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What's New: 7/1/2026

| New and Revised MCGs: | MCG Number | Update |
|--|-------------|---|
| 1. Abatacept (Orencia®) Injection and Infusion | 09-J0000-67 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for PsA. |
| 2. Abrocitinib (Cibinqo®) Tablets | 09-J4000-27 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 3. Adalimumab Products (Humira® and biosimilars) | 09-J0000-46 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Updated the HS prerequisites to only systemic antibiotic therapy. Added additional wording to the definition of severe active PsA. |
| 4. Agalsidase Beta (Fabrazyme®) IV | 09-J2000-59 | Revision: Updated Site of Care statement in Position Statement. |
| 5. Alpha1-Proteinase Inhibitors (Human) | 09-J0000-49 | Revision: Added Site of Care statement to the Position Statement. |
| 6. Amivantamab-vmjw (Rybrevant™), Amivantamab/Hyaluronidase-lpuj (Rybrevant Faspro™) | 09-J4000-02 | Revision: Added HCPCS code J9062. |
| 7. Anakinra (Kineret®) Injection | 09-J0000-45 | Revision: Modified the prerequisite requirement that bypasses the conventional |

agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option.

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| 8. <u>Apremilast (Otezla, Otezla XR) Tablet</u> | 09-J2000-19 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Clarified the requirements for Behcet's disease. |
| 9. <u>Baricitinib (Olumiant®) Tablet</u> | 09-J3000-10 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 10. <u>Belantamab Mafodotin-blmf (Blenrep®) IV Infusion</u> | 09-J3000-80 | Revision: Added HCPCS code J9053 and removed code J9999. |
| 11. <u>Bimekizumab-bkzx (Bimzelx®) Injection</u> | 09-J4000-70 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Updated the HS prerequisites to only systemic antibiotic therapy. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for PS and PsA. |
| 12. <u>Bio-Engineered Skin and Soft Tissue Substitutes; Amniotic Membrane and Amniotic Fluid</u> | 02-10000-11 | Position statement, Investigational product list, and coding updated. Quarterly CPT/HCPCS coding update. Codes 1044T-1049T added. |
| 13. <u>Brodalumab (Siliq®) Injection</u> | 09-J2000-79 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for PS. |
| 14. <u>Burosumab-twza (Crysvita®)</u> | 09-J2000-99 | Revision: Added Site of Care statement to the Position Statement. |
| 15. <u>Canakinumab (Ilaris®) Injection</u> | 09-J2000-03 | Revision: Added Site of Care statement to Position Statement. |

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| 16. Cardiac Myosin Inhibitors [Aficamten (Mygorzo) and Mavacamten (Camzyos)] | 09-J5000-57 | New Medical Coverage Guideline. |
| 17. Certolizumab Pegol (Cimzia®) Injection | 09-J0000-77 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for CD, PS, and PsA. |
| 18. Copper Histidinate (Zycubo) SQ Injection | 09-J5000-56 | New Medical Coverage Guideline: Copper histidinate (Zycubo) to be used as copper replacement therapy in patients less than 17 years of age with confirmed severe Menkes disease. |
| 19. Crizanlizumab-tcma (Adakveo) | 09-J3000-56 | Revision: Added Site of Care statement to the Position Statement. |
| 20. Daratumumab (Darzalex®) Infusion and Daratumumab-Hyaluronidase-fihj (Darzalex Faspro™) Injection | 09-J2000-49 | Revision: Added Site of Care statement to the Position Statement. |
| 21. Denosumab Products (Prolia™; Xgeva™ and biosimilars) | 09-J1000-25 | Revision: Added HCPCS codes Q5165, Q5166, Q5167 and Q5171. |
| 22. Deucravacitinib (Sotyktu) Tablet | 09-J4000-37 | Revision to guideline consisting of updating the description, position statement, billing/coding, related guidelines, other section, and references based on the new indication for psoriatic arthritis. |
| 23. Docetaxel Products | 09-J0000-95 | Revision: Added HCPCS code J9232. |
| 24. Dostarlimab-gxly (Jemperli) | 09-J4000-03 | Revision: Added Site of Care statement to the Position Statement. |
| 25. 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; removed Somavert SQ injection. |
| 26. Dupilumab (Dupixent®) Injection | 09-J2000-80 | Revision to guideline consisting of updating the description section, position statement, dosage/administration, billing/coding, and references. New FDA-approved indication for AFRS and expanded indication (age 2 years and older) for CSU. Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample |

use and include systemic targeted synthetic small molecule drugs as an option.

