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 June 1, 2026

00014 Chelation Therapy
00134 Vagus Nerve Stimulation
00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
00522 prednisone delayed release tablets (Rayos®, generics)
00641 Pharmacotherapy for Gaucher Disease
00743 berotralstat (Orladeyo™)
00757 Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia
00768 pegcetacoplan (Empaveli™)
00805 Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products
00839 Accrufer® (ferric maltol)
00876 iptacopan (Fabhalta®)
00928 vanzacaftor/tezacaftor/deutivacaftor (Alyftrek™)

Effective July 1, 2026

00255 Metformin and Metformin Containing Products
00280 Viscocanalostomy and Canaloplasty
00415 Tibial Nerve Stimulation
00426 Microprocessor-controlled Prostheses and Orthoses for the Lower Limb
00455 Treatment of Hepatitis C with sofosbuvir/ledipasvir (Harvoni®, Authorized Generic)
00518 Select Muscle Relaxants
00552 Eucrisa™ (crisaborole)
00567 dupilumab (Dupixent®)
00646 Calcitonin Gene-related Peptide (CGRP) Antagonists
00776 Pharmacotherapy for Presbyopia
00798 budesonide delayed release (Tarpeyo™)
00840 trofinetide (Daybue®, Daybue® Stix)
00886 Wegovy™ (semaglutide)

Effective Aug. 1, 2026

00011 Bone Growth Stimulation
00077 Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation
00023 Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas or Bone
00106 Prolotherapy
00260 Spinal Cord and Nerve Root Stimulators
00296 Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
00395 Insulins (Non-long Acting Products)
00549 Intravitreal and Suprachoroidal Corticosteroid Products
00550 Treatment for Spinal Muscular Atrophy
00605 Chimeric Antigen Receptor T-cell (CAR-T) Therapy
00754 Monoclonal Antibodies for the Treatment of Alzheimer's Disease

New Medical Policies

Policy No. Policy Name

Effective June 1, 2026

00957 Prostate Artery Embolization
00965 Tonmya™ (cyclobenzaprine sublingual tablet)
00966 garadacimab (Andembry®)
00967 sebetralstat (Ekterly®)
00968 donidalorsen (Dawnzera™)
00969 Cardamyst™ (etripamil)
00971 aficamten (Myqorzo™)

Effective July 1, 2026

00960 Wound Care Supplies
00972 sibeprenlimab (Voyxact®)
00973 tividenofusp alfa-eknm (Avlayah™)
00974 Pivya™ (pivmecillinam)

Effective Aug. 1, 2026

00961 Surgical Treatment of Tarlov Cyst
00975 Immersive Virtual Reality Therapy for Chronic Lower Back Pain
00979 zopapogene imadenovec (Papzimeos™)
00980 doxecitine and doxribtimine (Kygevvi™)
00982 copper histidinate (Zycubo®)
00983 icotrokinra (Icotyde™)