

[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: 6/1/2026

New and Revised MCGs:	MCG Number	Update
1. Ado-trastuzumab emtansine (Kadcyla™)	09-J1000-90	Revision: Added Drug Waste Reduction statement to the Position Statement.
2. Axatilimab (Niktimvo™) Injection	09-J4000-98	Revision: Added Drug Waste Reduction statement to the Position Statement.
3. Azacitidine (Vidaza®) Injection	09-J0000-84	Revision: Added Drug Waste Reduction statement to the Position Statement.
4. Belantamab Mafodotin-blmf (Blenrep®) IV Infusion	09-J3000-80	Revision: Added Drug Waste Reduction statement to the Position Statement.
5. Belinostat (Beleodaq™) Injection	09-J2000-21	Revision: Added Drug Waste Reduction statement to the Position Statement.
6. Bendamustine HCl Injection	09-J2000-40	Revision: Added Drug Waste Reduction statement to the Position Statement.
7. 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: Added Drug Waste Reduction statement to the Position Statement.
8. Brentuximab (Adcetris®) Injection	09-J1000-53	Revision: Added Drug Waste Reduction statement to the Position Statement.
9. Burosumab-twza (Crysvita®)	09-J2000-99	Revision: Added Drug Waste Reduction statement to the Position Statement.
10. Cabazitaxel Injection	09-J1000-77	Revision: Added Drug Waste Reduction statement to the Position Statement.

11. <u>Carfilzomib (Kyprolis®) Injection</u>	09-J1000-81	Revision: Added Drug Waste Reduction statement to the Position Statement.
12. <u>Crizanlizumab-tcma (Adakveo)</u>	09-J3000-56	Revision: Added Drug Waste Reduction statement to the Position Statement.
13. <u>Daratumumab (Darzalex®) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro™) Injection</u>	09-J2000-49	Revision: Added Drug Waste Reduction statement to the Position Statement.
14. <u>Datopotamab Deruxtecan (Datroway) IV Infusion</u>	09-J5000-19	Revision: Added Drug Waste Reduction statement to the Position Statement.
15. <u>Denileukin diftitox-cxdl (Lymphir) injection</u>	09-J4000-97	Revision: Added Drug Waste Reduction statement to the Position Statement.
16. <u>Docetaxel Products</u>	09-J0000-95	Revision: Added Drug Waste Reduction statement to the Position Statement.
17. <u>Doxorubicin HCl Liposome (Doxil®) Injection</u>	09-J0000-91	Revision: Added Drug Waste Reduction statement to the Position Statement.
18. <u>Drug Waste Reduction</u>	09-J5000-54	New Medical Coverage Guideline supporting new program.
19. <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: Added Drug Waste Reduction statement to the Position Statement.
20. <u>Elotuzumab (Empliciti®) Injection</u>	09-J2000-50	Revision: Added Drug Waste Reduction statement to the Position Statement.
21. <u>Enfortumab Vedotin (Padcev™) IV</u>	09-J3000-59	Revision: Added Drug Waste Reduction statement to the Position Statement.
22. <u>Eribulin Mesylate (Halaven®) Injection</u>	09-J1000-76	Revision: Added Drug Waste Reduction statement to the Position Statement.
23. <u>Erythropoiesis Stimulating Agents</u>	09-J0000-31	Revision: Added Drug Waste Reduction statement to the Position Statement.
24. <u>Evinacumab-dqnb (Evkeeza®) IV Infusion</u>	09-J3000-99	Revision: Added Drug Waste Reduction statement to the Position Statement.
25. <u>Exon-Skipping Therapy for Duchenne Muscular Dystrophy</u>	09-J3000-93	Revision: Added Drug Waste Reduction statement to the Position Statement.
26. <u>Fam-trastuzumab deruxtecan-nxki injection (Enhertu®)</u>	09-J3000-58	Revision: Added Drug Waste Reduction statement to the Position Statement.

