



Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC
BHSO = Behavioral Health Services Only
CS = Individual & Family (Cascade Select)
MA = Medicare Advantage
D-SNP = Medicare Special Needs Plan

Clinical Coverage Criteria (CCC)

Last Updated: 07/18/2024

CCC Name & Link	Line of Business	Last Updated	Summary of Change
MM125 Physical, Occupational and Speech Therapy	WAH CS D-SNP	4/10/2024	Added criteria from CMS memorandum to remind Medicare Advantage Organizations of certain skilled therapy coverage and training policies related to the Jimmo v. Sebelis Settlement Agreement. Prior level of function included with required documentation.
MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee	WAH CS D-SNP	7/10/2024	Corrected LOBs and removed Medicare.
MM128 Orthoptic Therapy	WAH CS D-SNP	4/10/2024	Made exam criteria for initiation “or” rather than “and” so that not all findings have to be documented. Added explanation of new code 92066 for vision therapy performed by technician. Clarified source of last criteria edits in Nov 2022. Citations updated
MM129 Neuropsychological Testing	WAH CS BHSO D-SNP	6/12/2024	Redirected to LCD for Medicare, updated CCC to align with HCA billing guide, updated billing guide link, edits to reduce redundancy
MM130 Cardiac Stents	WAH CS D-SNP	7/10/2024	Corrected LOBs and removed Medicare from policy.
MM131 Transplants and Transplant Work-ups, Donor Search, Donation	WAH CS D-SNP	12/13/2023	Corrected link for NCD 110.23 Stem Cell Transplantation and applied this for other lines of business. Clarified that MCG criteria apply to Medicare members requesting renal transplantation. Updated citations.
MM132 Complementary and Alternative Care	WAH CS D-SNP	2/14/2024	Clarified Medicare first 12 chiropractic visits in a year do not require PA and the criteria for continued chiropractic care.
MM134 Program of Assertive Community Treatment (PACT) Program Criteria	WAH BHSO	3/13/2024	Review, no changes
MM135 Positive Airway Pressure Devices	WAH CS D-SNP	4/10/2024	Clarified CMS criteria for NIV. Updated citations and links.
MM136 Durable Medical Equipment	WAH CS D-SNP	3/13/2024	Added A55426. For replacement of DME for Medicare members.
MM139 Skilled Nursing Facility, Comprehensive Outpatient Rehab Facility	WAH CS D-SNP	4/10/2024	Added criteria from CMS memorandum to remind Medicare Advantage Organizations of certain skilled therapy coverage and training policies related to the Jimmo v. Sebelis Settlement Agreement. Prior level of function included with required documentation.
MM141 Reconstructive Plastic Surgery	WAH CS D-SNP	2/14/2024	Minor edits. Corrected links. Updated citations.
MM143 Sterilization	WAH CS D-SNP	7/10/2024	Corrected LOBs and removed Medicare from policy and clarified D-SNP coverage.
MM144 Home Oxygen	WAH CS D-SNP	12/13/2023	Clarified that Medicare criteria are found in NCD 240.2. Cluster headache criteria remain the same since they are no longer addressed by CMS. Citations updated.

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MM145 Bariatric Surgery	WAH CS D-SNP	3/13/2024	Minor edits. Updated citations.
MM146 Tympanostomy Tubes	WAH CS D-SNP	11/2/2023	Reviewed. Citations updated.
MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders	WAH CS D-SNP	2/14/2024	Updated links, minor edits. Updated citations.
MM148 Extracorporeal Membrane Oxygenation Therapy	WAH CS D-SNP	11/2/2023	Verified there are no LCDs or NCDs related to this service. Reviewed and citations updated.
MM149 Spinal Injections and Facet Neurotomy	WAH CS D-SNP	2/14/2024	Corrected LCD for Sacroiliac joint injection. Updated citations.
MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression	WAH CS BHSO D-SNP	12/8/2023	Added link to HTTC 2023 updated findings and decision on Nonpharmacologic Treatments for TRD
MM152 Intensity Modulated Radiation Therapy IMRT	WAH CS D-SNP	3/13/2024	Changed Medicare criteria to MCG. Updated citations.
MM153 Proton Beam Therapy	WAH CS D-SNP	7/10/2024	Corrected LOBs and removed Medicare from policy
MM154 Applied Behavioral Analysis	WAH BHSO CS	12/20/2023	Updated required documentation and criteria to align with WACs 182-531A-0400 and 284-43-7070, added WAC references, updated BHSO section to include coverage for age 20 and younger
MM155 Wraparound with Intensive Services Program (WISe) for AH-IMC and BHSO	WAH BHSO	6/12/2024	Updated WAC links, reviewed content. No edits.
