09-J5000-08	Review and revision to guideline consisting of updating the billing/coding and references.
14. Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators	09-J5000-52	New Medical Coverage Guideline: Merging MCGs 09-J2000-76, Deflazacort (Emflaza) and 09-J4000-76, Vamorolone (Agamree).
15. Deflazacort (Emflaza), Vamorolone (Agamree)	09-J5000-53	New Medical Coverage Guideline: Merging MCGs 09-J2000-76, Deflazacort (Emflaza) and 09-J4000-76, Vamorolone (Agamree).
16. Denosumab Products (Prolia; Xgeva and biosimilars)	09-J1000-25	Review and revision to guideline; consisting of updating the position statement to include additional biosimilars.
17. Diabetic Self-Management Training and Educational Supplies	01-99000-02	Position statements maintained.
18. Diagnosis and Treatment of Temporomandibular Joint Disorder	02-20000-12	Annual review. Position statements maintained and references updated.
19. Diaphragmatic/Phrenic Nerve Stimulation (Electrophrenic Pacemaker)	02-61000-33	Position statements maintained.
20. Endothelial Keratoplasty and Corneal Collagen Cross-Linking	02-65000-15	Annual review. Position statements, description, and references updated.
21. Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms) and Extracranial Vertebral Artery Disease	02-61000-35	Position statements maintained.
22. Etuvedigene autotemcel (Waskyra) suspension for IV infusion	09-J5000-33	New Medical Coverage Guideline – Etuvedigene autotemcel (Waskyra) is an autologous hematopoietic stem cell-based gene therapy indicated for the treatment of patients 6 months of age or older with genetically confirmed Wiskott-Aldrich Syndrome who have a mutation in the WAS gene with severe disease for whom hematopoietic stem cell transplantation is appropriate and no suitable human leukocyte antigen (HLA)-matched related stem cell donor is available.
23. External Counterpulsation (ECP)	01-93000-26	Position statements maintained.

24. External Insulin Infusion Pumps and Continuous Glucose Monitors	01-99000-03	Position statements maintained.
25. Extracranial Carotid Angioplasty/Stenting	02-33000-28	Position statements maintained.
26. Foscarbidopa-Foslevodopa (Vyalev) subcutaneous infusion	09-J5000-09	Review and revision to guideline consisting of updating references.
27. Functional Magnetic Resonance Imaging (fMRI)	04-70540-10	Review; no change in position statement.
28. Gastric Electrical Stimulation	01-91000-04	Scheduled review. Maintained position statement and updated references.
29. Gender Affirmation Surgery	02-55900-01	Annual review. Position statements maintained.
30. Hospice Care	01-99500-03	Position statements maintained.
31. Hospital Beds and Accessories	09-E0000-12	Position statements maintained.
32. Huntington's Chorea and Tardive Dyskinesia Agents	09-J5000-43	Consolidate tetrabenazine, deutetrabenazine, and valbenazine into a single coverage guideline.
33. Interleukin 13 (IL-13) Antagonists	09-J5000-37	New Medical Coverage Guideline.
34. Interleukin-5 (IL-5) Inhibitors	09-J5000-35	New Medical Coverage Guideline: Merging MCGs 09-J2000-92, Benralizumab (Fasenra), 09-J2000-54, Mepolizumab (Fasenra), 09-J2000-63, Reslizumab (Cinqair) IV infusion; adding Depemokimab (Exdensur).
35. Interstitial Laser Therapy	02-99221-16	Review; no change in position statement. Updated references.
36. Intracellular Micronutrient Analysis	05-86000-31	Annual review. Position statements maintained, references updated.
37. Invasive Electrical Bone Growth Stimulator (EBGS)	02-20000-22	Position statements maintained.
38. Lupus	09-J5000-51	New Medical Coverage Guideline: Merging MCGs 09-J4000-07, Anifrolumab-fnia (Saphnelo), 09-J1000-35, Belimumab (Benlysta®) Injection, 09-J3000-96, Voclosporin (Lupkynis).
39. Magnetic Resonance Imaging (MRI) Cardiac	04-70540-13	Review; no change in position statement.
40. Mitapivat (Pyrukynd)	09-J4000-29	Revision to guideline; updated position statement, description, dosing, warnings; addition of new product Aqvsme.