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| 27. Eculizumab Products [eculizumab (Soliris®), eculizumab-aagh(Epysqli), eculizumab-aeeb (Bkemv)] Injection | 09-J1000-17 | Revision: Update to Site of Care statement in Position Statement. |
| 28. Efgartigimod alfa-fcab (Vyvgart, Vyvgart Hytrulo) injection | 09-J4000-18 | Revision: Updated Site of Care statement in Position Statement. |
| 29. Elamipretide (Forzinity) SQ Injection | 09-J5000-31 | New Medical Coverage Guideline: Elamipretide (Forzinity) to improve muscle strength in adult and pediatric patients with Barth syndrome weighing at least 30 kg. |
| 30. Elosulfase alfa (Vimizim™) Injection | 09-J2000-13 | Revision: Added Site of Care statement to the Position Statement. |
| 31. Enzyme Replacement Therapy for Pompe Disease | 09-J4000-06 | Revision: Added Site of Care statement to Position Statement. |
| 32. Eptinezumab-jjmr (Vyepi™) | 09-J3000-68 | Revision: Added Site of Care statement to Position Statement. |
| 33. Etanercept (Enbrel®) Injection | 09-J0000-38 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PSA. |
| 34. Etrasimod (Velsipity) Tablet | 09-J4000-72 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Removed Selarsdi as a preferred agent for UC. |
| 35. Etuvedigene autotemcel (Waskyra) suspension for IV infusion | 09-J5000-33 | Revision: Added HCPCS code J3386 and removed code J3590. |
| 36. Evinacumab-dgnb (Evkeeza®) IV Infusion | 09-J3000-99 | Revision: Added Site of Care statement to the Position Statement. |
| 37. Genetic Testing | 05-82000-28 | Quarterly CPT/HCPCS coding update. Codes 0029U, 0031U deleted. |
| 38. Golimumab (Simponi®, Simponi® Aria) Injection and Infusion | 09-J1000-11 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and |

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| | | include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for PsA and UC. |
| 39. Granulocyte Colony Stimulating Factors | 09-J0000-62 | Revision: Added HCPCS code Q5169 and removed code J3590. |
| 40. Guselkumab (Tremfya®) Injection and Infusion | 09-J2000-87 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. |
| 41. Icetrokinra (Icotyde) Tablet | 09-J5000-58 | New Medical Coverage Guideline. |
| 42. Immune Globulin Therapy | 09-J0000-06 | Revision: Added HCPCS code J1577. Updated description for code J1569. |
| 43. Inebilizumab (Uplizna) Injection | 09-J3000-73 | Revision: Added Site of Care statement in Position Statement. |
| 44. Infliximab Products [infliximab (Remicade®), infliximab, infliximab-dyyb (Inflectra®), infliximab-abda (Renflexis®), and infliximab-axxq (Avsola®) intravenous infusions; and infliximab-dyyb (Zymfentra®) subcutaneous injection] | 09-J0000-39 | Revision to guidelines consisting of updating the description section and position statement. Zymfentra moved from a Step 3a agent to a Step 3c agent. |
| 45. Interleukin 13 (IL-13) Antagonists | 09-J5000-37 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 46. Interleukin-5 (IL-5) Inhibitors | 09-J5000-35 | Revision: Added HCPCS code J2361 and removed code J3590. |
| 47. Intravenous Enzyme Replacement Therapy for Gaucher Disease | 09-J0000-41 | Revision: Updated Site of Care statement to the Position Statement. |
| 48. Ipilimumab (Yervoy™) Injection | 09-J1000-34 | Revision: Added Site of Care statement to the Position Statement. |
| 49. Isatuximab-irfc (Sarclisa®) Infusion | 09-J3000-67 | Revision: Added Site of Care statement to the Position Statement. |