MM156 Administrative Days	WAH BHSO	5/8/2024	Clarified criteria and added post-partum criterion. Clarified hospitals eligible for Administrative Days.
MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes	WAH CS D-SNP	4/10/2024	Added codes for foot inserts and therapeutic diabetic shoes. Added criteria for medical equipment as applicable for prosthetics and orthotics. Updated citations
MM159 Medically Intensive Children's Program (MICP)	WAH BHSO CS	2/14/2024	Reviewed policy and updated citations.
MM162 Medical Appropriateness for Service or Medication	WAH CS BHSO D-SNP	5/8/2024	Clarified that pricing is needed to determine if the service requires PA.
MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care	WAH CS D-SNP	12/13/2023	Minor edits and updates to citations.
MM164 Clinical Trials for Treatments and Devices	WAH CS BHSO D-SNP	2/14/2024	Added WAC Hierarchy of Evidence. Updated citations.
MM165 Genetic Testing	WAH CS D-SNP	9/26/2023	Added initial notes, updated background and definitions, removed references to specific gender- binary transition states, streamlined duplicated content
MM166 Gender Affirming Care	WAH CS D-SNP	4/10/2024	Clarified that formulary hormone products do not require PA for gender affirming treatment.

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MM167 Speech Generating Devices (Augmentative Communication Devices)	WAH CS D-SNP	5/8/2024	Clarified Medicare criteria. Removed reference to CHNW. Corrected citations.
MM168 Hearing Assist Devices	WAH CS D-SNP	5/8/2024	Corrected criteria for BAHA for EPSDT members to include hearing loss of at least 20 dB. Corrected citations.
MM169 Bathroom and Toilet DME and Supplies	WAH CS D-SNP	3/13/2024	Clarified that the home assessment can be performed by the DME supplier. Minor edit. Updated citations
MM170 Drug Testing in Substance Use Disorder Treatment and Pain Management	WAH CS BHSO D-SNP	4/10/2024	Clarified CMS criteria are the LCD. Corrected links. Added LCA
MM171 Inpatient Rehabilitation	WAH CS D-SNP	11/2/2023	Reviewed with minor edits. Citations updated.
MM172 Home Health Skilled Services	WAH CS D-SNP	5/8/2024	Corrected explanation of initial 6 HH services. Clarified that continuation criteria apply to all lines of business.
MM176 Psychological Testing	WAH CS BHSO D-SNP	6/12/2024	Redirection to LCD for Medicare members, updated clinical coverage criteria for other LOBs to align with 2024 HCA billing guide criteria, updated link to HCA billing guide
MM177 Eating Disorders, Inpatient Behavioral Health Level of Care	WAH CS BHSO D-SNP	6/12/2024	Reviewed, no changes
MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care	WAH CS BHSO D-SNP	6/12/2024	Reviewed, no changes
MM179 Eating Disorders, Residential Behavioral Health Level of Care	WAH CS BHSO D-SNP	6/12/2024	Removed "and anorexia nervosa" from title . No other changes
MM180 Electroconvulsive Therapy (ECT)	WAH CS BHSO D-SNP	6/12/2024	Updated to specify treatment resistance must be from medication trials during current depressive episode; Minor grammatical edits
MM181 Repetitive Transcranial Magnetic Stimulation (rTMS)	WAH CS BHSO D-SNP	6/12/2024	Updated links for LCD and HCA Mental Health Billing Guide. Redirect to LCD for Medicare members added. Updated criteria to require medication trials during current episode. Moved relative contraindications to "Special Considerations". Modified repeat treatment criteria to align with HCA MH billing guide and LCD
MM182 Peripheral Nerve Blocks, Diagnostic Injections, Ablations and Electrostimulation	WAH CS D-SNP	3/13/2024	Removed summary of LCD/LCA for Medicare members. Clarified the CMS criteria for Medicare. Updated citations.
MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease	WAH CS D-SNP	2/14/2024	Corrected Medicare criteria to A53975. Corrected operative status criteria. Updated citations.
MM184 Pharmacogenetic Testing	WAH CS BHSO D-SNP	10/5/2023	Minor edits. Removed CHNW. Corrected links.
MM185 Sacroiliac Joint Fusion	WAH CS D-SNP	12/13/2023	Removed summary of LCD. Updated citations.
MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	WAH CS D-SNP	12/13/2023	Citations updated. Verified that there is no LCD/NCD.
MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members	WAH BHSO CS	2/14/2024	Reviewed policy, minor edits, updated citations.
MM189 Out of Network Policy for Cascade Select	CS	12/13/2023	Reviewed, minor edits.
