

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 May 1, 2025

00246	Total Artificial Hearts and Implantable Ventricular Assist Devices
00267	Catheter Ablation as Treatment for Atrial Fibrillation
00290	pegloticase (Krystexxa®)
00292	Sinus Ostial Dilatation with Balloon Catheter for Rhinosinusitis
00341	Tetracyclines (oral)
00384	pasireotide Injection (Signifor®, Signifor LAR®)
00432	secukinumab (Cosentyx™)
00503	Ablation of Peripheral Nerves to Treat Pain
00532	oxybate Products (Xyrem®, Xywav®, Lumryz™)
00551	Royaldee® (calcifediol)
00667	Select Injectable Testosterone Products
00704	Novel Treatments for Sickle Cell Disease (Adakveo®)
00707	Select Antipsychotic Drugs
00726	Select Erectile Dysfunction Medications
00738	Select Tramadol Products
00771	Pharmacotherapy for Pompe Disease
00818	Trastuzumab Products
00850	Pharmacotherapy for Geographic Atrophy

Effective June 1, 2025

00003	Analysis of Human DNA or RNA in Stool Samples as a Technique for Colorectal Cancer Screening
00009	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
00225	adalimumab Products
00255	Metformin and Metformin Containing Products
00324	GLP-1, GIP/GLP-1 Agonists for Diabetes
00353	Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
00520	Auto-injectable Methotrexate (Otrexup™)
00604	L-Glutamine (Endari™, generics)
00643	Gender Affirming Surgery
00671	ravulizumab (Ultomiris™), eculizumab (Soliris®, biosimilars)
00701	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia and Gastroparesis
00708	teprotumumab-trbw (Tepezza™)
00757	Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia
00768	pegcetacoplan (Empaveli™)

Effective June 1, 2025 (continued)

00805	Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products
00838	ublituximab (Briumvi™)
00871	mirikizumab-mrkz (Omvoh™)
00876	iptacopan (Fabhalta®)

Effective June 15, 2025

00260	Spinal Cord and Dorsal Root Ganglion Stimulators
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Effective July 1, 2025

00055	Hematopoietic Cell Transplantation for Genetic Diseases and Aplastic Anemias
00213	Fentanyl Oral Transmucosal and Nasal Opioid Analgesics
00242	ustekinumab Products
00301	Nasal Allergy Medications
00406	Transcatheter Aortic-Valve Implantation for Aortic Stenosis
00458	Amniotic Membrane and Amniotic Fluid
00491	Pharmacotherapy for Bile Acid Synthesis Disorders
00515	Select Gabapentin Products
00567	dupilumab (Dupixent®)
00588	guselkumab (Tremfya™)
00605	Chimeric Antigen Receptor T cell Therapy (CAR-T)
00646	Calcitonin Gene-Related Peptide (CGRP) Antagonists
00659	Orilissa™ (elagolix)
00670	Transthyretin Silencers for the Treatment of Transthyretin-Mediated Amyloidosis in Adult Patients
00671	ravulizumab (Ultomiris™), eculizumab (Soliris®, biosimilars)
00707	Select Antipsychotic Drugs
00709	peanut (Arachis hypogaea) allergen powder-dnfp (Palforzia™)
00730	Novel Medications for the Treatment of Uterine Fibroids
00776	Vuity™, Qlosi™ (pilocarpine ophthalmic solution)
00916	Radiofrequency Coblation Tenotomy and Percutaneous Ultrasonic Tenotomy for Musculoskeletal Conditions

Effective Aug. 1, 2025

00572	Bioengineered Skin and Soft Tissue Substitutes
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Effective Sept. 1, 2025

00157	Wearable Cardioverter Defibrillators
00415	Tibial Nerve Stimulation
00570	Cardiac Rehabilitation in the Outpatient Setting
00693	Select Levothyroxine Products
00862	ritlecitinib (Litfulo™)
00873	bimekizumab-bkzx (Bimzelx®)

MEDICAL POLICY UPDATE

New Medical Policies

Policy No. Policy Name

Effective May 1, 2025

- 00923 Surgery for Groin Pain in Athletes
- 00924 marstacimab-hncq (Hympavzi™)
- 00925 concizumab-mtci (Alhemo®)

Effective June 1, 2025

- 00927 crinecerfont (Crenessity™)
- 00928 vanzacaftor/tezacaftor/deutivacaftor (Alyftrek™)
- 00929 acoramidis (Attruby™)

Effective July 1, 2025

- 00930 Balloon Spacers for Treatment of Irreparable Rotator Cuffs of the Shoulder
- 00932 Journavx™ (suzetrigine)
- 00933 remestemcel-L-rknd (Ryoncil®)

Effective Aug. 1, 2025

- 00926 Peripheral Nerve Injury Repair Using Synthetic Conduits or Processed Nerve Allografts

Effective Sept. 1, 2025

- 00934 Percutaneous Revascularization Procedures for Lower Extremity Peripheral Arterial Disease