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: 11/15/2026

	New and Revised MCGs:	MCG Number	Update
1.	**Adjunctive Techniques for Screening, Surveillance, and Risk Classification of Barrett Esophagus and Esophageal Dysplasia**	05-87000-01	Annual review: Position statements, description, coding, and references updated. BarreGen test information removed from policy; test discontinued.
2.	**Afamitresgene Autoleucel (Tecelra)**	09-J4000-96	Revision to guideline; updated position statement with recent FDA label changes.
3.	**Aprepitant (Cinvanti) and fosaprepitant (Focinvez, Navitrux) injectable therapy**	09-J2000-60	Review and revision to guideline; consisting of including Navitrux, and updating dosing, precautions, coding, and references.
4.	**Balloon Dilation of the Eustachian Tube**	02-31000-02	Annual review: Pediatric position statements added; references updated.
5.	**Botulinum Toxins**	09-J0000-29	Revision to guideline consisting of updating the prerequisite requirements for chronic migraine prophylaxis.
6.	**Brachytherapy-Oncologic Applications**	04-77260-20	Review; revised breast cancer. Added medical necessity statement for high-dose rate prostate brachytherapy. Updated references.
7.	**Cardiac Myosin Inhibitors [Aficamten (Myqorzo) and Mavacamten (Camzyos)]**	09-J5000-57	Revision: Removed the restriction of using disopyramide, ranolazine, diltiazem in combination with a beta blocker, or verapamil in combination with a beta blocker concurrently with Myqorzo. Rifampin added as a drug to not be used concurrently with Myqorzo, as use is contraindicated.
8.	**Computed Tomography Angiography (CTA) Chest (non coronary)**	04-70450-07	Review; no change to position statement.
9.	**Cryoablation of Liver Tumors**	02-40000-22	Review; no change to position statement. Updated references.

10. Donanemab-azbt (Kisunla) intravenous infusion	09-J4000-94	Review and revision to guidelines consisting of updating references.
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 Azedra from and added Bexlutry and Revtorpyk to table 2
12. Durable Medical Equipment (DME)	09-E0000-01	Refer to member contract language
13. Familial Chylomicronemia Syndrome and Severe Hypertriglyceridemia	09-J5000-39	Revision to the guideline position statement for olezarsen (Tryngolza) severe hypertriglyceridemia to only require a trial of two rather than three medications from different lipid-lowering therapeutic classes and clarifying submission of gene therapy report.
14. Fam-trastuzumab deruxtecan-nxki injection (Enhertu)	09-J3000-58	Revision: Added NCCN indications to the Position Statement.
15. Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA1, BRCA2, PALB2)	05-82000-30	Annual review: Position statements maintained; references updated.
16. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	05-82000-31	Annual review: Position statements maintained; references updated.
17. Home Health Care	01-99500-01	Review; revised drugs and biologicals.
18. Investigational Services	09-A0000-03	Codes A4544, E0743 (TOMAC System) and codes A6590, A6591, E2001 (PureWick System) reviewed; coding updated.
19. Irreversible Electroporation (IRE)	02-40000-26	Revision: Position statements, coding, and references updated.
20. Lecanemab-irmb (Leqembi, Leqembi Iqlik) intravenous infusion and SQ injection	09-J4000-41	Review and revision of the guideline consisting of combining the lecanemab-irmb IV and SQ position statements into one due to the approval of the SQ formulation for initiation therapy but reserving the SQ formulation for national drug shortages of the IV formulation and updating the MCG dosing section, product availability, and references.
21. Magnetic Resonance Imaging (MRI) Orbit, Face, Temporomandibular Joint (TMJ) and Neck	04-70540-12	Review; no change in position statement.
22. Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD), Achalasia and Dysphagia	01-91000-03	Review; no change to position statement. Updated references.

23. Neurolysis/Ablation	02-61000-34	Updated coding.
24. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Added Axycis (cisplatin) to the drug list. Removed Fayuvi (rebisufligene etisparvovec-hopf), Navitrux (fosaprepitant), and Zanvastro (zilganersen) from the drug list.
25. Niemann-Pick Disease Type C and Ataxia-Telangiectasia	09-J5000-40	Review and revision to the guideline consisting of revising the position statement to include the new FDA approved indication for levacetylleucine (Aqneursa) for the treatment of ataxia in patients with ataxia-telangiectasia, clarifying the submission of the gene therapy report for genetic tests, and updating the MCG title, description, dosage and administration, billing, and references.
26. Occipital Nerve Stimulation	02-61000-06	Annual review: Position statement maintained, description and references updated.
27. Palopegteriparatide (Yorvipath) SQ Injection	09-J5000-03	Review and revision to guideline consisting of updating the references.
28. Palovarotene (Sohonos) Oral Capsules	09-J4000-66	Review and revision of the guideline consisting of revising the position statement to allow prescribing in consultation with a specialist, clarifying submission of the genetic test report, and not allowing use in combination with garetosmab-grts (Pasatru) or zilurgisertib (Atebrioz), and updating references.
29. Photocoagulation of Macular Drusen	01-92000-21	Annual review: Position statement maintained; references updated.
30. Radiofrequency Ablation of Solid Tumors Other Than Liver Tumors	02-99221-13	Review; no change in position statement.
31. Radiofrequency and Microwave Ablation of Liver Tumors	02-40000-23	Review; no change to position statement. Updated references.
32. Rebisufligene etisparvovec-hopf (Fayuvi)	09-J5000-68	New Medical Coverage Guideline.
33. Respiratory Pathogen Panel Testing in the Outpatient Setting	05-86000-41	New Medical Coverage Guideline.
34. Rituximab Products [rituximab (Rituxan), rituximab-abbs(Truxima), rituximab-arrx (Riabni), rituximab-cdxx (Zimrixby), rituximab-pvvr (Ruxience), and rituximab;hyaluronidase (Rituxan Hycela)	09-J0000-59	Review and revision to guideline; consisting of updating the position statement to include Zimrixby. Update to rheumatoid arthritis and systemic lupus erythematosus.
35. Sacroiliac Joint Injections	02-20000-21	Review; no change to position

