Effective for dates of service on and after **November 15, 2025** the following updates will apply to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Genetic Liquid Biopsy in the Management of Cancer and Cancer Surveillance

- Guideline renamed to encompass RNA based liquid biopsy tests
- Liquid (ctDNA) based testing split into General Criteria and Cancer-site Specific Criteria
- General Requirements: Clarified that genomic testing must have established analytical and clinical validity and be performed in an appropriately certified laboratory
- General Criteria for Genetic Liquid Biopsy Testing: Lab developed tests added
- General Criteria for Genetic Liquid Biopsy Testing: Additional criteria added to meet medical necessity
- Lung carcinoma: Replaced ASCO with ESCAT (ESMO Scale of Clinical Actionability for molecular Targets) – comparable, easier to locate, and updated more frequently
- Biliary tract carcinoma: New criteria added
- Breast carcinoma: Removed restriction of individual needing to be an adult male or postmenopausal female
- Breast carcinoma: NCCN 2A recommendation added as positive criteria
- Prostate carcinoma: NCCN 2A recommendation added as positive criteria
- Individuals without malignancy for whom liquid biopsy is used for screening: Test name examples added
- ctDNA and Minimal Residual Disease (MRD): Test name examples added

Somatic Tumor Testing

- General Requirements: Clarified that genomic testing must have established analytical and clinical validity and be performed in an appropriately certified laboratory

Somatic Testing of Solid Tumors

- Clarified that IHC is out of scope for genetic testing
- General Criteria (was Umbrella): Lab developed tests added as medically necessary Clarifying information
- General Criteria (was Umbrella): Allow genetic biomarker testing per member's health plan drug-specific policy requirements
- Tissue-agnostic testing for patients with advanced solid tumors: Removal of restrictive criteria

- Tissue-agnostic testing for patients with advanced solid tumors: Added FGFR biomarkers as medically necessary tumor testing
- Bladder Cancer (Urothelial Carcinoma, including the Upper Tract): NCCN 2A recommendation added to positive criteria
- Bladder Cancer (Urothelial Carcinoma, including the Upper Tract): Removed restriction to a specific genetic biomarker
- Breast Cancer, localized; early adjuvant setting: Removed Breast Cancer Index (BCI) from early adjuvant setting and a new section was added allowing for the BCI test provided certain criteria are met
- Breast Cancer, localized; extended adjuvant setting: Added criteria for the Breast Cancer Index in extended adjuvant setting
- Breast Cancer, metastatic and/or locally advanced breast cancer: Expanded genetic marker testing from 4 genes to 50 or fewer
- Breast Cancer, metastatic and/or locally advanced breast cancer: NCCN 2A recommendation added to positive criteria
- Cholangiocarcinoma (Biliary Tract Cancers): Added another required genetic marker
- Cholangiocarcinoma (Biliary Tract Cancers): NCCN 2A recommendation added to positive criteria
- Melanoma: Removed restriction requiring previous BRAF V600E testing
- Non-small Cell Lung Cancer, localized (stage IB-IIIA): Testing for squamous cell histology is now allowed without the requirements of being age ≤50, non-smoker, or light former smoker
- Non-small Cell Lung Cancer, localized (stage IB-IIIA): Added FDA label and NCCN 2A recommended treatments as allowed
- Non-small Cell Lung Cancer, advanced (previously metastatic): Testing for squamous cell histology is now allowed without the requirements of being age ≤50, non-smoker, or light former smoker
- Non-small Cell Lung Cancer, advanced (previously metastatic): Added a marker for additional treatment option
- Non-small Cell Lung Cancer, advanced (previously metastatic): Simplified criteria
- Ovarian (Epithelial): Removed requirement for an FDA approved test (Ovarian (Epithelial): NCCN 2A recommendation added to positive criteria
- Pancreatic Adenocarcinoma: NRG1 added as an additional biomarker based on FDA approval
- Pancreatic Adenocarcinoma: Specify prior tissue-based NGS testing
- Prostate Cancer, metastatic: mCSPC and mCRPC specified as necessary types of prostate adenocarcinoma
- Prostate Cancer, metastatic: NCCN 2A recommendation added to positive criteria

- Sarcoma (including soft tissue sarcoma, bone sarcoma, gastrointestinal stromal tumor, uterine sarcoma): Expanded criteria
- Thyroid Cancer: Removed restrictive ITN ultrasound criteria
- Thyroid Cancer: Allow up to ITNs 4 cm in size

Somatic Testing of Hematologic Malignancies

- Somatic Genomic Testing (blood cancer biomarker testing): NCCN 2A recommendation added to positive criteria
- Somatic Genomic Testing (blood cancer biomarker testing): Allow for member's health plan drug-specific policy requirements to positive criteria
- Blood Cancer-Specific Criteria: Clarified that chromosomal testing is out of scope for genetic testing
- Acute Lymphoblastic Leukemia and Pediatric B-cell Precursor Lymphoblastic Lymphoma: Added another cancer type (pediatric BCP-LBL)
- Acute Myelogenous Leukemia: Added FLT3-ITD as medically necessary
- B-cell Lymphomas: New criteria for B-cell lymphomas
- Chronic Lymphocytic Leukemia: Criteria added for focused NGS panel for risk stratification
- Chronic Myeloid Leukemia: Clarified use of focused testing
- Myelodysplastic Syndrome: Added genetic marker to examples

For questions related to guidelines, please contact Carelon via email at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.