

## [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: 4/15/2026

New and Revised MCGs:	MCG Number	Update
1. <a href="#">Ado-trastuzumab emtansine (Kadcyla™)</a>	09-J1000-90	Review and revision to guideline; updated position statement and references.
2. <a href="#">Amivantamab-vmjw (Rybrevant™), Amivantamab/Hyaluronidase-lpuj (Rybrevant Faspro™)</a>	09-J4000-02	Revision to guideline; updated Position Statement
3. <a href="#">Avacincaptad pegol (Izervay) intravitreal injection</a>	09-J4000-65	Revision: Deleting “for up to 12 months” from dosage/administration section.
4. <a href="#">Blinatumomab (Blincyto™) IV</a>	09-J2000-26	Review and revision; consisting of position statement, references.
5. <a href="#">Breast Ductoscopy</a>	02-10000-19	Annual review: Position statement maintained.
6. <a href="#">Brensocatic (Brinsupri) Tablets</a>	09-J5000-28	Revision to the position statement to allow one rather than two pulmonary exacerbations requiring an antibiotic prescription within the past 12 months for patients 12 to 17 years of age and extending the initial approval from 6 months to 1 year and updating references.
7. <a href="#">Canakinumab (Ilaris®) Injection</a>	09-J2000-03	Review and revision of the guideline consisting of updating the position statement to include additional biologics not permitted as concomitant therapy and updating the references.
8. <a href="#">Cervical Spine Surgery</a>	02-20000-45	Review; no change in position statement. Updated references.

9. <a href="#"><u>Computed Tomography Angiography (CTA) Brain (Head)</u></a>	04-70450-05	Review; no change in position statement. Added code 70471,
10. <a href="#"><u>Computed Tomography Angiography (CTA) Lower Extremity</u></a>	04-70450-09	Review; no change in position statement.
11. <a href="#"><u>Computed Tomography Angiography (CTA) Neck</u></a>	04-70450-06	Review; no change in position statement. Added code 70471,
12. <a href="#"><u>Computed Tomography Angiography (CTA) Upper Extremity</u></a>	04-70450-08	Review; no change in position statement.
13. <a href="#"><u>Computerized Dynamic Posturography</u></a>	01-92502-12	Review; no change in position statement. Updated references.
14. <a href="#"><u>Datopotamab Deruxtecan (Datroway) IV Infusion</u></a>	09-J5000-19	Review and revision to guideline; updated position statement and references
15. <a href="#"><u>Ductal Lavage and Suction Collection Systems</u></a>	02-10000-14	Annual review: Position statement maintained; references updated.
16. <a href="#"><u>Eculizumab Products [eculizumab (Soliris®), eculizumab-aagh(Epysqli), eculizumab-aeab (Bkemv)] Injection</u></a>	09-J1000-17	Revision to guideline; consisting of updating the position statement for Myasthenia Gravis.
17. <a href="#"><u>Electrical Nerve Stimulation</u></a>	02-61000-03	Revision: Remote electrical neuromodulation position statements added for children and adolescents; restorative neurostimulation and percutaneous peripheral implantable nerve stimulators position statements maintained; references updated.
18. <a href="#"><u>Eribulin Mesylate (Halaven®) Injection</u></a>	09-J1000-76	Review and revision; updated position statement and references.
19. <a href="#"><u>Erythropoiesis Stimulating Agents</u></a>	09-J0000-31	Revision to remove comparative effectiveness statement. Clarified the note for use of preferred agents.
20. <a href="#"><u>Esketamine (Spravato®) Nasal Spray</u></a>	09-J3000-37	Revision to guideline consisting of updating the position statement to allow concomitant evidenced based psychotherapy as an alternative to non-antidepressant augmentation and updating references.
21. <a href="#"><u>Exagamglogene autotemcel (Casgevy) suspension for IV infusion</u></a>	09-J4000-82	Review and revision of guideline consisting of updating the precautions, billing/coding and references.

