



COMMUNITY HEALTH PLAN
of Washington™



COMMUNITY HEALTH NETWORK
of Washington™

Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC
BHSO = Behavioral Health Services Only
CHNW = Cascade Select
MA = Medicare Advantage

APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Clinical Coverage Criteria (CCC)

Last Updated: 06-13-2022

CCC Name & Link	Line of Business	Last Updated	Summary of Change
MM125 Physical, Occupational and Speech Therapy	WAH CHNW MA SNP	11/19/2021	Added criteria for initial therapy and indications for physical, occupational and speech therapy.
MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee	WAH CHNW MA SNP	10/1/2021	Minor edits and citations updated.
MM128 Orthoptic-Pleoptic Training	WAH CHNW MA SNP	1/28/2022	Updated citations
MM129 Neuropsychological Testing	WAH CHNW MA SNP BHSO	9/7/2021	Minor edits
MM130 Cardiac Stents	WAH CHNW MA SNP	10/1/2021	Minor edits and updating of citations.
MM131 Transplants and Transplant Work-ups, Donor Search, Donation	WAH CHNW MA SNP	11/22/2021	Reviewed, no changes.
MM132 Complementary Alternative Care	WAH CHNW MA SNP	11/22/2021	Clarification of acupuncture benefit for Cascade Select.
MM134 Program of Assertive Community Treatment (PACT) Program Criteria	WAH BHSO	4/26/2022	Minor edits, updated MA coverage link
MM135 Positive Airway Pressure Devices	WAH CHNW MA SNP	11/22/2021	Reviewed without changes. Citations updated.
MM136 Durable Medical Equipment	WAH CHNW MA SNP	3/30/2022	Added CNM and Licensed Nurse Midwives to list of providers who can prescribe DME. Updated citations
MM139 Skilled Nursing Facility, Comprehensive Outpatient Rehab Facility	WAH CHNW MA SNP	3/1/2022	Required documentation includes details about skilled services needed and being provided. Removed statement from CMS policy stating that a preceding inpatient hospitalization is required to align with Medicare Advantage benefit grid. Clarified expectation that SNF level of care usually involves more than 1 skilled service. Corrected link to Medicare Benefit Manual Chapter 8.
MM141 Reconstructive Plastic Surgery	WAH CHNW MA SNP	3/15/2022	Updated citations, reviewed with minor edits.
MM143 Sterilization	WAH CHNW MA SNP	10/1/2021	Clarified role of case management for services covered under FFS AH. Updated citations.

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MM144 Home Oxygen	WAH CHNW MA SNP	3/1/2022	Added criteria for use of home O2 for acute respiratory illnesses.
MM145 Bariatric Surgery	WAH CHNW MA SNP	1/28/2022	Corrected link to Local Coverage Article A53028. Removed reference to the HTA since the contract requires alignment with the WAC. Updated list of accredited programs. Updated citations. Minor edits.
MM146 Tympanostomy Tubes	WAH CHNW MA SNP	12/15/2021	Minor edits and updates to citations.
MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders	WAH CHNW MA SNP	4/7/2022	Added thickeners to policy.
MM148 Extracorporeal Membrane Oxygenation Therapy	WAH CHNW MA SNP	12/15/2021	Minor edits and update of citations.
MM149 Spinal Injections and Facet Neurotomy	WAH CHNW MA SNP	6/2/2022	Added clarification regarding decrease in opioid dose. Removed imaging studies from criterion regarding spinal pain syndromes. Emphasized that conservative care is primarily physical therapy.
MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression	WAH CHNW MA BHSO SNP	2/24/2022	Added information regarding clinical trials for Vagus Nerve Stimulation for TRD for Medicare members. Updated quote from VNS final evidence report. Contract citations and links updated.
MM152 Intensity Modulated Radiation Therapy IMRT	WAH CHNW MA SNP	10/1/2021	Minor edits and updates of citations
MM153 Proton Beam Therapy	WAH CHNW MA SNP	10/1/2021	Minor edits and updates of citations
MM154 Applied Behavioral Analysis	WAH BHSO CHNW	2/11/2022	Added Required Clinical Documentation For Review section, edited to reflect members of all ages are eligible for ABA, inserted correct ASD COE link, clarified in-school ABA is not medically necessary because schools are responsible for educating children and providing needed services.
MM155 Wraparound with Intensive Services Program (WISe)	WAH BHSO	9/7/2021	Revised background and definitions, made minor edits
MM156 Administrative Days	WAH BHSO	3/15/2022	Clarified that once Administrative Days are requested, the facility can no longer appeal a denied continued stay for that same period. Updated citations.
MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes	WAH CHNW MA SNP	12/15/2021	Expanded criteria from WAC 182-543-7100. Corrected criteria for Spinal orthoses to be the LCD for all LOB. Renamed Durable Medical Equipment to Medical Equipment as per the HCA contract and WAC 182- 543-1000. Corrected definition of Medical Equipment to align with HCA contract and WAC 182-543-1000. Updated citations
MM159 Medically Intensive Children's Program (MICP)	WAH BHSO CHNW	3/4/2022	Reviewed with edits. Added WAC 182-501-0169, and WAC 182-500-0070, including pertinent criteria. Updated citations. Unchecked boxes for Cascade Select since this is not a covered benefit for Cascade Select.
MM162 Medical Appropriateness for Service or Medication	WAH CHNW MA BHSO SNP	3/30/2022	Added medically necessary criteria for medications in alignment with the SPDL and the HCA policy on brands with generic equivalents. Changed enrollee to member.
MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care	WAH CHNW MA SNP	1/28/2022	Updated citations.