41. Multiple Sclerosis: Oral and Self Injectable Therapy	09-J5000-44	Consolidation of multiple sclerosis oral agents and self-injectable therapy into a single medical coverage guideline.
42. Neuropsychological Testing	01-95805-14	Position statements maintained.
43. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Removed Exdensur (depemokimab-ulaa) subcutaneous injection, Rybrevant Faspro (amivantamab and hyaluronidase-lpuj) subcutaneous injection, and Waskyra (etuvetidigene autotemcel) IV infusion from the drug list.
44. Niemann-Pick Disease Type C	09-J5000-40	New Medical Coverage Guideline: Merger of 09-J5000-04, Arimoclomol (Miplyffa) Capsules and 09-J5000-05, Levacetylleucin (Aqneursa) Oral Suspension MCGs to create the Niemann-Pick Disease Type C MCG.
45. Omalizumab (Xolair®, Omlyclo®)	09-J0000-44	Revision to guideline; updated position statement, related guidelines
46. Oncology Self-administered Medications	09-J3000-65	Review and revision to guideline; added the new agents Hyrnuo, Inluriyo, Komzifti to Table 1. The following agents also added to the oral oncology MCG: Besremi, Bosulif, Danziten, Ibrutinib, Imbruvica, Imkeldi, Nilceya, Ninlaro, Ojjaara, Tassigna, Vonjo, Yonsa, Zytiga.
47. Oral and IV Amyotrophic Lateral Sclerosis	09-J5000-41	New Medical Coverage Guideline: Merger of the 09-J2000-82, Edaravone (Radicava) and 09-J3000-38, Riluzole Oral Film and Suspension (Exservan, Tiglutik) MCGs to create the Oral and IV Amyotrophic Lateral Sclerosis MCG.
48. Orthopedic Applications of Stem-Cell Therapy	02-38240-02	Annual review. Position statements maintained and references updated.
49. Osteoporosis Self-Injectable Therapy	09-J5000-45	New Medical Coverage Guideline combining teriparatide and abaloparatide into one guideline.
50. Oxygen	09-E0400-00	Position statements maintained.
51. Panniculectomy and Abdominoplasty	02-12000-16	Position statements maintained.
52. Pegcetacoplan (Empaveli)	09-J4000-04	Review and revision to guideline; consisting of updating C3 glomerulopathy and primary IC-MPGN in the position statement.
53. Pelvic Floor Stimulation as a Treatment of Incontinence	01-97000-06	Position statements maintained.

54. Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	02-33000-36	Position statements maintained.
55. Pertuzumab (Perjeta™, Poherdy®) Injection	09-J1000-75	Review and revision to guideline; consisting of revising references, position statement, description; addition of biosimilar Poherdy.
56. Phenylketonuria (PKU)	09-J5000-49	New Medical Coverage Guideline: Merging MCGs 09-J0000-74 Sapropterin (Kuvan®) Tablets, Sepiapterin (Sephience) Oral Powder, 09-J3000-07 Pegvaliase-pqpz (Palynziq™)
57. Physical Therapy (PT) and Occupational Therapy (OT)	01-97000-01	Scheduled review. Maintained position statements; deleted ICD10 coding and updated references.
58. Plugs for Fistula Repair	02-45000-02	Annual review. Position statement maintained; references updated.
59. Positron Emission Tomography (PET) for Oncologic Applications	04-78000-17	Review/revision. Revised position statement. Neuroendocrine tumors: added Gallium-68 Dotatoc and Dotatate to Copper-64. Prostate cancer: added PSMA and flutufolastat fluorine-18 (Posluma). Soft tissue sarcoma: deleted imatinib, added tyrosine kinase inhibitor (TKI). Interim PET imaging: added assess response during treatment for advanced (stages IIB to 4) Hodgkin lymphoma. Revised experimental or investigational statement. Updated references.
60. Prophylactic Mastectomy	02-12000-15	Position statements maintained.
61. Revakinagene taroretcel-lwey (Encelto) Intravitreal Implant	09-J5000-17	Revision: Updating ICD-10 billing codes.
62. SARS-CoV-2 (COVID-19) Testing	09-J4000-73	Review and revision to guideline consisting of updating references.
63. Scintimammography and Gamma Imaging of the Breast	04-78000-14	Position statements maintained
64. Spinal Cord and Dorsal Root Ganglion Stimulation	02-61000-05	Position statements maintained.
65. Tezepelumab-ekko (Tezspire)	09-J4000-13	Revision of guideline; updated position statement and related guidelines
66. Thoracic Electrical Bioimpedance (TEB)	01-93000-29	Position statements maintained.
67. Thrombocytopenia Oral Therapy	09-J5000-46	Consolidation of thrombocytopenia oral therapy into a single medical coverage guideline.

