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 Dec. 1, 2025

00112 Small Bowel Transplant, Small Bowel/Liver Transplant and Multivisceral Transplant
00215 Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension
00306 Dipeptidyl Peptidase-4 (DPP -4) Inhibitors, DPP-4 Inhibitor/Metformin Combination Drugs
00395 Insulins (Non-Long Acting Products)
00438 Scintimammography and Gamma Imaging of the Breast and Axilla
00578 Cognitive Rehabilitation
00586 nitisinone (Orfadin®, Nityr™, Harliku™, generics)
00587 brodalumab (Siliq™)
00593 Treatment of Hepatitis C with glecaprevir/pibrentasvir (Mavyret™)
00644 pegvaliase-pqpz (Palynziq™)
00648 avatrombopag (Doptelet®, Doptelet Sprinkle)
00684 Transurethral Water Vapor Thermal Therapy (Rezum) and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy
00686 romosozumab-aqqg (Evenity®)
00694 tafamidis (Vyndamax™)
00721 osilodrostat (Isturisa®)
00767 anifrolumab (Saphnelo™)
00776 Pharmacotherapy for Presbyopia
00777 Select Chlorthalidone Tablet Strengths
00811 deucravacitinib (Sotyktu™)
00832 Furoscix® (furosemide)
00934 Percutaneous Revascularization Procedures for Lower Extremity Peripheral Arterial Disease

Effective Jan. 1, 2026

00170 Immune Globulin Therapy
00200 certolizumab pegol (Cimzia®)
00223 golimumab (Simponi Aria®, Simponi®)
00230 Repository Corticotropin Injection
00249 Plasma Exchange (PE)
00252 tocilizumab Products
00275 dalfampridine (Ampyra®, generics)
00303 Phenylalanine Hydroxylase Activators
00315 Baroreflex Stimulation Devices
00318 Topical Corticosteroids
00324 GLP-1, GIP/GLP-1 Agonists for Diabetes
00342 Topical Retinoids
00518 Select Muscle Relaxants

Effective Jan. 1, 2026 (continued)

00640 Topical Treatments for Dry Eye Disease
00647 tolvaptan (Jynarque™, generics)
00651 tildrakizumab-asmn (Ilumya™)
00742 Select Oral Hydrocortisone Products
00754 Monoclonal Antibodies for the Treatment of Alzheimer's Disease
00788 tezepelumab-ekko (Tezspire™)
00804 Vtama® (tapinarof)
00819 Granulocyte Colony Stimulating Factor (G-CSF) Products
00822 Select Hemophilia A Products
00824 Select Drugs for the Treatment of Dementia of Alzheimer's Disease
00827 Zoryve™ (roflumilast)
00886 Wegovy™ (semaglutide)
00908 Neffy® (epinephrine nasal spray)
00910 Select Substance Abuse Medications

Effective Feb. 1, 2026

00034 Treatment of Varicose Veins Venous Insufficiency
00691 Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele

Effective March 1, 2026

00121 Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
00771 Pharmacotherapy for Pompe Disease

New Medical Policies

Policy No. Policy Name

Effective Dec. 1, 2025

00946 rilpivirine HCL tablet for suspension (Edurant® PED)
00947 deuruxolitinib (Leqselvi™)
00948 eladocagene exuparvovec-tneq (Kebilidi™)

Effective Jan. 1, 2026

00945 Firvanq® (vancomycin for oral solution)
00949 Zelsuvmi™ (berdazimer)
00950 delgocitinib (Anzupgo®)
00951 brensocatib (Brinsupri™)
00952 revakinagene taroretcel-lwey (Encelto™)