MEDICAL POLICY UPDATE

We regularly develop and revise medical policies in response to changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on our Provider page at www.lablue.com/providers, under "Medical Management," click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective Aug. 1, 2025

00255 Metformin and Metformin Containing Products
00295 belimumab (Benlysta®)
00304 Vesicular Monoamine Transporter Type 2 Inhibitors deutetrabenazine (Austedo®, Austedo® XR) tetrabenazine (Xenazine®, generics) valbenazine (Ingrezza™)
00460 droxidopa (Northera®, generics)
00530 pyrimethamine (Daraprim®, generic)
00627 eltrombopag Products (Promacta®, generics, Alvaiz™)
00634 Therapeutic Radiopharmaceuticals in Oncology
00672 Myocardial Strain Imaging
00682 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
00698 Select Novel Drug Formulations
00756 Mobile Device-Based Health Management Applications
00762 emtricitabine/tenofovir disoproxil fumarate (Truvada®)
00804 Vtama® (tapinarof)
00884 resmetirom (Rezdiffra™)

Effective Sept. 1, 2025

00003 Stool-Based (DNA and RNA) and Blood-Based (DNA) Colorectal Cancer Screening Tests
00004 Implantable Bone-Conduction and Bone-Anchored Hearing Aids
00323 Opioid Management/Long Acting Oral Opioid Step Therapy
00465 Renal Denervation for Uncontrolled Hypertension
00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors (alirocumab [Praluent®], evolocumab [Repatha™])
00494 Transcatheter Mitral Valve Repair or Replacement
00596 edaravone (Radicava®, Radicava ORS®, generics)
00688 Leadless Cardiac Pacemakers
00714 bempedoic acid Products (Nexletol™, Nexlizet™)
00775 maralixibat (Livmarli™)
00780 Bioimpedance Devices for Detection and Management of Lymphedema
00878 Voquezna® (vonoprazan)

Effective Nov. 1, 2025

00671 ravulizumab (Ultomiris™), eculizumab Products

Effective Nov. 15, 2025

00558 Sacroiliac Joint Fusion (Percutaneous Minimally Invasive Techniques)

New Medical Policies

Policy No. Policy Name

Effective Aug. 1, 2025

00935 axatilimab-csfr (Niktimvo™)
00936 atrasentan (Vanrafia™)
00937 fitusiran (Qfitlia™)
00939 diazoxide choline (Vykat™ XR)

Effective Sept. 1, 2025

00931 Transcatheter Tricuspid Valve Repair or Replacement
00940 lenacapavir (Yeztugo®)