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What's New: 4/15/2025

New and Revised MCGs:	MCG Number	Update
1. Abiraterone Acetate (Yonsa, Zytiga) Tablets	09-J1000-36	Review and revision to guideline consisting of updating the precautions and references.
2. Ado-trastuzumab emtansine (Kadcyla)	09-J1000-90	Review and revision to guideline; updated references.
3. Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions	02-65000-19	Revision. Revised step 2 of dry eye disease management algorithm (deleted references to physical heating/expression and intense pulsed light therapy for meibomian gland dysfunction).
4. Breast Ductoscopy	02-10000-19	Review: Position statement maintained and references updated.
5. Brexanolone (Zulresso) IV Infusion	09-J3000-36	Retire the guideline since the manufacturer discontinued brexanolone (Zulresso) on December 31, 2024.
6. Buprenorphine (Brixadi, Sublocade) Subcutaneous Injection	09-J2000-68	Revision; updated position statement and dosage/administration with new FDA approved dosing schedule.

7. Canakinumab (Ilaris) Injection	09-J2000-03	Revision to the guideline consisting of revising the position statement to add Leqselvi (deuruxolitinib) to the JAK inhibitor list not to use in combination with canakinumab (Ilaris), adding the policy that lists the biologics not permitted as concomitant therapy in the Other section, and updating the references.
8. Cervical Spine Surgery	02-20000-45	Scheduled review. Revised description and Medicare Advantage program exception. Maintained position statement and updated references.
9. Computed Tomography Angiography (CTA) Brain (Head)	04-70450-05	Review; maintain position statements.
10. Computed Tomography Angiography (CTA) Lower Extremity	04-70450-09	Review; no change in position statement.
11. Computed Tomography Angiography (CTA) Neck	04-70450-06	Review; maintain position statements.
12. Computed Tomography Angiography (CTA) Upper Extremity	04-70450-08	Review; no change in position statement.
13. Computerized Dynamic Posturography	01-92502-12	Review; no change in position statement.
14. Ductal Lavage and Suction Collection Systems	02-10000-14	Review: Position statement maintained and references updated.
15. Electroretinography	01-92000-28	Scheduled review. Maintained position statement and updated references.
16. Eribulin Mesylate (Halaven) Injection	09-J1000-76	Review and revision; updated references.
17. Esketamine (Spravato) Nasal Spray	09-J3000-37	Review and revision of the guideline consisting of updating the position statement to allow for esketamine (Spravato) monotherapy for the treatment of treatment-resistant depression and adding this new indication to the FDA approved indication section, revising the

		initial phase dosing, and updating the references.
18. Exagamglogene autotemcel (Casgevy) suspension for IV infusion	09-J4000-82	Review and revision of guideline consisting of updating references and billing codes.
19. Extracorporeal Photopheresis (ECP)	01-90919-02	Scheduled review. Revised description. Added coverage criteria for treatment of rejection of lung transplant. Updated references.
20. Extracorporeal Shock Wave Therapy in the Treatment of Peyronie’s Disease	02-54000-20	Review: Position statement maintained and references updated.
21. Fam-Trastuzumab Deruxtecan-nxki (Enhertu)	09-J3000-58	Review and revision; updated position statement, coding, references.
22. Fosnetupitant-Palonosetron (Aknzeo) IV	09-J3000-01	Review and revision to guideline; consisting of updating references.
23. Granisetron (Sustol) injection	09-J0000-97	Review and revision to guideline; consisting of updating the references.
24. Investigational Services	09-A0000-03	Codes 0563T (TearCare® System), 0607T, 0608T (μ-Cor™ Heart Failure and Arrhythmia Management System), and 0868T (Gastric Alimetry Electrogastrography System) reviewed. Added codes 0563T, 0607T, 0608T, 0868T.
25. Ipilimumab (Yervoy) Injection	09-J1000-34	Review and revision to guideline; consisting of updating the position statement for ampullary, bone, bile duct, brain metastases, colorectal, esophageal cancer, gallbladder cancer, hepatocellular cancer, melanoma, merkel cell carcinoma, small bowel adenocarcinoma, non-small cell lung cancer, soft tissue sarcoma. Added gestational trophoblastic neoplasia

and head and neck cancer to the position statement.

26. Lifileucel (Amtagvi) suspension for IV infusion	09-J4000-81	Review of the guideline to revise the position statement to include specific hematologic parameters and exclusion criteria for lifileucel (Amtagvi) therapy and updating references.
27. Lovotibeglogene autotemcel (Lyfgenia) suspension for IV infusion	09-J4000-83	Review and revision of guideline consisting of updating references and billing codes.
28. Magnetic Resonance Cholangiopancreatography (MRCP)	04-70540-24	Review; maintain position statements.
29. Magnetic Resonance Imaging (MRI) Chest (Thorax)	04-70540-26	Review; no change in position statement.
30. Magnetic Resonance Imaging Bone Marrow	04-70540-25	Review; maintain position statements.
31. Margetuximab-cmkb (Margenza)	09-J3000-88	Review and revision to guideline consisting of updating references.
32. Measurement of Apolipoprotein B (apo B) and Apolipoprotein E (apo E) in Risk Assessment and Management of Cardiovascular Disease	05-82000-23	Review: Position statement maintained; description and references updated.
33. Multiple Gated Acquisition Scan (MUGA)	04-78000-21	Review; no change in position statement.
34. Nab-Paclitaxel Injection (Abraxane)	09-J1000-05	Review and revision to guideline; consisting of updating the position statement for gallbladder cancer and endometrial cancer and adding vaginal cancer.
35. Neurolysis, Ablation	02-61000-34	Scheduled review. Revised description, maintained position statement and updated references.
36. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Removed Pavblu (aflibercept-ayyh) injection from the drug list.

