

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 Oct. 1, 2025

00252 tocilizumab Products
00365 Topical Pain Patches
00391 Tumor Treating Fields Therapy
00436 apremilast (Otezla®)
00501 mepolizumab (Nucala®)
00524 Topical Immunomodulators (Elidel®, Protopic®)
00526 Select Inhaled Respiratory Agents
00567 dupilumab (Dupixent®)
00640 Topical Treatment of Dry Eye Disease
00677 risankizumab-rzaa (Skyrizi™)
00692 upadacitinib (Rinvoq®, Rinvoq LQ®)
00698 Select Novel Drug Formulations
00718 afamelanotide (Scenesse®)
00736 satralizumab-mwge (Enspryng™), inebilizumab-cdon (Uplizna™)
00790 efgartigimod alfa (Vyvgart®), efgartigimod alfa and hyaluronidase-human (Vyvgart® Hytrulo)
00828 cabotegravir intramuscular injection (Apretude®)
00852 Fecal microbiota, live-jslm (Rebyota™)

Effective Nov. 1, 2025

00082 Magnetoencephalography/Magnetic Source Imaging
00092 Allogeneic Pancreas Transplant
00097 Photodynamic Therapy for Choroidal Neovascularization
00141 Risk-Reducing Mastectomy
00219 etanercept (Enbrel®)
00239 Teriparatide Products
00276 C1 esterase inhibitor (Berinert®)
00361 modafinil (Provigil®)/armodafinil (Nuvigil®)
00527 Topical Antifungals
00589 sarilumab (Kevzara®)
00671 ravulizumab (Ultomiris™), eculizumab Products
00720 Select Fenofibrate Products
00759 Beta Interferons for the Treatment of Multiple Sclerosis
00886 Wegovy™ (semaglutide)
00897 infliximab-dyyb (Zymfentra™)

Effective Dec. 1, 2025

00024 Deep Brain Stimulation
00081 Compression Devices and Garments for Treatment of Lymphedema, Venous Ulcers and Arterial Insufficiency

Effective Dec. 14, 2025

00091 Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

Effective Jan. 1, 2026

00225 adalimumab Products
00242 ustekinumab Products
00323 Opioid Management/Long Acting Oral Opioid Step Therapy
00335 Topical, Oral, and Nasal Testosterone Products
00353 Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
00451 Phosphate Binders
00515 Select Gabapentin Products
00728 Select Long Acting Insulin Products

New Medical Policies

Policy No. Policy Name

Effective Oct. 1, 2025

00941 olezarsen (Tryngolza®)

Effective Nov. 1, 2025

00942 nipocalimab (Imaavy™)

Effective Jan. 1, 2026

00943 Select Calcipotriene Products
00944 Tolsura® (itraconazole)