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| 50. <u>Ixekizumab (Taltz®) Injection</u> | 09-J2000-62 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for PS and PsA. |
| 51. <u>Lumasiran (Oxlumo) injection</u> | 09-J3000-91 | Revision: Added Site of Care statement to the Position Statement. |
| 52. <u>Lupus</u> | 09-J5000-51 | Revision: Updated Site of Care statement to the Position Statement. |
| 53. <u>Luspatercept-aamt (Reblozyl®) Injection</u> | 09-J3000-61 | Revision: Added Site of Care statement to the Position Statement. |
| 54. <u>Mirikizumab-mrkz (Omvoh®) Injection and Infusion</u> | 09-J4000-71 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Removed Selarsdi as a preferred agent for CD and UC. |
| 55. <u>Natalizumab (Tysabri, Tyruko) IV</u> | 09-J0000-73 | Revision: Updated Site of Care statement in the Position Statement. |
| 56. <u>Nemolizumab-ilto (Nemluvio) Injection</u> | 09-J4000-99 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 57. <u>New-To-Market Program for Medical Benefit Medications</u> | 09-J4000-30 | Added HCPCS code C9310 for Vykoura and code J3405 for Itvisma. |
| 58. <u>Nivolumab products (Opdivo®, Opdivo Qvantig)</u> | 09-J2000-33 | Revision: Added Site of Care statement to the Position Statement. |
| 59. <u>Nivolumab; Relatlimab-rmbw (Opdualag) injection</u> | 09-J4000-23 | Revision: Added Site of Care statement to the Position Statement. |
| 60. <u>Noninvasive Prenatal Screening Using Cell-Free Fetal DNA</u> | 03-59000-18 | Quarterly CPT/HCPCS coding update. Code 0632U added. |
| 61. <u>Ocrelizumab (Ocrevus®, Ocrevus Zunovo™) Infusion</u> | 09-J2000-78 | Revision: Updated Site of Care statement in Position Statement. |

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| 62. Octreotide Acetate (Sandostatin LAR® Depot) | 09-J0000-90 | Removal of Bynfezia Pen and Mycapssa from the policy. |
| 63. octreotide products SGM 1734-A P2025 | 09-J5000-55 | New medical coverage guideline. |
| 64. Omalizumab (Xolair®, Omlyclo®) | 09-J0000-44 | Revision: Updated Site of Care statement to the Position Statement. |
| 65. Oncology Self-administered Medications | 09-J3000-65 | Review and revision to guideline; including the new agents Lifyorli and Tabloid. |
| 66. Oral and IV Amyotrophic Lateral Sclerosis | 09-J5000-41 | Revision: Updated Site of Care statement in Position Statement. |
| 67. Ozanimod (Zeposia®) Capsules | 09-J3000-70 | Revision: Clarified specialist requirement to include a neurologist for MS. Removed requirement for a baseline ECG prior to initiating treatment. Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 68. Pasireotide (Signifor®, Signifor LAR®) Injection | 09-J1000-94 | Revision: Added Site of Care statement to Position Statement. |
| 69. Pegloticase (Krystexxa®) Infusion | 09-J3000-29 | Revision: Added Site of Care statement to Position Statement. |
| 70. Pegunigalsidase (Elfabrio®) IV Infusion | 09-J4000-56 | Revision: Update to Site of Care Statement in Position Statement. |
| 71. Pembrolizumab (Keytruda®, Keytruda Qlex) Injection | 09-J2000-22 | Revision: Added Site of Care statement to the Position Statement. |
| 72. Preferred Agents Table and Drug List | 09-J9000-01 | Revision. Sotyktu added as a Step 1a agent for PsA. Icotyde added as a Step 3c agent for PS. Zymfentra moved from a Step 3a to a Step 3c agent for CD and UC. Avtozma added as a Step 2 agent for SJIA and SSc-ILD, a Step 3a agent for GCA, and a Step 3c agent for PJIA and RA. Selarsdi removed as a preferred ustekinumab product. |
| 73. Ravulizumab (Ultomiris™) Injection | 09-J3000-26 | Revision: Updated Site of Care statement in Position Statement. |
| 74. Remibrutinib (Rhapsido) Tablet | 09-J5000-36 | Revision: Updated description, position statement, and references. For CSU, |

