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 April 1, 2026

00214 abatacept (Orencia®)
00265 denosumab (Prolia®, biosimilars)
00283 denosumab (Xgeva®, biosimilars)
00306 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, DPP-4 Inhibitor/Metformin Combination Drugs
00360 Selective Serotonin Reuptake Inhibitors (SSRIs) and Selective Norepinephrine Reuptake Inhibitors (SNRIs)
00411 Liver Transplant and Combined Liver-Kidney Transplant
00513 ixekizumab (Taltz®)
00613 Balloon Dilation of the Eustachian Tube
00774 ruxolitinib (Opzelura™)
00782 Select Meclizine Products
00832 Novel Loop Diuretic Formulations
00859 delandistrogene moxeparvovec-rokl (Elevidys®)

Effective May 1, 2026

00019 Continuous Glucose Monitoring
00070 Hyperbaric Oxygen Therapy (HBO)
00132 Vacuum-Assisted Closure of Chronic Wounds (Negative Pressure Wound Therapy)
00218 rituximab Products
00222 omalizumab (Xolair®)
00225 golimumab (Simponi Aria®, Simponi®)
00267 Catheter Ablation as Treatment for Atrial Fibrillation
00292 Balloon Catheter use for Sinus Ostial Dilation and Septoplasty
00324 GLP-1, GIP/GLP-1 Agonists for Diabetes
00325 adalimumab Products
00341 Tetracyclines (oral)
00412 Fetal Surgery for Prenatally Diagnosed Malformations
00414 Lung and Lobar Lung Transplant
00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease
00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
00579 Topical Actinic Keratosis Products
00588 guselkumab (Tremfya™)
00668 Select dexchlorpheniramine Products
00700 pitolisant (Wakix®)
00722 Pharmacotherapy for Neurofibromatosis Type 1

Effective May 1, 2026 (continued)

00729 Select Octreotide Medications
00765 Kerendia® (finerenone)
00806 Surgical Left Atrial Appendage Occlusion for Stroke Prevention in Atrial Fibrillation
00811 deucravacitinib (Sotyktu™)
00816 Applied Behavior Analysis for Autism Spectrum Disorder
00817 Bevacizumab Products
00886 Wegovy™ (semaglutide)
00925 concizumab-mtci (Alhemo®)

Effective June 1, 2026

00090 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions

Effective June 14, 2026

00077 Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation
00260 Spinal Cord and Nerve Root Stimulators

New Medical Policies

Policy No. Policy Name

Effective April 1, 2026

00958 paltusotine (Palsonify™)
00959 remibrutinib (Rhapsido®)

Effective May 1, 2026

00962 mitapivat (Aqvesme™)
00963 Blujepa® (gepotidacin)
00964 elamipretide (Forzinity™)

Effective June 1, 2026

00957 Prostate Artery Embolization

Effective July 1, 2026

00960 Wound Care Supplies