MM190 Knee and Hip Arthroplasty for Osteoarthritis	WAH CS D-SNP	2/14/2024	Added criteria for inpatient admission for the surgery. Updated citations.

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MM192 Spinal Cord Stimulation for Treatment of Chronic Pain	WAH CS D-SNP	3/13/2024	Clarified Medicare criteria and removed summaries. Continued use of the HTCC decision from 2010 for AH and Cascade Select. When the HTCC re-review is available, the policy will again be updated. Updated citations.
MM193 New Journeys Coverage Criteria for AH-IMC and BHSO	WAH BHSO	3/13/2024	Reviewed, no changes
MM194 Intensive Behavioral Health Treatment Facility	WAH BHSO	12/8/2023	Reviewed, no changes made
MM195 Wheelchair	WAH CS D-SNP	1/8/2024	Clarified reasonable timeframes for repair and replacement of wheelchairs. Clarified that standard wheelchairs do not need a home assessment.
MM196 Intensive Behavioral Supportive Supervision (IBSS)	WAH BHSO	12/29/2023	New policy
MM197 Mental Health Partial Hospitalization Programs (PHP)	WAH CS BHSO D-SNP	12/29/2023	New policy
MM198 Mental Health Intensive Outpatient Programs (IOP)	WAH CS BHSO D-SNP	12/29/2023	New policy
MM199 Out-of-Network Medical or Behavioral Health Services for Medicare Member	MA	4/10/2024	New policy
MM200 Community Behavior Health Support (CBHS)	WAH MA	7/10/2024	New policy
PM101 Hydroxyprogesterone caproate Makena injection for intramuscular use	WAH CS MA D-SNP	11/22/2023	Early update. Criteria is updated to note that prevention of pre-term labor of singleton pregnancies in women with a history of spontaneous singleton preterm birth, premature labor, or premature rupture of membranes is not a covered indication. Required that the use of the medication must be consistent with standards of good medical practice and supported by evidence-based medicine as shown by an FDA approved indication.
PM103 Ipilimumab (Yervoy)	WAH CS MA D-SNP	1/10/2024	Annual review. For neuroendocrine tumors and adrenal tumors, updated criteria 8bi to be that the tumor is local advanced/metastatic and classified as well-differentiated, grade 3; updated criteria 8bii to be that the tumor is unresectable/metastatic, and chemotherapy has been tried. Adding criteria for Gastric Cancer as an additional indication for Small Bowel Adenocarcinoma, Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) OR Ampullary Adenocarcinoma, MSI-H or dMMR. Added Biliary Tract Cancers, Merkel Cell Carcinoma, Head and Neck Cancers, Soft Tissue Sarcoma, and Pancreatic Adenocarcinoma as covered indications with criteria. For Hepatocellular Carcinoma, combined criteria that the patient has Child-Pugh Class A and has tried at least one tyrosine kinase inhibitor; added criteria option that the patient has advanced or metastatic tumor mutational burden-high (TMB-H), defined as >10 mutations/megabase (mut/Mb).
PM104 Pemetrexed (Alimta® and Pefexy®)	WAH CS MA	5/8/2024	Annual review. No criteria changes.
PM105 Brentuximab vedotin (Adcetris)	WAH CS MA D-SNP	11/2/2023	Annual review. Guideline change to previously untreated Hodgkin lymphoma to include pediatric patients at least 2 years of age (previously indicated for adults only). Updated dosing between previously untreated and classical consolidation and relapsed Hodgkin lymphoma. Added criteria for pediatric mediastinal large B-cell lymphoma.
PM108 Pertuzumab (Perjeta)	WAH CS MA D-SNP	11/2/2023	Annual review. Updated special considerations with black box warnings.

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PM109 Palivizumab (Synagis)	WAH CS MA D-SNP	4/10/2024	Early update. Starting 5/1/24, patients ≤ 1 year of age will require prior authorization. For Respiratory Syncytial Virus (RSV), Prevention in an Infant with Chronic Lung Disease (CLD), added criteria regarding infants ≤ 1 year of age. Added the following covered indications as they are for infants ≤ 1 year of age which no longer requires prior authorization: RSV, Prevention in an Infant with Congenital Heart Disease; RSV, Prevention in an Infant Born Prematurely and RSV, Prevention in an Infant with Congenital Anatomic Pulmonary Abnormalities or a Neuromuscular Disorder.
PM110 Nanoparticle albumin bound paclitaxel (Abraxane)	WAH CS MA D-SNP	6/12/2024	Annual review. For Kaposi Sarcoma, added criteria to requiring the patient to be intolerant to paclitaxel. For Ovarian, Fallopian Tube, or Primary Peritoneal Cancer, removed requirement to try one other systemic chemotherapy. For Small Bowel Adenocarcinoma, removed requirement to require prior oxaliplatin exposure in the adjuvant setting or contraindication.