68. <u>Transanal Endoscopic Microsurgery</u>	02-45000-01	Annual review. Position statements maintained; references updated.
69. <u>Transcatheter Mitral Valve Repair/Replacement and Transcatheter Tricuspid Valve Repair</u>	02-33000-35	Position statements maintained.
70. <u>Transcranial Doppler Studies</u>	01-93875-17	Position statements maintained.
71. <u>Transthyretin Amyloidosis (ATTR)</u>	09-J5000-50	New Medical Coverage Guideline: Merging MCGs 09-J3000-41, Tafamidis (Vyndamax, Vyndaqel) Oral, 09-J4000-77, Eplontersen (Wainua), 09-J3000-16 Patisiran (Onpattro™), 09-J4000-32 Vutrisiran (Amvuttra), and 09-J5000-11, Acoramidis (Attruby).
72. <u>Trofinetide (Daybue®) for Oral Solution</u>	09-J4000-52	Review and revision to guideline; consisting of updating the policy to include the Daybue Stix formulation.
73. <u>Tumor Treating Fields Therapy</u>	02-61000-10	Position statements maintained.
74. <u>Urea Cycle Disorders</u>	09-J5000-47	New medical coverage guideline to consolidate policies into one guideline.
75. <u>Wheelchairs and Wheelchair Accessories</u>	09-E0000-35	Position statements maintained.
76. <u>Whole Body Magnetic Imaging (MRI)</u>	04-70540-27	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 Guidelines (MCG) for these therapies 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

[09-J5000-50, Transthyretin Amyloidosis \(ATTR\)](#)

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

Generic/Brand	MCG Number
Acoramidis (Attruby)	09-J5000-11
Eplontersen (Wainua)	09-J4000-77
Patisiran Sodium (Onpattro)	09-J3000-16
Tafamidis (Vyndamax, Vyndaqel) Oral	09-J3000-41
Vutrisiran (Amvuttra)	09-J4000-32

[09-J5000-52, Cystic Fibrosis Transmembrane Conductance Regulator \(CFTR\) Modulators](#)

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

Generic/Brand	MCG Number
Ivacaftor (Kalydeco) Oral	09-J1000-68
Lumacaftor Ivacaftor (Orkambi) Capsule	09-J2000-29
Tezacaftor-Ivacaftor (Symdeko)	09-J2000-97
Elexacaftor-tezacaftor-ivacaftor (Trikafta)	09-J3000-53
Deutivacaftor-Tezacaftor- Vanzacaftor (Alyftrek)	09-J5000-10

[09-J5000-53, Deflazacort \(Emflaza\), Vamorolone \(Agamree\)](#)

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

Generic/Brand	MCG Number
Deflazacort (Emflaza)	09-J2000-76
Vamorolone (Agamree)	09-J4000-76

[09-J5000-43, Huntington's Chorea and Tardive Dyskinesia Agents](#)

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

Generic/Brand	MCG Number
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Tetrabenazine (Xenazine) and Deutetrabenazine (Austedo, Austedo XR)	09-J1000-07
Valbenazine (Ingrezza, Ingrezza Sprinkle)	09-J2000-81

[09-J5000-35, Interleukin-5 \(IL-5\) Inhibitors](#)