22. <a href="#">Extracorporeal Photopheresis</a>	01-90919-02	Annual review: Position statement maintained; references updated.
23. <a href="#">Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease</a>	02-54000-20	Annual review: Position statement maintained; references updated.
24. <a href="#">Fam-trastuzumab deruxtecan-nxki injection (Enhertu®)</a>	09-J3000-58	Review and revision; updated position statement and references.
25. <a href="#">Gonadotropin Releasing Hormone Analogs and Antagonists</a>	09-J0000-48	Review and revision to guideline consisting of updating the position statement, dosage/administration, precautions, billing/coding, and references. New indications per NCCN added for Eligard, Lupron Depot, leuprolide acetate solution (non-depot formulation), Trelstar, and Zoladex. Vabrinty added as a non-preferred agent for prostate cancer with step requirement for initiation of therapy. Lupaneta Pack removed (not longer on market). Camcevi, Camcevi ETM, Fensolvi and Lutrate Depot designated as non-preferred agents with step requirements for initiations of therapy. New warning added for severe cutaneous adverse reactions.
26. <a href="#">Hereditary Angioedema Drug Therapy</a>	09-J1000-08	Revision to guideline; updated position statement and dosing.
27. <a href="#">Immune Globulin Therapy</a>	09-J0000-06	Revision to guideline; including addition of Qivigy as a non-preferred agent and updated criteria for Asceniv. Included NCCN supported oncology indications for acquired hypogammaglobulinemia, CAR-T therapy, pediatric Langerhans Cell Histiocytosis, and immune checkpoint inhibitor toxicity.
28. <a href="#">Immunoglobulin A Nephropathy (IgAN)</a>	09-J5000-34	Revision to guideline; updated coding.
29. <a href="#">Interleukin-5 (IL-5) Inhibitors</a>	09-J5000-35	Revision to guideline; Updated Position Statement.
30. <a href="#">Investigational Services</a>	09-A0000-03	Code 0686T (Histotripsy, of malignant hepatocellular tissue), reviewed.
31. <a href="#">Lifileucel (Amtagvi) suspension for IV infusion</a>	09-J4000-81	Review and revision of the guideline consisting of updating the position statement to require a trial of an immune checkpoint inhibitor for BRAF V600

		mutation positive disease and updating references.
32. <a href="#"><u> Lovotibeglogene autotemcel (Lyfgenia) suspension for IV infusion </u></a>	09-J4000-83	Review and revision of guideline consisting of clarifying advanced liver disease as cirrhosis in the position statement and updating billing/coding and references.
33. <a href="#"><u> Lupus </u></a>	09-J5000-51	Revision to guidelines consisting of updating the position statement for Lupkynis to remove requirements for antibodies and increased initial approval duration to 1 year across all products.
34. <a href="#"><u> Luspatercept-aamt (Reblozyl®) Injection </u></a>	09-J3000-61	Revision to guideline consisting of updating the dosage/administration section and references.
35. <a href="#"><u> Magnetic Resonance Cholangiopancreatography (MRCP) </u></a>	04-70540-24	Review; maintain position statement.
36. <a href="#"><u> Magnetic Resonance Imaging (MRI) Bone Marrow </u></a>	04-70540-25	Review; no change in position statement.
37. <a href="#"><u> Magnetic Resonance Imaging (MRI) Chest (Thorax) </u></a>	04-70540-26	Review; no change in position statement.
38. <a href="#"><u> Margetuximab-cmkb (Margenza™) </u></a>	09-J3000-88	Review and revision to guideline consisting of updating position statement and references.
39. <a href="#"><u> Multiple-Gated Acquisition (MUGA) Scan </u></a>	04-78000-21	Review; no change in position statement.
40. <a href="#"><u> Neurolysis/Ablation </u></a>	02-61000-34	Review; no change in position statement. Updated references.
41. <a href="#"><u> New-To-Market Program for Medical Benefit Medications </u></a>	09-J4000-30	Removed Qivigy (immune globulin intravenous, human-kthm) 10% solution and Vabrinty (leuprolide acetate extended release) SC injection from the drug list.
42. <a href="#"><u> Nipocalimab-aahu (Imaavy) </u></a>	09-J5000-25	Review and revision to guideline consisting of updating the position statement.
43. <a href="#"><u> Omalizumab (Xolair®, Omlyclo®) </u></a>	09-J0000-44	Revision to guideline; updated position statement.
44. <a href="#"><u> Partial Left Ventriculectomy and Surgical Ventricular Restoration </u></a>	02-33000-18	Annual review: Position statements maintained; references updated.