PM112 Ramucirumab (Cyramza)	WAH CS MA D-SNP	1/10/2024	Annual revision: Clarified the Cyramza can be used in patients that have epidermal growth factor receptor exon 21 (L858R) substitution mutations.
PM114 Epoprostenol (Flolan, Veletri), generics	WAH CS MA D-SNP	11/2/2023	Annual Review. No changes
PM115 Cetuximab (Erbix)	WAH CS MA D-SNP	3/29/2024	Annual review. For penile cancer, included that the patient may have metastatic/recurrent disease. For squamous cell skin cancer, Erbitux may be used alone or in combination with carboplatin and paclitaxel, without radiotherapy, for squamous cell skin cancer.
PM116 Ado-trastuzumab emtansine (Kadcyla)	WAH CS MA D-SNP	5/8/2024	Annual Review. No changes.
PM117 Pembrolizumab (Keytruda)	WAH CS MA D-SNP	6/12/2024	Annual revision. <i>Cervical cancer</i> : Added criteria option where Keytruda may be used in combination with chemoradiation therapy in patients with FIGO 2014 Stage III to IVA cervical cancer. For patients who have tumor expression for PD-L1, Keytruda may be approved if Keytruda is used in combination with chemotherapy or as a single agent if the patient has tried previous chemotherapy. <i>Endometrial cancer</i> : Clarified criteria where patient that do not have MSI-H or dMMR must use Keytruda in combination with carboplatin and paclitaxel for all endometrial carcinoma-related indications except for carcinosarcoma. Added criteria that Keytruda may be covered in patients with pMMR if Keytruda is used in combination with lenvatinib. <i>Esophageal and esophagogastric junction cancer</i> : Added criteria that the patient must have locally advanced or metastatic disease. Removed criteria requiring that the patient's tumor is s human epidermal growth factor 2 (HER2)-positive disease and is using the medication in combination with a trastuzumab product, fluoropyrimidine (e.g., fluorouracil [5-FU], capecitabine), platinum-containing chemotherapy. Removed criteria requiring that the patient's tumor expression for programmed death ligand 1 (PD-L1) as determined by an approved test has a combined positive score (CPS) ≥ 1. Added criteria where the patient must meet one of the following: i) the medication is used in combination with platinum- and fluoropyrimidine-based chemotherapy OR ii) The medication is used as a single agent after one or more prior lines of systemic therapy for patients with tumors that express PD-L1 (CPS of ≥10). <i>Gastric cancer</i> : Updated criteria where patients with HER2
PM118 Alemtuzumab (Lemtrada)	WAH CS MA D-SNP	6/12/2024	Annual review. Medicaid criteria is updated to only require a history of failure, contraindication, or intolerance to two preferred products indicated for the treatment of multiple sclerosis (preferred products include: Avonex [interferon beta-1a injection], Betaseron [interferon beta-1b injection], Copaxone [glatiramer acetate injection, brand], generic dimethyl fumarate, and Kesimpta [ofatumumab injection]). Patients with a previous approval from Community Health Plan of Washington may be approved for 1 year. Cascade Select criteria is updated to follow Medicare criteria.

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PM119 Nivolumab (Opdivo)	WAH CS MA D-SNP	1/10/2024	Annual Review. For melanoma, added requirement the patients need to be 12 years of age or older. For Hodgkin lymphoma, updated criteria to state the "The patient has had hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin". Added Biliary Tract Cancers, Pancreatic Adenocarcinoma, Soft Tissue Sarcoma as covered indications with each of their own criteria.
PM122 Treprostinil (Remodulin)	WAH CS	6/12/2024	Annual review. No changes.
PM126 Natalizumab (Tysabri)	WAH CS MA D-SNP	2/28/2024	Early update. For Cascade Select and Medicare criteria: Crohn's Disease: Regarding the requirement that the patient has tried at least two biologics for Crohn's disease, the listing of agents was updated as follows: Zymfentra was added and it was specified that the infliximab formulation was by intravenous infusion. Conditions Not Recommended for Approval: Regarding the Exclusion for Concurrent Use with an Immunosuppressant Agent in Patient with Crohn's Disease, the listing of agents was updated as follows: Zymfentra and Rinvoq were added, it was specified that the infliximab formulation was by intravenous infusion, and it was clarified that Entyvio was the intravenous infusion formulation.
PM127 Panitumumab (Vectibix) solution for intravenous infusion	WAH CS MA D-SNP	5/8/2024	Annual review. No criteria changes.