27. <u>Givosiran (Givlaari™)</u>	09-J3000-60	Revision: Added Drug Waste Reduction statement to the Position Statement.
28. <u>Golimumab (Simponi®, Simponi® Aria Injection and Infusion)</u>	09-J1000-11	Revision: Added Drug Waste Reduction statement to the Position Statement.
29. <u>Granulocyte Colony Stimulating Factors</u>	09-J0000-62	Revision: Added Drug Waste Reduction statement to the Position Statement.
30. <u>Human EGFR Inhibitors (Cetuximab [Erbix®], Panitumumab [Vectibix®])</u>	09-J0000-94	Revision: Added Drug Waste Reduction statement to the Position Statement.
31. <u>Infliximab Products [Infliximab (Remicade®), Infliximab, infliximab-dyyb (Inflectra®), infliximab-abda (Renflexis®), and infliximab-axxq (Avsola®) intravenous infusions; and infliximab-dyyb (Zymfentra®) subcutaneous injection]</u>	09-J0000-39	Revision: Added Drug Waste Reduction statement to the Position Statement.
32. <u>Injectable Iron Therapy [Ferric carboxymaltose (Injectafer®), Ferric Derisomaltose (Monoferric®), Ferric Pyrophosphate Citrate (Triferic AVNU®)]</u>	09-J2000-10	Revision: Added Drug Waste Reduction statement to the Position Statement.
33. <u>Interleukin-5 (IL-5) Inhibitors</u>	09-J5000-35	Revision: Added Drug Waste Reduction statement to the Position Statement.
34. <u>Ipilimumab (Yervoy™) Injection</u>	09-J1000-34	Revision: Added Drug Waste Reduction statement to the Position Statement.
35. <u>Irinotecan Liposome Injection (Onivyde™)</u>	09-J2000-52	Revision: Added Drug Waste Reduction statement to the Position Statement.
36. <u>Isatuximab-irfc (Sarclisa®) Infusion</u>	09-J3000-67	Revision: Added Drug Waste Reduction statement to the Position Statement.
37. <u>Lecanemab-irmb (Legembi, Legembi Iqlik) intravenous infusion and SQ injection</u>	09-J4000-41	Revision: Added Drug Waste Reduction statement to the Position Statement.
38. <u>Levoleucovorin (Fusilev® and Khapzory™) IV</u>	09-J2000-31	Revision: Added Drug Waste Reduction statement to the Position Statement.
39. <u>Loncastuximab Tesirine-Ipyl (Zynlonta®) IV Infusion</u>	09-J4000-05	Revision: Added Drug Waste Reduction statement to the Position Statement.
40. <u>Lumasiran (Oxlumo) injection</u>	09-J3000-91	Revision: Added Drug Waste Reduction statement to the Position Statement.
41. <u>Lupus</u>	09-J5000-51	Revision: Added Drug Waste Reduction statement to the Position Statement.