			statement. Updated references.
36.	**Setmelanotide (Imcivree) Injection**	09-J3000-90	Revision to guideline consisting of updating the documentation requirements for acquired hypothalamic obesity.
37.	**Tibial Nerve Stimulation**	02-64000-01	Annual review: STNS position statement, description, and references updated.
38.	**Transanal Radiofrequency Therapy as a Treatment of Fecal Incontinence**	01-91000-07	Annual review: Position statement maintained; references updated.
39.	**Vestibular Rehabilitation**	01-92502-14	Review; no change to position statement. Updated references.
40.	**Vusolimogene Oderparepvec (Tudriqev) intratumor injection**	09-J5000-69	New Medical Coverage Guideline.
41.	**Whole Body Computed Tomography (CT)**	04-70450-25	Review; no change to position statement.
42.	**Whole Body Dual X-ray Absorptiometry (DEXA) to Determine Body Composition**	04-70000-22	Review; no change to position statement.
43.	**Zilganersen (Zanvastro) Intrathecal Injection**	09-J5000-70	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
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
Apalutamide (Erleada)	09-J3000-03
Avapritinib (Ayvakit)	09-J3000-63
Axitinib (Inlyta)	09-J1000-67
Binimetinib (Mektovi)	09-J3000-20
Brigatinib (Alunbrig)	09-J2000-84
Ceritinib (Zykadia)	09-J2000-17
Cobimetinib (Cotellic)	09-J2000-53
Crizotinib (Xalkori)	09-J1000-57
Dabrafenib (Tafinlar)	09-J2000-00
Dacomitinib (Vizimpro)	09-J3000-18
Darolutamide (Nubeqa)	09-J3000-50
Dasatinib (Sprycel)	09-J1000-43
Duvelisib (Copiktra)	09-J3000-14
Enasidenib (Idhifa)	09-J2000-90
Encorafenib (Braftovi)	09-J3000-19
Entrectinib (Rozlytrek)	09-J3000-48
Enzalutamide (Xtandi)	09-J1000-85
Erdafitinib (Balversa)	09-J3000-31
Gefitinib (Iressa)	09-J2000-44
Gilteritinib (Xospata)	09-J3000-28
Glasdegib (Daurismo)	09-J3000-27
Idelalisib (Zydelig)	09-J2000-23
Ivosidenib (Tibsovo)	09-J3000-13
Lapatinib (Tykerb)	09-J1000-47
Larotrectinib (Vitrakvi)	09-J3000-25
Lenalidomide (Revlimid)	09-J0000-80

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
Olaparib (Lynparza)	09-J2000-32
Osimertinib (Tagrisso)	09-J2000-55
Palbociclib (Ibrance)	09-J2000-34
Panobinostat (Farydak)	09-J2000-37
Pazopanib (Votrient)	09-J1000-49
Pexidartinib (Turalio)	09-J3000-47
Pomalidomide (Pomalyst)	09-J1000-95
Ponatinib (Iclusig)	09-J1000-89
Regorafenib (Stivarga)	09-J1000-83
Rucaparib (Rubraca)	09-J2000-72
Ruxolitinib (Jakafi)	09-J1000-63
Selinexor (Xpovio)	09-J3000-44
Sonidegib (Odomzo)	09-J2000-45
Sorafenib (Nexavar)	09-J1000-50
Sunitinib Malate (Sutent)	09-J1000-51
Talazoparib (Talzenna)	09-J3000-21
Topotecan HCl (Hycamtin)	09-J1000-02
Trametinib (Mekinist)	09-J1000-99
Tretinoin Oral	09-J1000-61
Trifluridine-Tipiracil (Lonsurf)	09-J2000-46
Vandetanib (Caprelsa)	09-J1000-38
Vemurafenib (Zelboraf)	09-J1000-40
Venetoclax (Venclexta)	09-J2000-64
Vismodegib (Erivedge)	09-J1000-66
Vorinostat (Zolinza)	09-J1000-54
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.