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MM164 Clinical Trials for Treatments and Devices	WAH CHNW MA SNP	9/7/2021	Minor edits and citations updated
MM165 Genetic Testing	WAH CHNW MA SNP	3/9/2022	Added criteria for unlisted codes
MM166 Transgender Health Policy	WAH CHNW MA BHSO SNP	10/1/2021	Reviewed, minor edits and updates to citations.
MM167 Speech Generating Devices (Augmentative Communication Devices)	WAH CHNW MA SNP	12/15/2021	Reviewed with minor edits. Updated criteria.
MM168 Hearing Assist Devices	WAH CHNW MA SNP	9/9/2021	Formatting correction. Citations updated.
MM169 Bathroom and Toilet DME and Supplies	WAH CHNW MA SNP	12/15/2021	Minor edits and updating citations.
MM170 Drug Testing in Addiction Treatment and Pain Management	WAH CHNW MA SNP BHSO	3/30/2022	Removed the word "urine" from policy title and body to ensure that oral fluid drug testing is covered by this policy
MM171 Inpatient Rehabilitation	WAH CHNW MA SNP	9/7/2021	Minor edits and clarification of medical necessity. Citations updated.
MM172 Home Health Skilled Services	WAH CHNW MA SNP	4/15/2022	Reviewed and citations updated. Minor edits.
MM173 Acupuncture Limit Extension for AH and FIMC	WAH CHNW MA SNP	10/1/2021	Added return to work as evidence of functional improvement. Corrected citations and NCQA elements.
MM176 Psychological Testing	WAH CHNW MA BHSO SNP	9/7/2021	Minor corrections and edits
MM177 Eating Disorders, Inpatient Behavioral Health Level of Care	WAH CHNW MA BHSO SNP	9/14/2021	Revision of medical and continued stay criteria, reformatting
MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care	WAH CHNW MA BHSO SNP	9/14/2021	Reformatting of admission criteria, rewording of behavioral health/suicidal ideation portion
MM179 Eating Disorders and Anorexia Nervosa, Residential Behavioral Health Level of Care	WAH CHNW MA BHSO SNP	9/14/2021	Reformatting of criteria numbering, minor edits
MM180 Electroconvulsive Therapy (ECT)	WAH CHNW MA BHSO SNP	8/6/2021	Updated required documentation and background sections, minor edits to criteria