45. <a href="#"><u>Pegloticase (Krystexxa®) Infusion</u></a>	09-J3000-29	Review and revision to guideline consisting of updating the dosage/administration section and references. The To-be-Diluted product is being discontinued by the manufacturer. The Ready-to-Use product will remain available.
46. <a href="#"><u>Pertuzumab (Perjeta™, Poherdy®) Injection</u></a>	09-J1000-75	Review and revision to guidelines; updated position statement and references.
47. <a href="#"><u>Pertuzumab; Trastuzumab; Hyaluronidase-zzxf (Phesgo)</u></a>	09-J3000-75	Review and revision to guidelines; updated position statement and references.
48. <a href="#"><u>Pneumatic Compression Devices and Garments</u></a>	09-E0000-31	Annual review: Position statements, coding, and references updated.
49. <a href="#"><u>Rilonacept (Arcalyst®) Injection</u></a>	09-J2000-04	Review and revision of the guideline consisting of updating the position statement to include additional biologics not permitted as concomitant therapy and to allow rilonacept use as an alternative to corticosteroids for the inflammatory phenotype of recurrent pericarditis and updating the references.
50. <a href="#"><u>Rozanolixizumab-noli (Rystiggo) Injection</u></a>	09-J4000-55	Revision to guideline; consisting of updating agents not to be used in combination.
51. <a href="#"><u>Sacituzumab Govitecan-hziy (Trodelvy)</u></a>	09-J3000-76	Review and revision of guideline; updated references.
52. <a href="#"><u>Signal Averaged Electrocardiography (SAECG)</u></a>	01-93000-22	Annual review: Position statement maintained; references updated.
53. <a href="#"><u>Teclistamab (Tecvayli) Injection</u></a>	09-J4000-46	Revision to guideline consisting of updating the description section, dosage/administration, precautions, and references. The FDA-approved indication was expanded to include use in combination with daratumumab-hyaluronidase in patients who have received at least one prior line of therapy, including a proteasome inhibitor and an immunomodulatory agent.
54. <a href="#"><u>Teprotumumab (Tepezza®) Infusion</u></a>	09-J3000-64	Review and revision to guideline consisting of updating the dosage/administration section, precautions and references.
55. <a href="#"><u>Total Ankle Replacement</u></a>	02-99221-15	Annual review: Position statements maintained; references updated.

56. <a href="#">Trastuzumab (Herceptin®, biosimilars) and Trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™) Injection</a>	09-J0000-86	Review and revision; Updated position statement and references.
57. <a href="#">Zilucoplan (Zilbrysq) Subcutaneous Injection</a>	09-J4000-78	Revision to guideline consisting of updating the step requirements in the position statement.
58. <a href="#">Zuranolone (Zurzuvae) Oral Capsules</a>	09-J4000-74	Review and revision to guideline consisting of updating references.