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

Generic/Brand	MCG Number
Benralizumab (Fasenra)	09-J2000-92
Mepolizumab (Nucala)	09-J2000-54
Reslizumab (Cinqair) IV infusion	09-J2000-63

[09-J5000-37, IL-13 Antagonists](#)

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

Generic/Brand	MCG Number
Lebrikizumab-lbkz (Ebglyss)	09-J5000-00
Tralokinumab-ldrm (Adbry) Injection	09-J4000-20

[09-J5000-51, Lupus](#)

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

Generic/Brand	MCG Number
Anifrolumab-fnia (Saphnelo)	09-J4000-07
Belimumab (Benlysta) Injection	09-J1000-35
Voclosporin (Lupkynis)	09-J3000-96

[09-J5000-44, Multiple Sclerosis: Oral and Self Injectable Therapy](#)

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

Generic/Brand	MCG Number
Brand Aubagio Tablets	09-J1000-82
Brand Gilenya and Tascenso ODT	09-J1000-30
Brand Tecfidera, Diroximel fumarate (Vumerity), Monomethyl fumarate (Bafiertam) Capsule	09-J1000-96
Cladribine (Mavenclad) tablets	09-J3000-34
Multiple Sclerosis Self Injectable Therapy (Interferon beta products and Copaxone)	09-J1000-39
Ofatumumab (Kesimpta)	09-J3000-84
Ponesimod (Ponvory) Tablet	09-J3000-98
Siponimod (Mayzent) tablets	09-J3000-35

[09-J5000-40, Niemann-Pick Disease Type C](#)

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

Generic/Brand	MCG Number
Arimoclomol (Miplyffa) Capsules	09-J5000-04
Levacetylleucin (Aqneursa) Oral Suspension	09-J5000-05

[09-J3000-65, Oncology Self-administered Medications](#)

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

Generic/Brand	MCG Number
Abiraterone Acetate (Yonsa, Zytiga) Tablets	09-J1000-36
Bosutinib (Bosulif) Capsules and Tablets	09-J1000-84
Ibrutinib (Imbruvica)	09-J2000-09
Imatinib (Imkeldi) Oral Solution	09-J5000-15
Ixazomib (Ninlaro) Capsule	09-J2000-51
Momelotinib (Ojjaara) Tablets	09-J4000-69
Nilotinib Capsules (Nilceya and Tasigna) and Tablets (Danziten)	09-J1000-48
Pacritinib (Vonjo) Capsule	09-J4000-24
Ropeginterferon alfa-2b-njft (Besremi)	09-J4000-19

[09-J5000-41, Oral and IV Amyotrophic Lateral Sclerosis](#)

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

Generic/Brand	MCG Number
Edaravone (Radicava)	09-J5000-04
Riluzole (Exservan, Tiglutik)	09-J3000-38

[09-J5000-45, Osteoporosis Self-Injectable Therapy](#)

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

Generic/Brand	MCG Number
Abaloparatide (Tymlos)	09-J2000-85
Teriparatide (Forteo, Bonsity, Teriparatide) injection	09-J0000-47

[09-J5000-49, Phenylketonuria \(PKU\)](#)

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

Generic/Brand	MCG Number
Pegvaliase-pqpz (Palyntiq)	09-J3000-07
Sapropterin (Kuvan) Tablets	09-J0000-74

[09-J5000-46, Thrombocytopenia Oral Therapy](#)

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

Generic/Brand	MCG Number
Avatrombopag (Doptelet, Doptelet Sprinkle)	09-J3000-02
Eltrombopag (Promacta, Alvaiz)	09-J1000-13
Fostamatinib (Tavalisse)	09-J3000-00
Lusutrombopag (Mulpleta) Tablet	09-J3000-11
Rilzabrutinib (Wayriz)	09-J5000-30

[09-J5000-47, Urea Cycle Disorders](#)

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

Generic/Brand	MCG Number
Glycerol Phenylbutyrate (Ravicti)	09-J1000-98
Sodium Phenylbutyrate (Buphenyl, Olpruva, Pheburane)	09-J1000-97

[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.