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MM181 Repetitive Transcranial Magnetic Stimulation (rTMS)	WAH CHNW MA BHSO SNP	4/26/2022	Added qualified psychiatric provider in criteria and definitions
MM182 Peripheral Nerve Diagnostic Injections and Ablations	WAH CHNW MA SNP	12/15/2021	Minor edits and updates to citations.
MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease	WAH CHNW MA SNP	3/9/2022	Clarified that Medicare inpatient only status also applies to AH-IMC
MM184 Pharmacogenetic Testing	WAH CHNW MA BHSO SNP	5/11/2022	Edited MCG citation for Factor 5 Leiden
MM185 Sacroiliac Joint Fusion	WAH CHNW MA SNP	1/28/2022	Corrected citations and links. Clarified that PT is the preferred method of conservative treatment. Added additional explanation from the HTCC regarding SI fusion for other indications.
MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	WAH CHNW MA SNP	1/28/2022	Corrected citations. Clarified that opioids do not satisfy criteria for conservative management.
MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members	WAH BHSO CHNW	3/15/2022	Reviewed with minor edits. Clarified that the CMO must review any request for transfer to out of state facility or provider. Updated citations.
MM189 Out of Network Policy for CHNW Cascade Select	CHNW	9/7/2021	Reviewed with no changes. Citations updated.
MM190 Knee and Hip Arthroplasty for Osteoarthritis	WAH CHNW MA SNP	3/30/2022	In alignment with the Bree recommendations approved in November 2021, "Persistent and disabling pain for at least 3 months" no longer satisfies the criteria for documentation of impairment. Removed details regarding Shared Decision Making that are no longer included in the Bree recommendation. Edited non-operative treatments in alignment with Bree. Removed comment about corticosteroid injection increasing risk of post op infection since the above criteria states "if not contraindicated". from 2018.
MM192 Spinal Cord Stimulation for Treatment of Chronic Pain	WAH CHNW MA SNP	6/2/2022	Clarified that conservative therapy (physical therapy and appropriate non-opioid medications) and evaluations must have been within the past year.
PM101 Hydroxyprogesterone caproate Makena injection for intramuscular use	WAH CHNW MA SNP	3/2/2022	Annual review. No changes
PM103 Ipilimumab (Yervoy)	WAH CHNW MA SNP	5/5/2022	Annual Review. Included maximum number of doses approved for certain indications. Added additional criteria for hepatocellular carcinoma. New indications for neuroendocrine and adrenal tumors, malignant peritoneal mesothelioma, ampullary adenocarcinoma (MSI-H or dMMR). Removed criteria for small cell lung cancer.
PM104 Pemetrexed (Alimta)	WAH CHNW MA SNP	5/5/2022	Annual review. Added criteria for cervical cancer.
PM105 Brentuximab vedotin (Adcetris)	WAH CHNW MA SNP	5/5/2022	Annual review. Added criteria for pediatric Hodgkin lymphoma. For T-cell lymphoma, specified that lymphomatoid papulosis is required to have tried and failed previous treatment.
PM108 Pertuzumab (Perjeta)	WAH CHNW MA SNP	5/5/2022	Annual review. Added criteria for salivary gland tumors and biliary cancer.

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PM109 Palivizumab (Synagis)	WAH CHNW MA SNP	9/28/2021	Annual review. Format changes. Defined RSV season to be determined by the HCA. No criteria changes.
PM110 Nanoparticle albumin bound paclitaxel (Abraxane)	WAH CHNW MA SNP	1/6/2022	Annual review. Updated background section and criteria for breast cancer. Changed indications of AIDS-related Kaposi Sarcoma and cholangiocarcinoma to Kaposi Sarcoma and biliary tract cancers, respectively. Updated nomenclature of melanoma to cutaneous melanoma. Updated criteria for small bowel adenocarcinoma and NSCLC. Added new criteria for cervical cancer. Updated conditions not recommended for approval.
PM112 Ramucirumab (Cyramza)	WAH CHNW MA SNP	5/5/2022	Annual revision: Gastric cancer: Cyramza may be used in combination with irinotecan for gastric cancer. For non-small cell lung cancer, specified type of epidermal growth factor receptor (EGFR) disease for first line-therapy (i.e., exon 19 deletions or exon 21 (L858R) substitution mutations). Added that disease is metastatic or advanced.
PM114 Epoprostenol (Flolan, Veletri), generics	WAH CHNW MA SNP	3/2/2022	Annual review. Updated citations for appendix tables
PM115 Cetuximab (Erbix)	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.
PM116 Ado-trastuzumab emtansine (Kadcyla)	WAH CHNW MA SNP	11/4/2021	Annual Review. Updating Appendix A to include dose modifications for early breast cancer.
PM117 Pembrolizumab (Keytruda)	WAH CHNW MA SNP	1/6/2022	Annual revision. Updated dosing criteria for criteria for melanoma, primary mediastinal large B-cell lymphoma, and small cell lung cancer. Updated criteria for MSI-H/dMMR, and renal cell carcinoma. Added new criteria for TMB-H cancer, cutaneous squamous cell carcinoma, triple-negative breast cancer, adrenocortical carcinoma, and soft tissue sarcoma.
PM118 Alemtuzumab (Lemtrada)	WAH CHNW MA SNP	1/6/2022	Annual review. Updated dosing criteria to specify interval between treatment courses. Added active infection among conditions not recommended for approval.
PM119 Nivolumab (Opdivo)	WAH CHNW	5/5/2022	Annual review. Updating dosing criteria for melanoma, anal carcinoma, endometrial carcinoma, extranodal NK/T-Cell Lymphoma, merkel cell carcinoma, and vulvar cancer. Renal cell carcinoma: nivolumab may be used in combination with Carbometyx (cabozatinib) as first-line therapy. Head and neck squamous cell carcinoma (HNSCC): included criteria for patients with nasopharyngeal HNSCC. Esophageal Squamous Cell Carcinoma: included neoadjuvant chemoradiotherapy as an option to try prior to nivolumab. Small bowel adenocarcinoma: Removing requirement for patients to try a previous therapy as nivolumab is listed as an initial therapy. Adding new criteria for the following off-label indications: ampullary adenocarcinoma, primary mediastinal large B-cell lymphoma, cervical cancer, diffuse B-cell lymphoma, small cell lung cancer
PM122 Treprostinil (Remodulin)	WAH CHNW	1/6/2022	Annual review. No changes.
PM126 Natalizumab (Tysabri)	WAH CHNW MA SNP	1/6/2022	Annual review. Updated criteria for multiple sclerosis and Crohn's disease to require documentation of the patient being seronegative for anti-JC virus antibody. Requiring patients to try conventional therapy, an adalimumab product, and at least one other biologic for initial therapy.
PM127 Panitumumab (Vectibix) solution for intravenous infusion	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.