37. Partial Left Ventriculectomy and Surgical Ventricular Restoration	02-33000-18	Scheduled review. Maintained position statement and updated references.
38. Pegloticase (Krystexxa) Infusion	09-J3000-29	Review and revision to guideline consisting of updating the references.
39. Percutaneous Electrical Nerve Stimulation (PENS)	02-61000-03	Revision. Revised description. Updated references for remote electrical neuromodulation (REN) (eg, Nerivio®), peripheral nerve stimulation (PNS) with Nalu, and restorative neurostimulation with Reactiv8. Maintained position statement.
40. Pertuzumab (Perjeta) Injection	09-J1000-75	Review and revision to guidelines; updated references.
41. Pertuzumab, Trastuzumab, Hyaluronidase-zzxf (Phesgo)	09-J3000-75	Review and revision to guidelines; updated references.
42. Pneumatic Compression Devices and Garments	09-E0000-31	Scheduled review. Revised MCG title and description. Added Women’s Health and Cancer Rights Act of 1998 federal mandate references. Updated references.
43. Prosthetics	09-L0000-05	Addendum to CPT/HCPCS quarterly coding update. Added L5783, L7406.
44. Riloncept (Arcalyst) Injection	09-J2000-04	Revision to the guideline consisting of revising the position statement to add Leqselvi (deuruxolitinib) to the JAK inhibitor list not to use in combination with riloncept (Arcalyst), adding the policy that lists the biologics not permitted as concomitant therapy in the Other section, and updating the references.
45. Sacituzumab Govitecan-hziy (Trodelvy)	09-J3000-76	Review and revision of guideline; updated references.

46. Signal Averaged Electrocardiography (SAECG)	01-93000-22	Review: Position statement maintained and references updated.
47. Teprotumumab (Tepezza) Infusion	09-J3000-64	Review and revision to guideline consisting of updating the references.
48. Total Ankle Replacement	02-99221-15	Review: Position statements maintained and references updated.
49. Transcranial Magnetic Stimulation	01-93875-18	Review and revision. Changed age from 18 to 15 and adult to individual. Updated references.
50. Trastuzumab (Herceptin) Injection	09-J0000-86	Review and revision; Updated references.
51. Unicondylar Interpositional Spacer Devices	02-20000-26	Scheduled review. Maintained position statement and updated references.
52. Vascular Endothelial Growth Factor Inhibitors for Ocular Neovascularization	09-J1000-78	Revision to the guideline consisting of adding aflibercept-ayyh (Pavblu) to the position statement and description, dosing/administration, and warnings/precautions sections, noting the manufacturer's March 31, 2025, discontinuation of ranibizumab-eqrn (Cimerli) in the description section, and updating billing and references.
53. Zuranolone (Zurzuvae) Capsule	09-J4000-74	Review and revision to guideline; consisting of updating references.

What's New: 4/1/2025

New and Revised MCGs:	MCG Number	Update
54. Acoramidis (Attruby)	09-J5000-11	New Medical Coverage Guideline.

55. Aducanumab-avwa (Aduhelm)	09-J4000-01	Policy archived and retired.
56. Afamitresgene Autoleucel (Tecelra)	09-J4000-96	Revision: Added HCPCS code Q2057 and deleted code J9999.
57. Axatilimab (Niktimvo)	09-J4000-98	Revision: Added HCPCS code J9038 and deleted code J9999.
58. Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid	02-10000-11	Quarterly CPT/HCPCS coding update. Codes A2030-A2035, Q4354-Q4367; code Q4231 deleted.
59. Biologic Immunomodulator Agents Not Permitted as Concomitant Therapy.doc	09-J9000-02	Revision: Additions of Ustekinumab and Stegeyma.
60. Certolizumab Pegol (Cimzia) Injection	09-J0000-77	Revision to guidelines consisting of updates to the position statement. Self-administered Cimzia moved from a step 3c (triple step) to step 3a (double step) agent for PIIA. For the Crohn's disease indication, self-administered Cimzia is a 3a agent (double step), but the step no longer always requires an adalimumab product.
61. Chimeric Antigen Receptor (CAR) T-Cell Therapies	09-J3000-94	Revision: Added HCPCS code C9301.
62. Clotting Factors and Coagulant Blood Products	09-J0000-34	Revision: Removed Hemlibra from Medical Coverage Guideline.
63. Crinecerfont (Crenessity) Capsule and Oral Solution	09-J5000-08	New Medical Coverage Guideline: Crinecerfont (Crenessity) as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients 4 years of age and older with classic congenital adrenal hyperplasia.
64. Denileukin diftitox-cxdl (Lymphir) injection	09-J4000-97	Revision: Added HCPCS code J9161 and deleted code J9999.