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| | | removed "otherwise known as chronic idiopathic urticaria" from criteria requirements. |
| 75. Risankizumab-rzaa (Skyrizi®) Injection and Infusion | 09-J3000-45 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. |
| 76. Rozanolixizumab-noli (Rystiggo) Injection | 09-J4000-55 | Revision to guideline; consisting of updating agents not to be used in combination. |
| 77. Sarilumab (Kevzara®) Injection | 09-J2000-88 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. |
| 78. Secukinumab (Cosentyx®) Injection and Infusion | 09-J2000-30 | Revision to guideline consisting of updating the description, position statement, dosage/administration, and references. The indication for AS and HS were expanded to include pediatric patients 12 years of age and older. Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Updated the HS prerequisites to only systemic antibiotic therapy. Added additional wording to the definition of severe active PsA. |
| 79. Site of Care Guideline for Select Non-Oncology Medications | 09-J3000-46 | Revision to guideline consisting of updating the list of drugs in scope, and the geoaccess and unstable venous access exception criteria. MCG title changed to Site of Care Guideline for Select Non-Oncology Medications. |
| 80. Site of Care Guideline for Select Oncology Medications | 09-J5000-59 | New Medical Coverage Guideline. |
| 81. Tezepelumab-ekko (Tezspire) | 09-J4000-13 | Revision: Updated Site of Care statement in Position Statement. |
| 82. Tildrakizumab-asmn (Ilumya®) Injection | 09-J3000-04 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small |

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| | | molecule drugs as an option. Added additional wording to the definition of severe active PsA. |
| 83. <u>Tocilizumab Products (Actemra, Avtozma, and Tyenne Injections, and Actemra, Avtozma, Tofidence, and Tyenne Infusions)</u> | 09-J1000-21 | Revision to guideline consisting of updating the description, position statement, dosage/administration, billing/coding, references. Added tocilizumab-anoh (Avtozma) SC injection to guideline as a non-preferred subcutaneous tocilizumab product. Added HCPCS codes M0231, M0232, and Q0234. |
| 84. <u>Tofacitinib (Xeljanz®, Xeljanz® XR) Oral Solution, Tablet, and Extended-Release Tablet</u> | 09-J1000-86 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. |
| 85. <u>Transthyretin Amyloidosis (ATTR)</u> | 09-J5000-50 | Revision: Added Site of Care statement to the Position Statement. |
| 86. <u>Tumor/Genetic Markers</u> | 05-86000-22 | Quarterly CPT/HCPCS coding update. Code 0034U revised. |
| 87. <u>Ublituximab-xiyy (Briumvi™)</u> | 09-J4000-45 | Revision: Update to Site of Care statement in Position Statement. |
| 88. <u>Upadacitinib Tablets (Rinvoq®) and Oral Solution (Rinvoq LQ®)</u> | 09-J3000-51 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and include systemic targeted synthetic small molecule drugs as an option. Added additional wording to the definition of severe active PsA. Removed Selarsdi as a preferred agent for CD and UC. |
| 89. <u>Ustekinumab Products (Stelara® and biosimilars)</u> | 09-J1000-16 | Revision to guideline consisting of updating the description section, position statement, and billing/coding. Selarsdi (both IV and SC) moved from a preferred to a non-preferred ustekinumab product. Stelara indication for CD expanded to include patients 2 years of age and older. Added HCPCS code Q5164 and removed code J3590. |
| 90. <u>Vedolizumab (Entyvio®) Injection and Infusion</u> | 09-J2000-18 | Revision: Modified the prerequisite requirement that bypasses the conventional agent step to exclude sample use and |

include systemic targeted synthetic small molecule drugs as an option.

91. [Velmanase alfa-tycv \(Lamzede\) intravenous infusion](#)

09-J4000-50

Revision: Update to Site of Care Statement in 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.