PM129 Rituximab products	WAH CS MA D-SNP	1/10/2024	Early update. Antineutrophil Cytoplasmic Antibody (ANCA)-Associated Vasculitis: Dosing was updated to specify a total of four doses for initial therapy. For follow up treatment, a total of six doses was specified for patients > 18 years of age and two doses for patients < 18 years of age. Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitors: This condition of approval was added. Multiple Sclerosis: For initial therapy, trial of at least one other disease-modifying agent was changed to require a trial of at least two other disease-modifying agents. Neuromyelitis Optica Spectrum Disorder: A total of four weekly doses for a regimen of 375 mg/m2 intravenous was specified
PM132 Trastuzumab Products	WAH CS MA D-SNP	1/10/2024	Early update. Added "Tukysa (tucatinib tablets)" as one of the agents that can be used in combination with trastuzumab.
PM133 Ziv-aflibercept (Zaltrap)	WAH CS MA D-SNP	5/8/2024	Annual review. No criteria changes.
PM134 Denosumab (Prolia)	WAH CS MA D-SNP	3/29/2024	Annual Update. No criteria changes.
PM135 Denosumab (Xgeva)	WAH CS MA D-SNP	11/2/2023	Annual review. Updating Medicare line of business (LOB) to require Xgeva to be reviewed under Local Coverage Determination (LCD) Bisphosphonates (Intravenous [IV]) and Monoclonal Antibodies in the Treatment of Osteoporosis and Their Other Indications (L33270) in some indications while reviewing for under indications under this policy.
PM136 Epoetin Products	WAH CS MA D-SNP	2/28/2024	Early update. Created separate criteria for Cascade Select. Aranesp is now listed as preferred product for both Cascade Select and Medicare.
PM138 Ibandronate (Boniva)	WAH CS MA D-SNP	6/12/2024	Annual review. No revisions.
PM139 Immune globulin subcutaneous	WAH CS MA D-SNP	1/10/2024	Early update. Removed age criteria for HyQvia.
PM140 Darbepoetin alfa (Aranesp)	WAH CS MA D-SNP	2/28/2024	Early update. Created separate criteria for Cascade Select. Aranesp is now listed as preferred product for both Cascade Select and Medicare.

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PM141 Omalizumab (Xolair) injection for subcutaneous use	WAH CS MA D-SNP	5/8/2024	Early Update. Created criteria specifically for Medicare to cover the following indications: asthma, chronic idiopathic urticaria (chronic spontaneous urticaria), and nasal polyps.
PM142 Ocrelizumab (Ocrevus) injection for intravenous use	WAH CS MA D-SNP	3/29/2024	Early update. For Medicaid, updated criteria "C" for PPMS to be OR.
PM144 Hyaluronic acid derivatives (such as Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synjoynt, Synvisc, Synvisc-One, TriVisc, Visco-3)	WAH CS MA D-SNP	6/12/2024	Annual review. Hyaluronic acid derivatives are non-covered for Medicaid starting 7/1/24 according to the Washington Health Care Authority.
PM145 Immune Globulin Intravenous (IVIG) (Asceniv, Bivigam, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen Liquid)	WAH CS	5/8/2024	Early update. Aylglo was added to the drug policy. For immune thrombocytopenia, the duration of approval for initial therapy for adults and pediatric patients was changed from 1 year to 3 months. Continuation criterion was also updated from "Patient has responded to therapy" to patient is responding to therapy OR the patient has previously responded to therapy.
PM147 Cytokine, TNF inhibitors, & CAM Antagonists [including abatacept (ORENCIA), anakinra (KINERET), canakinumab (ILARIS), certolizumab pegol (CIMZIA), golimumab (SIMPONI ARIA), infliximab (INFLECTRA, RENFLEXIS, REMICADE), secukinumab (COSENTYX), tocilizumab (ACTEMRA), ustekinumab (STELARA), vedolizumab (ENTYVIO)]	WAH CS	2/28/2024	Early update. Cascade Select LOB now follows the Medicare LOB.
PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists	WAH CS MA D-SNP	5/8/2024	Annual review. Added criteria for nasal polyps for the Medicaid LOB.
PM150 Complement C5 Inhibitor	CS MA D-SNP	1/10/2024	Early Update. For Atypical Hemolytic Uremic Syndrome, require that patient does not have Shiga toxin Escherichia coli-related hemolytic uremic syndrome. Updated format for criteria for Generalized Myasthenia Gravis. For Paroxysmal Nocturnal Hemoglobinuria, requirement for the patient to be at least 18 years of age applies only to Soliris; initial therapy only requires confirmation of diagnosis. Updated criteria for mat for Neuromyelitis Optica Spectrum Disorder.