65. Deutivacaftor-Tezacaftor-Vanzacaftor (Alyftrek)	09-J5000-10	New Medical Coverage Guideline.
66. Eculizumab (Soliris) Injection	09-J1000-17	Revision: Added HCPCS code J1299 and deleted code J1300. New code for Soliris with different billing units.
67. External Insulin Infusion Pumps and Continuous Glucose Monitors	01-99000-03	Quarterly CPT/HCPCS coding update. Deleted G0564, G0565.
68. Foscarbidopa-Foslevodopa (Vyalev) subcutaneous infusion	09-J5000-09	New Medical Coverage Guideline: Foscarbidopa-foslevodopa (Vyalev) subcutaneous infusion for the treatment of motor fluctuations in adults with advanced Parkinson's disease.
69. Granulocyte Colony Stimulating Factors	09-J0000-62	Revision: Added HCPCS code C9173.
70. Hormone Replacement	09-J1000-24	Revision to guidelines; consisting of updating the position statement and coding to include Azmiro (J1072).
71. Laboratory Tests Post Transplant and for Heart Failure	05-86000-24	Quarterly CPT/HCPCS coding update. Code 0540U added.
72. Mechanical Stretching Devices for Treatment of Joint Stiffness and Contractures	09-E0000-47	Quarterly CPT/HCPCS coding update. Code E1832 added; codes E1801, E1811, E1816, E1818, E1841 revised.
73. Mirikizumab-mrkz (Omvoh®) Injection and Infusion	09-J4000-71	Revision to guideline consisting of updating the description section, position statement, dosage/administration section, billing/coding information, and references based on a new FDA approved indication for CD. Omvoh is a Step 2 agent (single step) for CD.
74. Myoelectric Prosthetic and Orthotic Components for the Upper Limb	09-L0000-07	Quarterly CPT/HCPCS coding update. Code L6700 added.
75. New-To-Market Program for Medical Benefit Medications	09-J4000-30	Revision: Added Bkemv (eculizumab-aeeb) IV infusion and Epysqli (eculizumab-aagh)

		IV infusion to the drug list. Removed Vyalev (foscarbidopa/foslevodopa) injection from the drug list. Added HCPCS code Q9999 for Otulfi and code Q5147 for Pavblu.
76. Ocrelizumab (Ocrevus, Ocrevus Zunovo) Infusion	09-J2000-78	Revision: Added HCPCS code J2351.
77. Olezarsen Sodium (Tryngolza) SQ Injection	09-J5000-07	New Medical Coverage Guideline: Olezaren (Tryngolza) as an adjunct to diet for the reduction of triglycerides in adults with familial chylomicronemia syndrome (FCS).
78. Oral Oncology Medications	09-J3000-65	Review and revision to guideline; addition of Revuforj tablets, Itovebi tablets, and Ensacove capsules to Table 1.
79. Pneumatic Compression Devices and Garments	09-E0000-31	Quarterly CPT/HCPCS coding update. Added A6515, A6516, A6517, A6518, A6519, A6611.
80. Preferred Agents Table and Drug List	09-J9000-01	Revision. Omvoh added as a Step 2 agent for CD. Cimzia moved from a Step 3c agent to a Step 3a agent for PJIA. Cimzia for CD no longer always requires an adalimumab product as a required Step 1 agent.
81. Prosthetics	09-L0000-05	Quarterly CPT/HCPCS coding update. Deleted L8010.
82. SARS-CoV-2 Monoclonal Antibodies	09-J3000-86	Revision: Deleted HCPCS codes retired by CMS for products no longer EUA approved [includes all products except pemivibart (Pemgarda)].
83. Subcutaneous Prophylactic Therapy for Hemophilia (Non-Clotting Factor)	09-J5000-12	New Medical Coverage Guideline.
84. Tenapanor (Xphozah)	09-J5000-13	New Medical Coverage Guideline.

85. Ustekinumab (Stelara) Injection and Infusion

09-J1000-16

Revision: Added HCPCS code Q9999.

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 Guideline (MCG) for this therapy 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

Medical Coverage Guideline: 09-J2000-91, Tisagenlecleucel (Kymriah) Infusion

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[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

Preventive Services Information

Preventive services include a broad range of services (including screening tests, counseling, and immunizations/vaccines). Florida Blue has adopted the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services: [childhood and adolescent immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP); adult immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP)].

[Centers for Disease Control and Prevention \(CDC\)](#) (recommended vaccines and immunizations).

[Guide to Clinical Preventive Services](#) (recommendations made by the **USPSTF** for clinical preventive services).

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.