### What's New: 4/1/2026

New and Revised MCGs:	MCG Number	Update
1. <a href="#">Adalimumab Products (Humira® and biosimilars)</a>	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. <a href="#">Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer</a>	05-86000-26	Quarterly CPT/HCPCS Coding Update: Code 0630U added.
3. <a href="#">Bio-Engineered Skin and Soft Tissue Substitutes; Amniotic Membrane and Amniotic Fluid</a>	02-10000-11	Quarterly CPT/HCPCS coding update. Codes A2040-A2045, G0681-G0684, Q4418-Q4440 added.
4. <a href="#">Delgocitinib (Anzupgo) Cream</a>	09-J5000-38	New Medical Coverage Guideline.
5. <a href="#">Denosumab Products (Prolia™; Xgeva™ and biosimilars)</a>	09-J1000-25	Revision: Added HCPCS codes Q5161 and Q5162.
6. <a href="#">Doxecitine and Doxribtimine (Kygevvi) Powder for Oral Solution</a>	09-J5000-32	New Medical Coverage Guideline: Doxecitine and doxribtimine (Kygevvi) 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. <a href="#">Drugs and Biologics without a Medical Coverage Guideline (Orphan Drugs and Off-Label and Labeled Use of FDA Approved Drugs)</a>	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. <a href="#">Familial Chylomicronemia Syndrome</a>	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.	<a href="#"><u>Gonadotropin Releasing Hormone Analogs and Antagonists</u></a>	09-J0000-48 Revision: Added HCPCS code J9003.
10.	<a href="#"><u>Immune Globulin Therapy</u></a>	09-J0000-06 Revision: Added HCPCS code J1553.
11.	<a href="#"><u>Immunoglobulin A Nephropathy (IgAN)</u></a>	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.	<a href="#"><u>Interstitial Lung Disease (ILD)</u></a>	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.	<a href="#"><u>Lecanemab-irmb (Legembi, Legembi Iqlik) intravenous infusion and SQ injection</u></a>	09-J4000-41 Revision: Revised description for HCPCS code J0174.
14.	<a href="#"><u>Linvoseltamab-gcpt (Lynozytic) IV Infusion</u></a>	09-J5000-27 Revision: Added HCPCS code J9601 and removed codes C9307 and J9999.
15.	<a href="#"><u>Medical &amp; Surgical Management of Sleep Apnea, Snoring, and Other Conditions of the Soft Palate and Nasal Passages</u></a>	02-40000-16 Quarterly CPT/HCPCS coding update. Codes C8007-C8009, C8011-C8013 added.
16.	<a href="#"><u>Myoelectric Prosthetic and Orthotic Components for the Upper Limb</u></a>	09-L0000-07 Quarterly CPT/HCPCS coding update. Code L6028 revised.
17.	<a href="#"><u>New-To-Market Program for Medical Benefit Medications</u></a>	09-J4000-30 Addition of Loargys (pegzilarginase-nbln) injection to the drug list. Added code C9309 for Itvisma.
18.	<a href="#"><u>Octreotide Acetate (Sandostatin LAR® Depot, Mycapssa Capsule®)</u></a>	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.	<a href="#"><u>Pembrolizumab (Keytruda®, Keytruda Qlex) Injection</u></a>	09-J2000-22 Revision: Added HCPCS code J9277 and removed code J9999.
20.	<a href="#"><u>Primary Biliary Cholangitis</u></a>	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. <a href="#"><u>Remibrutinib (Rhapsido) Tablet</u></a>  | 09-J5000-36 | New Medical Coverage Guideline.   |
| 22. <a href="#"><u>Tocilizumab Products (Actemra and Tyenne Injections, and Actemra, Avtozma, Tofidence, and Tyenne Infusions)</u></a> | 09-J1000-21 | Revision: Added HCPCS codes M0233, M0234, M0237, M0238, Q0237, and Q0238. |
| 23. <a href="#"><u>Zopapogene imadenovec-drba (Papzimeos) SQ Injection</u></a>   | 09-J5000-29 | Revision: Added HCPCS code J3404 and removed codes C9399 and J3590.       |

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
---------------	------------

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.