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: 8/15/2026

New and Revised MCGs:	MCG Number	Update
1. Analysis of Human DNA/RNA and Serologic Genetic and Molecular Testing for Colorectal Cancer Screening	05-82000-27	Review: Position statements, description, title, reimbursement, coding, and references updated.
2. Automated Percutaneous Discectomy, Laser Discectomy, Percutaneous Endoscopic Discectomy, and DISC Nucleoplasty™	02-61000-32	Annual review: Position statement maintained; references updated.
3. Balloon Ostial Dilation (Balloon Sinuplasty) and Implantable Devices	02-31000-01	Review; revised position statement. Updated references.
4. Bio-Engineered Skin and Soft Tissue Substitutes; Amniotic Membrane and Amniotic Fluid	02-10000-11	Revision: Investigational product list updated.
5. Cardiac Nuclear Imaging (Myocardial Perfusion Imaging)	04-78000-19	Review; no change in position statement.
6. Computed Tomography (CT) Abdomen and Pelvis	04-70450-22	Revised statement for suspicious or known mass/tumors and known cancer.
7. Computed Tomography (CT) Extremity (Upper and Lower)	04-70450-24	Review; no change in position statement.
8. Computed Tomography (CT) Heart	04-70450-26	Review; no change in position statement.

9. **Computed Tomography (CT) Spine (Cervical, Thoracic, Lumbar)**	04-70450-23	Review; no change in position statement.
10. **Daprodustat (Jesduvroq)**	09-J4000-89	Review and revision to guideline; consisting of retiring policy.
11. **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 step therapy for Lunsumio Velo, clarified Epioxa/Epioxa HD are E/I
12. **Endovascular Stent Grafts for Abdominal Aortic Aneurysms**	02-33000-22	Annual review: Position statements maintained and references updated.
13. **Erythropoiesis Stimulating Agents**	09-J0000-31	Review and revision to guideline; consisting of including bypassing lab requirements for anemia of prematurity, removed daprodustat, and updated references.
14. **Extracorporeal Shock Wave (ESW) for Treatment of Plantar Fasciitis and Other Musculoskeletal Conditions**	02-20000-24	Annual review: Position statement maintained; references updated.
15. **FDG-SPECT**	04-78000-15	Review; policy archived.
16. **Genetic Testing**	05-82000-28	Annual review: Position statements, description, coding, and references updated.
17. **Givosiran (Givlaari™)**	09-J3000-60	Review and revision to guideline; consisting of updating references.
18. **Hepatitis C Drug Therapy**	09-J0000-53	Revision to guideline; consisting of updating position statement and references.
19. **Investigational Services**	09-A0000-03	PTFE Felt position statement added.

20. **Liver Transplant and Combined Liver-Kidney Transplant**	02-40000-20	Annual review: Position statements maintained; references updated.
21. **Lower Limb Microprocessor-Controlled Prosthetics**	09-L0000-06	Revision: Code L2006 removed (refer to policy 09-L0000-03).
22. **Lung and Lobar Lung Transplant**	02-30000-10	Annual review: Position statements maintained; references updated.
23. **Magnetoencephalography/Magnetic Source Imaging**	01-95805-16	Review; no change to position statement.
24. **Nusinersen (Spinraza™)**	09-J2000-70	Revision to guideline consisting position statement, dosage/administration.
25. **Obinutuzumab (Gazyva®) Injection**	09-J2000-07	Review and revision to guideline consisting of updating the description, position statement and references. New NCCN supported uses.
26. **Ocrevus-Ocrevus Zunovo SGM 1707-A P2025**	09-J2000-78	Review and revision to guideline; consisting of updating the dosing and references.
27. **Orthotics**	09-L0000-03	Revision: Position statements and coding updated.
28. **Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty, and Intraosseous Basivertebral Nerve Ablation**	02-61000-20	Annual review: Position statements maintained; references updated.
29. **Primary Biliary Cholangitis**	09-J5000-42	Review and revision to guideline consisting of updating the references.
30. **Risankizumab-rzaa (Skyrizi®) Injection and Infusion**	09-J3000-45	Revision to guideline consisting of updating the description, position statement, dosage/administration, billing/coding, and references based on the expanded FDA-approved indication for plaque psoriasis and

		psoriatic arthritis in pediatric patients 6 years of age and older.
31. Stereotactic Body Radiotherapy	02-77371-02	Review; no change to position statement. Updated references.
32. Stereotactic Radiosurgery (Intracranial)	02-77371-01	Review; no change to position statement. Updated references
33. Tebentafusp-tebn (Kimmtrak®) IV Infusion	09-J4000-26	Review and revision to guideline consisting of updating the references.
34. Testing Serum Vitamin D Levels	05-86000-40	New Medical Coverage Guideline.
35. Transcatheter Pulmonary Valve Implantation	02-33000-33	Review; no change to position statement.
36. Tumor/Genetic Markers	05-86000-22	Annual review: Description, position statements, investigational test list, coding, and references updated. Code 0163U removed (refer to policy 05-82000-27).
37. Vadadustat (Vafseo)	09-J4000-90	Review and revision to guideline; consisting of updating references.

Medical Coverage Guidelines (MCG) for the following oral oncology medications have been consolidated to a single MCG:

09-J3000-65, Oral Oncology Medications

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

Generic/Brand	MCG Number
Abemaciclib (Verzenio)	09-J2000-93
Acalabrutinib (Calquence)	09-J2000-94
Afatinib (Gilotrif)	09-J2000-06
Alectinib (Alecensa)	09-J2000-56
Alpelisib (Piqray)	09-J3000-42

Generic/Brand	MCG Number
Lenvatinib (Lenvima)	09-J2000-38
Lorlatinib (Lorbrena)	09-J3000-23
Midostaurin (Rydapt)	09-J2000-86
Neratinib (Nerlynx)	09-J2000-83
Niraparib (Zejula)	09-J2000-77

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 (Palynziq)	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 (Wayrilz)	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.