PM151 Buprenorphine for subcutaneous use (Sublocade)	WAH CS MA D-SNP	11/2/2023	Annual review. PA is no longer required for Sublocade for the Medicaid LOB.
PM152 Enzymes for Gaucher Disease	CS MA D-SNP	1/10/2024	Early update. Updated criteria to only require that the patient has Type 1 Gaucher disease, confirmation of the diagnosis by having one of the following: demonstration of deficient β -glucocerebrosidase activity in leukocytes or fibroblasts OR molecular genetic testing documenting glucocerebrosidase gene mutation, and requiring the medications to be prescribed by or in consultation with a geneticist, endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders. Dosing limits for Cerezyme is updated to not exceed 60 U/kg no more frequently than three times per week. Cerezyme is moved to a preferred product. Elelyso and Vpriv are moved to non-preferred products.
PM153 Romiplostim (Nplate)	WAH CS MA D-SNP	3/29/2024	Annual Review. No criteria changes.
PM154 Corticotropin (H.P. Acthar Gel)	WAH CS MA D-SNP	1/10/2024	Early update. Created separate criteria for Cascade Select and Medicare
PM155 Filgrastim Products	WAH CS MA D-SNP	5/8/2024	Annual review. Radiation-Induced Neutropenia indication was removed from the policy.
PM157 Afamelanotide implant (Scenesse)	CS MA D-SNP	1/10/2024	Annual Review. No criteria change.

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PM158 Capacizumab injection (Cablivi)	WAH CS MA D-SNP	3/29/2024	Annual review. No criteria changes.
PM159 Esketamine nasal spray (Spravato)	WAH CS MA D-SNP	3/13/2024	Annual review. No criteria changes.
PM160 Teprotumumab injection (Tepezza)	CS MA D-SNP	5/8/2024	Annual review. Removed criteria requiring history of failure, contraindication, or intolerance to corticosteroids and the criteria requiring that the patient has been assessed as having active disease of at least moderate severity based on signs and symptoms (e.g., the degree of inflammation, degree of proptosis, presentation of diplopia, etc.). Added criteria requiring documentation thyroid levels, confirmation that the diagnosis thyroid eye disease is related to Graves' disease, documentation of a thyroid eye disease clinical activity score of 4 or greater in at least one eye, and either one of the following: presence of diplopia; provider attesting there is significant proptosis, or inadequate response, intolerance, or contraindication to intravenous glucocorticoids.
PM161 Inebilizumab injection (Uplizna)	CS MA D-SNP	1/10/2024	Early update. Added a note to show that trying and failing Soliris or Enspryng for neuromyelitis optica spectrum disorder will count as an exception to a trial of a systemic therapy. Added criteria for patients currently receiving Uplizna.
PM162 Crizanlizumab (Adakveo)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes.
PM163 Burosumab (Crysvita)	CS MA D-SNP	3/13/2024	Annual Review. No criteria changes.
PM164 Cerliponase alfa (Brineura)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes.
PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltepso)	CS MA D-SNP	1/10/2024	Annual Review. Added criteria for delandistrogene moxeparvovec (Elevidys).
PM166 Edavarone (Radicava)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes.
PM167 Elapegedemase (Revcovi)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes.
PM168 Emapalumab (Gamifant)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes
PM169 Givosiran (Givlaari)	CS MA D-SNP	1/10/2024	Early Update. Added criteria to require that the patient demonstrated clinical features associated with acute hepatic porphyria and that the patient has elevated urinary aminolevulinic acid greater than the upper limit of normal or elevated urinary porphobilinogen greater than the upper limit of normal. Changed the requirement of having a history of two porphyria attacks in the last 6 months to one porphyria attack.
PM170 Nusinersen (Spinraza)	CS MA D-SNP	1/10/2024	Early update. Updated criteria requiring different motor ability assessment, genetic test confirming diagnosis, documentation of survival motor neuron 2 gene copies, signs consistent with spinal muscular atrophy, confirmation that therapy with Evrysdi will be discontinued, and that the medication is prescribed by a physician who has consulted with or who specializes in the management of patients with spinal muscular atrophy and/or neuromuscular disorders.
PM171 Onasemnogene abeparvovec (Zolgensma)	CS MA D-SNP	1/10/2024	Early Update. Updated genetic test confirmation, number of survival motor neuron, liver function assessment criteria. Added criteria requiring renal function, complete blood count, discontinuing Evrysdi, and a physician who has consulted with or specializes in the management of patients with spinal muscular atrophy and/or neuromuscular disorders.