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PM129 Rituximab products	WAH CHNW MA SNP	3/2/2022	Annual review. Updating dosing criteria for multiple sclerosis
PM132 Trastuzumab Products	WAH CHNW MA SNP	3/2/2022	Annual review. Added additional criteria for colon or rectal cancer. New indication- salivary gland tumors.
PM133 Ziv-aflibercept (Zaltrap)	WAH CHNW MA SNP	11/4/2021	Updating requirement for Zaltrap to be used in combination with FOLFIRI therapy or irinotecan based on NCCN guidelines
PM134 Denosumab (Prolia)	WAH CHNW MA SNP	1/6/2022	Updating criteria to match with criteria from HCA Policy No. 30.04.00.
PM135 Denosumab (Xgeva)	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes
PM136 Epoetin Products	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes
PM138 Ibandronate (Boniva)	WAH CHNW MA SNP	1/6/2022	Annual review. Added medication examples that ibandronate intravenous should not be used with concomitantly
PM139 Immune globulin subcutaneous	WAH CHNW MA SNP	1/6/2022	Annual review. No revisions.
PM140 Darbepoetin alfa (Aranesp)	WAH CHNW MA SNP	3/2/2022	Annual review. No changes
PM141 Omalizumab (Xolair) injection for subcutaneous use	WAH CHNW MA SNP	3/2/2022	Annual review. Criteria for Medicare changed from MCG: ACG: A-0135 (AC) to PM141 Omalizumab (Xolair®) injection for subcutaneous use.
PM142 Ocrelizuman (Ocrevus) injection for intravenous use	WAH CHNW MA SNP	3/2/2022	Annual review. No changes
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 CHNW MA SNP	5/5/2022	Annual review. Updated verbiage under Medicaid criteria to "Documented trial and failure to other forms of non-surgical care...". Included pain management as an appropriate specialist to administer medication.
PM145 Immune Globulin Intravenous (IVIG) (Bivigam, Carimune NF Nanofiltered, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen Liquid)	WAH CHNW	9/2/2021	Annual review. Formatting revisions. Octagram has been approved for dermatomyositis. Additional evidence supports the use of all products for dermatomyositis. No criteria changes.
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 CHNW	5/5/2022	Early update. Changed verbiage to allow pharmacist to review requests on a case
PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes.
PM150 Eculizumab injection (Soliris)	MA CHNW	11/4/2021	Removed coverage for eculizumab (Soliris) under Medicaid as it will be carved out and covered by the HCA.