42. <u>Luspatercept-aamt (Reblozyl®) Injection</u>	09-J3000-61	Revision: Added Drug Waste Reduction statement to the Position Statement.
43. <u>Margetuximab-cmkb (Margenza™)</u>	09-J3000-88	Revision: Added Drug Waste Reduction statement to the Position Statement.
44. <u>Melphalan HCl, Captisol-Enabled (Evomela®) IV Infusion</u>	09-J2000-61	Revision: Added Drug Waste Reduction statement to the Position Statement.
45. <u>Mogamulizumab-kpkc (Poteligeo®)</u>	09-J3000-05	Revision: Added Drug Waste Reduction statement to the Position Statement.
46. <u>Nab-Paclitaxel Injection (Abraxane®)</u>	09-J1000-05	Revision: Added Drug Waste Reduction statement to the Position Statement.
47. <u>Naxitamab-gqqk (Danyelza) Injection</u>	09-J3000-92	Revision: Added Drug Waste Reduction statement to the Position Statement.
48. <u>Pemetrexed (Alimta®, Axtle™, Pemfexy™, Pemrydi RTU®) IV</u>	09-J1000-01	Revision: Added Drug Waste Reduction statement to the Position Statement.
49. <u>Plasminogen, Human-tmvh (Ryplazim®) IV Infusion</u>	09-J3000-06	Revision: Added Drug Waste Reduction statement to the Position Statement.
50. <u>Polatuzumab vedotin-piiq (Polivy®) Infusion</u>	09-J3000-43	Revision: Added Drug Waste Reduction statement to the Position Statement.
51. <u>Pralatrexate (Folotyn™) IV</u>	09-J1000-18	ICD 10 update.
52. <u>Ramucirumab (Cyramza™) Injection</u>	09-J2000-14	Revision: Added Drug Waste Reduction statement to the Position Statement.
53. <u>Rasburicase (Elitek®)</u>	09-J2000-43	Revision: Added Drug Waste Reduction statement to the Position Statement.
54. <u>Remestemcel-I-rknd (Ryoncil) Infusion</u>	09-J5000-14	Revision: Added Drug Waste Reduction statement to the Position Statement.
55. <u>Rituximab Products [rituximab (Rituxan®), rituximab-abbs(Truxima®), rituximab-arx (Riabni™), rituximab-pvvr (Ruxience™), and rituximab;hyaluronidase (Rituxan Hycela™)]</u>	09-J0000-59	Revision: Added Drug Waste Reduction statement to the Position Statement.
56. <u>Romiplostim Injection (Nplate™)</u>	09-J0000-88	Revision: Added Drug Waste Reduction statement to the Position Statement.
57. <u>Sacituzumab Govitecan-hziy (Trodelvy)</u>	09-J3000-76	Revision: Added Drug Waste Reduction statement to the Position Statement.

58. <u>Siltuximab (Sylvant™) Injection</u>	09-J2000-16	Revision: Added Drug Waste Reduction statement to the Position Statement.
59. <u>Tafasitamab-cxix (Monjuvi®) IV Infusion</u>	09-J3000-81	Revision: Added Drug Waste Reduction statement to the Position Statement.
60. <u>Talquetamab-tgvs (Talvey) Subcutaneous Injection</u>	09-J4000-63	Revision: Added Drug Waste Reduction statement to the Position Statement.
61. <u>Teclistamab (Tecvayli) Injection</u>	09-J4000-46	Revision: Added Drug Waste Reduction statement to the Position Statement.
62. <u>Telisotuzumab Vedotin (Emrelis) IV infusion</u>	09-J5000-24	Revision: Added Drug Waste Reduction statement to the Position Statement.
63. <u>Teplizumab (Tzield™) Injection</u>	09-J4000-40	Revision: Added Drug Waste Reduction statement to the Position Statement.
64. <u>Teprotumumab (Tepezza®) Infusion</u>	09-J3000-64	Revision: Added Drug Waste Reduction statement to the Position Statement.
65. <u>Tocilizumab Products (Actemra and Tyenne Injections, and Actemra, Avtozma, Tofidence, and Tyenne Infusions)</u>	09-J1000-21	Revision: Added Drug Waste Reduction statement to the Position Statement.
66. <u>Transthyretin Amyloidosis (ATTR)</u>	09-J5000-50	Revision: Added Drug Waste Reduction statement to the Position Statement.
67. <u>Trastuzumab (Herceptin®, biosimilars) and Trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™) Injection</u>	09-J0000-86	Revision: Added Drug Waste Reduction statement to the Position Statement.
68. <u>Trilaciclib (Cosela) IV infusion</u>	09-J3000-97	Revision: Added Drug Waste Reduction statement to the Position Statement.
69. <u>Ziv-aflibercept (Zaltrap®) IV</u>	09-J1000-80	Revision: Added Drug Waste Reduction statement to the Position Statement.

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 (Palyzinq)	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.