PM172 Pegvaliase (Palynziq)	CS MA D-SNP	3/13/2024	Annual review. No criteria changes.

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PM173 Voretigene neparvovec (Luxterna)	CS MA D-SNP	3/13/2024	Annual review. No criteria updates.
PM174 Brexanolone (Zulresso)	WAH CS MA D-SNP	5/8/2024	Annual Review. No criteria changes.
PM175 Calcitonin Gene-Related Peptide Inhibitors (i.e.: Eptinezumab (Vyepti)) Clinical Coverage Criteria	WAH CS MA D-SNP	1/10/2024	Annual update. Created different criteria for Medicare and Cascade Select. Patients must be at least 18 years of age, have at least 4 migraine headache days per month (prior to initiating a migraine-preventative medication), try at least two prophylactic pharmacologic therapies from different pharmacologic classes, had an inadequate response or adverse event from prophylactic pharmacologic therapies, and if currently taking Vyepti, had a significant benefit from the medication.
PM176 Enzyme replacement therapy	WAH CS MA D-SNP	1/10/2024	Annual Review. Added Elfabrio and Lamzede to the policy with criteria.
PM177 Gonadotropin-Releasing Hormone Agonist Therapy for Gender Dysphoria	WAH CS MA D-SNP	11/2/2023	Annual review. No changes
PM180 Cabotegravir/rilpivirine (Cabenuva)	CS MA	7/10/2024	Annual review. Added criteria to require patients be at least 35 kg (was previously not added as of last update.
PM181 Inclisiran (Leqvio)	WAH CS MA D-SNP	7/10/2024	Early update. Updated criteria for Medicaid LOB to match the criteria from HCA Medical Policy No. 39.35.00-3 (Antihyperlipidemics – PCSK-9 Inhibitors). Leqvio will only be covered for primary hypercholesterolemia/Heterozygous Familial Hypercholesterolemia indication under Medicaid.
PM182 Anifrolumab (Saphnelo) and Belimumab (Benlysta)	WAH CS MA D-SNP	4/10/2024	Annual review. Added criteria for Benlysta for lupus nephritis and systemic lupus erythematosus based on new HCA Medical Policies for the Medicaid LOB.
PM183 Bevacizumab	WAH CS MA D-SNP	11/2/2023	Annual review. Added criteria for pediatric central nervous system tumors and ampullary adenocarcinoma. Added criteria for all indications to require patients to be at least 18 years of age (with the exception of pediatric central nervous system tumors. For non-small cell lung cancer, added requirement that the patient does not have a history of recent hemoptysis and updated criteria regarding tumor mutations. For hepatocellular carcinoma, a requirement was added that the patient has Child-Pugh Class A disease. For colon and rectal cancer, appendiceal was added to the condition of approval. For central nervous system tumors, astrocytoma and oligodendroglioma were added as additional optionals for approval. Additional minor descriptors were updated throughout indications. For mesothelioma, bevacizumab was removed if used as a single agent for maintenance therapy as an option of approval. Dosing regimens were changed for endometrial cancer and vulvar cancer. For small bowel adenocarcinoma, requirement was added that the patient has advanced or metastatic disease. For cervical cancer, the option of approval was added that the patient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix. Added Vegzelma to the covered drug list as a non-preferred product for all LOBs.
PM184 Long-Acting Granulocyte Colony Stimulatin (G-CSF) Products (Pegfilgrastim and Eflapegrastim-xnst)	WAH CS MA D-SNP	1/10/2024	Early Update. Separated criteria for Rolvdeon from products for Medicare. For Medicare, Ziextenzo has been moved to a non-preferred product, and Nyvepria has been moved to a preferred product.
PM185 Sutimlimab-jome (Enjaymo)	CS MA	7/10/2024	Annual review. No criteria updates.

CCC Name & Link	Line of Business	Last Updated	Summary of Change
PM186 Ublituximab (Briumvi®)	WAH CS MA D-SNP	3/13/2024	Early Update. Medicaid LOB criteria was updated to require patient to have a history of failure, contraindication, or intolerance to two preferred products indicated for the treatment of multiple sclerosis (preferred products include: Avonex [interferon beta-1a injection], Betaseron [interferon beta-1b injection], Copaxone [glatiramer acetate injection, brand], generic dimethyl fumarate, and Kesimpta [ofatumumab injection]). For reauthorization, requests may be approved if a patient has a previously approved prior authorization with Community Health Plan of Washington.
PM187 Phesgo	WAH CS MA D-SNP	12/21/2023	New policy
PM188 Betibeglogene autotemcel (Zynteglo™)	CS MA	2/28/2024	Early Update. Added criteria requiring confirmation that the patient has not received Zynteglo in the past and that Zynteglo is given as a single dose which contains a minimum of 5.0 x 10 ⁶ CD34+ cells/kg of body weight.