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PM151 Buprenorphine for subcutaneous use (Sublocade)	WAH CHNW MA SNP	3/2/2022	Annual review. Removed Probuphine drug list as it has been voluntarily withdrawn from the market.
PM152 Enzymes for Gaucher Disease	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting revisions. Removed criteria for Type 3 Gaucher.
PM153 Romiplostim (Nplate)	WAH CHNW MA SNP	9/28/2021	Annual Review. Formatting changes. Updated background. New criteria for Hematopoietic Syndrome of Acute Radiation Syndrome.
PM154 Corticotropin (H.P. Acthar Gel)	WAH CHNW MA SNP	3/2/2022	Updating policy criteria. Adding Cotrophin as a covered product.
PM155 Granulocyte Colony Stimulating Factors (gCSFs)	WAH CHNW	3/2/2022	Annual review. No changes
PM156 Ravulizumab-cwvz (Ultomiris®)	CHNW MA SNP	11/4/2021	Removed coverage for ravulizumab-cwvz (Ultomiris) under Medicaid as it will be carved out and covered by the HCA
PM157 Afamelanotide implant (Scenesse)	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria change.
PM158 Capacizumab injection (Cablivi)	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria changes.
PM159 Esketamine nasal spray (Spravato)	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting Changes. Add new limitation for use in Background. Add PHQ-9 to Definitions. Add new criteria for treatment of the depressive symptoms in adults with major depressive disorder with acute suicidal ideation or behavior.
PM160 Teprotumumab injection (Tepezza)	CHNW MA SNP	11/4/2021	Removed coverage for teprotumumab-trbw (Tepezza) under Medicaid as it will be carved out and covered by the HCA.
PM161 Inebilizumab injection (Uplizna)	CHNW MA SNP	11/4/2021	Removed coverage for inebilizumab-cdon (Uplizna) under Medicaid as it will be carved out and covered by the HCA.
PM162 Crizanlizumab (Adakveo)	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. No criteria changes.
PM163 Burosumab (Crysvita)	WAH CHNW MA SNP	9/28/2021	Annual Review. Formatting Changes. Add background information regarding new indication for tumor-induced osteomalacia. Add new criteria for treatment of tumor-induced osteomalacia.
PM164 Cerliponase alfa (Brineura)	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria changes.
PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltepso)	CHNW MA SNP	5/5/2022	Annual Review. Added criteria for Casimersen (Amondys 45).
PM166 Edavarone (Radicava)	CHNW MA SNP	10/4/2021	Annual review. Added additional criteria (i.e., Awaji-Shima criteria and Gold Coast Criteria) that can be used to diagnosis definite or probably ALS. Updated requirement of riluzole to include documentation that a patient is not a candidate to receive riluzole due to intolerance or contraindication.
PM167 Elapegedemase (Revcovi)	WAH CHNW MA SNP	9/2/2021	Annual review. Formatting revisions. Updating reauthorization criteria for trough plasma ADA activity to be at least 15 mmol/hr/L and for the prescriber to verify the client is not a candidate for HSCT, has failed HSCT, or is using elapegedemas-livr as a bridge to definitive therapy with HSCT
PM168 Emapalumab (Gamifant)	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes

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PM169 Givosiran (Givlaari)	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
PM170 Nusinersen (Spinraza)	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
PM171 Onasemnogene abeparovvec (Zolgensma)	WAH CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
PM172 Pegvaliase (Palynziq)	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. No criteria changes.
PM173 Voretigene neparovvec (Luxterna)	CHNW MA SNP	9/28/2021	Annual review. Formatting revisions. Reformatted dosing requirements
PM174 Brexanolone (Zulresso)	WAH CHNW MA SNP	11/4/2021	Removed duplicate criteria (i.e., "Patient has not received treatment with brexanolone [Zulresso] for the current postpartum depressive episode" was listed twice in the criteria)
PM175 Calcitonin Gene-Related Peptide Inhibitors (i.e.: Eptinezumab (Vyepti)) Clinical Coverage Criteria	WAH CHNW MA SNP	11/4/2021	Updating LOB to include Medicaid. Updating criteria to align with HCA Medical policy no. 67.70.20-2
PM176 Enzyme replacement therapy	WAH CHNW MA SNP	1/6/2022	Added criteria for new medication, avalglucosidase alfa (Nexviazyme).
PM177 Gonadotropin-Releasing Hormone Agonist Therapy for Gender Dysphoria	WAH-IMC CS MA SNP	3/2/2022	Annual review. No changes
PM179 Pegloticase (Krystexxa)	WAH-IMC CS MA SNP	5/5/2022	Reinstating criteria. PM179 is compliant with HCA Medical Policy No. 68.00.00-1. Reapplying criteria to adhere to HCA criteria. Added verbiage to allow pharmacist to review requests on a case-by-case basis per HCA Medical Policy No. 68.00.00-1.
PM567 Hereditary Angioedema Agents	CHNW MA SNP	11/4/2021	Removed coverage for hereditary angioedema agents under Medicaid as it will be carved out and covered by the HCA.
PM568 Patisiran (Onpattro) intravenous injection	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.
PM569 Triamcinolone ER (Zilretta)	WAH CHNW MA SNP	11/4/2021	Annual review- no changes.
PM570 OnabotulinumtoxinA Botox for migraine	WAH CHNW MA SNP	3/2/2022	Annual review. Clarified dosing for adults using Botox for one or more indications. Clarified rationale on why Botox is not recommended for chronic tension headaches.
PM572 Lumasiran injection (Oxlumo)	CHNW MA SNP	11/23/2021	New policy
PM573 Bimatoprost (Durysta)	WAH CHNW MA SNP	12/13/2021	New policy
PM574 Intravitreal Corticosteroids	WAH CHNW MA SNP	12/13/2021	New policy