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What's New: 11/15/2021

New and Revised MCGs:	MCG Number	Update
1. Abatacept (Orencia) Injection and Infusion	09-J0000-67	Revision to guideline consisting of updating the position statement.
2. Adalimumab (Humira) Injection	09-J0000-46	Revision to guideline consisting of updating the position statement.
3. Anakinra (Kineret) Injection	09-J0000-45	Revision to guideline consisting of updating the position statement.
4. Anifrolumab-fnia (Saphnelo) IV Infusion	09-J4000-07	New Medical Coverage Guideline.
5. Apremilast (Otezla) Tablet	09-J2000-19	Revision to guideline consisting of updating the position statement.
6. Balloon Dilation of the Eustachian Tube	02-31000-02	Review; Position statements updated; references updated.
7. Bevacizumab (Avastin), bevacizumab-awwb (Mvasi), and bevacizumab-bvzr (Zirabev) Injection	09-J0000-66	Revision to guideline; consisting of updating the position statement, coding, and references.
8. Baricitinib (Olumiant) Tablet	09-J3000-10	Revision to guideline consisting of updating the position statement.
9. Blood Glucose Monitors and Supplies	09-E0000-14	Scheduled review. Maintained position statement and updated references.
10. Brodalumab (Siliq) Injection	09-J2000-79	Revision to guideline consisting of updating the position statement.

11. Certolizumab Pegol (Cimzia) Injection	09-J0000-77	Revision to guideline consisting of updating the position statement.
12. Chemoresistance and Chemosensitivity Assays	05-86000-11	Review: Position statements maintained; references updated.
13. Drugs and Biologics without Medical Coverage Guideline	09-J0000-68	Revision to guideline; added Korsuva, Rylaze, Erwinaze to table 1; removed Lumizyme from table 1.
14. Enzyme Replacement Therapy for Pompe Disease	09-J4000-06	New Medical Coverage Guideline.
15. Etanercept (Enbrel) Injection	09-J0000-38	Revision to guideline consisting of updating the position statement.
16. External Infusion Pumps (non-insulin)	09-E0000-10	Scheduled review. Maintained position statement and updated references.
17. Genetic Testing	05-82000-28	Review: ExoDX Prostate IntelliScore test position statement maintained.
18. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	05-82000-31	Review: Update position statements and references.
19. Golimumab (Simponi, Simponi Aria) Injection and Infusion	09-J1000-11	Revision to guideline consisting of updating the position statement.
20. Guselkumab (Tremfya) Injection	09-J2000-87	Revision to guideline consisting of updating the position statement.
21. Home Health Care	01-99500-01	Review and revision. Updated program exceptions and references.
22. Home Prothrombin Time Monitoring	01-99000-06	Scheduled review. Maintained position statement and updated references.
23. Immune Globulin Therapy	09-J0000-06	Review and revision to guideline; consisting of updating the position statement, program exceptions, and references.
24. Interstitial Laser Therapy	02-99221-16	Review; no change in position statement. Updated references.

25. Ixekizumab (Taltz) Injection	09-J2000-62	Revision to guideline consisting of updating the position statement.
26. Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA	03-59000-18	Review: Position statements maintained and references updated.
27. Omalizumab (Xolair)	09-J0000-44	Review and revision; consisting of position statement.
28. Percutaneous Tibial Nerve Stimulation	02-64000-01	Review: Position statements maintained; references updated.
29. Private Duty Nursing Care in the Home	01-99500-02	Review; no change in position statement.
30. Prosthetics	09-L0000-05	Scheduled review. Maintained position statement and updated references.
31. Radiofrequency Ablation of Solid Tumors Other Than Liver Tumors	02-99221-13	Review; no change in position statement. Updated references.
32. Risankizumab-rzaa (Skyrizi) Injection	09-J3000-45	Revision to guideline consisting of updating the position statement.
33. Sarilumab (Kevzara) Injection	09-J2000-88	Revision to guideline consisting of updating the position statement.
34. SARS-CoV-2 Monoclonal Antibodies	09-J3000-86	Revised position statement.
35. Scintimammography and Gamma Imaging of the Breast	04-78000-14	Review; no change in position statement. Updated references.
36. Secukinumab (Cosentyx) Injection	09-J2000-30	Revision to guideline consisting of updating the position statement.
37. Tocilizumab (Actemra) Injection and Infusion	09-J1000-21	Revision to guideline consisting of updating the position statement.
38. Tofacitinib (Xeljanz, Xeljanz XR) Oral Solution, Tablet and Extended-Release Tablet	09-J1000-86	Revision to guideline consisting of updating the position statement.

39. Tumor/Genetic Markers	05-86000-22	Revision; Fecal Calprotectin position statement removed; coding and references updated.
40. Upadacitinib (Rinvoq) Tablets	09-J3000-51	Revision to guideline consisting of updating the position statement.
41. Ustekinumab (Stelara) Injection and Infusion	09-J1000-16	Revision to guideline consisting of updating the position statement.
42. Ventricular Assist Devices and Total Artificial Hearts	02-33000-25	Revision. Updated FDA approved indications for the HeartMate 3™ Left Ventricular Assist System. Updated references.
43. Wearable and Non-Wearable Cardioverter-Defibrillators (WCD) for the Prevention of Sudden Cardiac Death	01-93000-30	Review; no change in position statement. Updated references.
44. Wheelchairs and Wheelchair Accessories	09-E0000-35	Scheduled review. Maintained position statement, revised Medicare Advantage program exception, and updated references.
45. Whole Body Computed Tomography (CT)	04-70450-25	Review; no change 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 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).