

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 Feb. 1, 2026

- 00034 Treatment of Varicose Veins Venous Insufficiency
- 00156 natalizumab Products
- 00217 Select infliximab Products
- 00352 tofacitinib (Xeljanz®/Xeljanz® XR)
- 00436 apremilast (Otezla®/Otezla XR™)
- 00454 tesamorelin (Egrifta SV®, Egrifta WR™)
- 00523 Select Topical Antihherpetic Agents
- 00585 anakinra (Kineret®)
- 00602 methotrexate oral solution (Xatmep™, Jylamvo®)
- 00691 Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
- 00696 Pharmacotherapy for Tenosynovial Giant Cell Tumor
- 00697 elexacaftor/tezacaftor/ivacaftor (Trikafta™)
- 00698 Select Novel Drug Formulations
- 00752 Verquvo™ (vericiguat)
- 00763 ivermectin tablets (Stromectol®, generics)
- 00765 Kerendia® (finerenone)
- 00864 beremagene geperpavec-svdt (Vyjuvek™)

Effective March 1, 2026

- 00121 Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
- 00131 Ultraviolet Light Therapy Delivery Devices for Home Use
- 00243 lomitapide (Juxtapid®)
- 00263 Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy
- 00337 Migraine Medications (Oral, Injectable, Transdermal and Nasal)
- 00338 Beta Adrenergic Antagonists and Beta Adrenergic Antagonist/Diuretic Combination Drugs
- 00340 Topical Acne Cleansers
- 00395 Insulins (Non-Long Acting Products)
- 00451 Phosphate Binders
- 00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
- 00515 Select Gabapentin Products
- 00525 Anticoagulant Agents (Pradaxa®, Savaysa®)
- 00541 Select Anti-Epileptic Drugs
- 00547 miltefosine (Impavido®)

Effective March 1, 2026 (continued)

- 00554 Corticosteroids for Duchenne Muscular Dystrophy (Emflaza™, generics, Agamree®)
- 00582 Ergotamine/Dihydroergotamine Products
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00614 emicizumab (Hemlibra®)
- 00637 baricitinib (Olumiant®)
- 00771 Pharmacotherapy for Pompe Disease
- 00790 efgartigimod alfa (Vyvgart®), efgartigimod alfa and hyaluronidase-human (Vyvgart® Hytrulo)
- 00912 Irreversible Electroporation and Histotripsy

Effective April 1, 2026

- 00329 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome

Effective April 4, 2026

- 00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- 00662 Hydrogel Spacer Use During Radiotherapy for Prostate Cancer

Effective May 1, 2026

- 00225 adalimumab Products
- 00267 Catheter Ablation as Treatment for Atrial Fibrillation
- 00325 Corneal Collagen Cross-linking

New Medical Policies

Policy No. Policy Name

Effective Feb. 1, 2026

- 00938 prademagene zamikeracel (Zevaskyn™)
- 00953 rilzabrutinib (Wayrilz™)
- 00954 sulopenem etzadroxil and probenecid (Orlynvah™)

Effective March 1, 2026

- 00956 Raldesy™ (trazodone oral solution)