PM189 Lecanemab (Leqembi®)	CS	12/21/2023	New policy
PM190 Cantharidin (Ycanth)	WAH-IMC CS	5/8/2024	New policy
PM567 Hereditary Angioedema Agents	CS MA	5/8/2024	Annual Review. No revisions
PM568 Transthyretin Amyloidosis Agents	CS MA	5/8/2024	Early Update. Added Wainua (eplontersen) to the policy.
PM569 Triamcinolone ER (Zilretta)	WAH CS MA D-SNP	5/8/2024	Annual review. No criteria changes.
PM570 Botulinum Toxins	WAH CS	1/10/2024	Early update. Added Daxxify to the policy.
PM572 Lumasiran injection (Oxlumo)	CS MA	2/28/2024	Early update. It was added under Conditions not recommended for approval that concurrent use of Oxlumo and Rivfloza should not be used.
PM573 Bimatoprost (Durysta)	CS MA	5/8/2024	Annual Review. No criteria updates
PM574 Intravitreal Corticosteroids	WAH CS MA D-SNP	5/8/2024	Annual Review. No criteria changes.
PM575 Tezepelumab (Tezspire)	WAH CS MA D-SNP	5/8/2024	Annual Review. No criteria changes.
PM576 Efgartigimod Alfa (Vyvgart)	CS MA	5/8/2024	Early Update. Added Efgartigimod Alfa and Hyaluronidase (Vyvgart Hytrulo) to the title of the policy. Specified that initial criteria is applicable to both Vyvgart and Vyvgart Hytrulo.
PM577 Alpha-Proteinase Inhibitor (Human)	WAH CS MA D-SNP	11/2/2023	Annual review. No criteria updates.
PM578 Cabotegravir (Apretude)	CS	2/14/2024	Annual review. Added reauthorization criteria for the Pre-Exposure Prophylaxis indication. Extended initial approval from 3 months to 6 months. Updated the Conditions Not Recommended for Approval to state, "Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published date are available."
PM579 Spesolimab-sbzo (Spevigo)	CS MA	5/8/2024	Annual Review. Updated age requirement to be at least 12 years of age or older. Added requirement that the patient must weigh at least 40 kg.cy
PM580 Olipudase alfa (Xenpozyme)	CS MA	5/8/2024	Annual Review. No criteria updates.
PM581 Hemophilia Products	CS MA	1/10/2024	Early Update. Added Roctavian to the policy.

CCC Name & Link	Line of Business	Last Updated	Summary of Change
PM582 Panhematin (Hemin)	WAH CS MA D-SNP	6/12/2024	Annual review. No criteria updates.
PM583 Sandostatin LAR Depot (Octreotide Intramuscular Injection) and Lanreotide	WAH CS MA D-SNP	6/12/2024	Annual review. No criteria updates.
PM584 Elranatamab-bcmm (Elrexio)	WAH CS MA D-SNP	1/10/2024	New policy
PM585 Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products	WAH CS MA D-SNP	1/10/2024	New policy
PM586 Faricimab-svoa (Vabysmo)	WAH CS MA D-SNP	1/10/2024	New policy
PM587 Rozanolixizumab-noli (Ryvstigo)	CS MA	2/28/2024	Early Update. Added “Concomitant Use with Another Neonatal Fc Receptor Blocker, a Complement Inhibitor, or a Rituximab Product”. Examples of Neonatal Fc Receptor Blockers and Complement Inhibitors are listed as Notes.
PM588 Ranibizumab (Susvimo)	WAH CS MA D-SNP	1/10/2024	New policy
PM589 Ranibizumab Products	WAH CS MA D-SNP	1/10/2024	New policy
PM590 Brolucizumab (Beovu)	WAH CS MA D-SNP	1/10/2024	New policy
PM591 Aflibercept (Eylea and Eylea HD)	WAH CS MA D-SNP	1/10/2024	New policy
PM592 Beremagene Geperpavec (Vyjuvek)	CS MA	1/10/2024	New policy
PM593 Gonadotropin-Releasing Hormone Agonists – Central Precocious Puberty	CS MA	1/10/2024	New policy
PM594 Syfovre (pegcetacoplan [intravitreal])	WAH CS MA D-SNP	2/14/2024	New policy
PM595 Motixafortide (Aphexda)	WAH CS MA D-SNP	7/10/2024	New policy
PM596 Pozelimab-bbfg (Veopoz)	WAH CS MA D-SNP	7/10/2024	New policy