



APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE



CASCADE SELECT

**Line of Business (LOB) Legend:**  
 WAH = Washington Apple Health IMC  
 BHSO = Behavioral Health Services Only  
 CHNW = Cascade Select  
 MA = Medicare Advantage  
 SNP = Medicare Special Needs Plan

**Clinical Coverage Criteria (CCC)**

Last Updated: 2-23-2021

CCC Name & Link	Line of Business	Last Updated	Summary of Change
<a href="#">MM125 Physical and Occupational Therapy</a>	WAH CHNW MA SNP	11/12/2020	Added Neurodevelopmental Center as a possible site for therapies for children. Added indication for neurodevelopmental therapy for children age 6 and younger.
<a href="#">MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee</a>	WAH CHNW MA SNP	10/19/2020	Added CHNW Cascade Select criteria and citations. Added required documentation.
<a href="#">MM128 Orthoptic-Pleoptic Training</a>	WAH CHNW MA SNP	1/25/2021	Added criteria for vision therapy supplies and reference to WAC 182-500-0070 and WAC 182-543-7100.
<a href="#">MM129 Neuropsychological Testing</a>	WAH CHNW MA SNP BHSO	9/25/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select.
<a href="#">MM130 Cardiac Stents</a>	WAH CHNW MA SNP	10/19/2020	Added criteria and citations for CHNW Cascade Select.
<a href="#">MM131 Transplants and Transplant Work-ups, Donor Search, Donation</a>	WAH CHNW MA SNP	12/10/2020	Incorporated 20200612A – Stem cell therapy for musculoskeletal conditions.
<a href="#">MM132 Complementary Alternative Care</a>	WAH CHNW MA SNP	12/22/2020	Updated and summarized LCA for Chiropractic services and included NCD related to maintenance therapy.
<a href="#">MM134 Program of Assertive Community Treatment (PACT) Program Criteria</a>	WAH BHSO	7/21/2020	Added CHPW BHSO Contract citations.
<a href="#">MM135 Positive Airway Pressure Devices</a>	WAH CHNW MA SNP	12/22/2020	Corrected LCDs and hyperlinks.
<a href="#">MM136 Durable Medical Equipment</a>	WAH CHNW MA SNP	2/12/2021	Criteria for osteogenesis stimulators clarified for Medicare and AH-IMC and Cascade Select.
<a href="#">MM139 Skilled Nursing Facility Comprehensive Outpatient Rehab Facility</a>	WAH CHNW MA SNP	9/10/2020	Added criteria and limitation for SNF services for CHNW Cascade Select.
<a href="#">MM141 Reconstructive Plastic Surgery</a>	WAH CHNW MA SNP	12/22/2020	Clarified that criteria for procedures not addressed in MCG require use of Noridian LCD for AH-IMC and Cascade Select members and criteria for procedures not addressed in the LCD use MCG for Medicare members.
<a href="#">MM143 Sterilization and Hysteroscopic Sterilization</a>	WAH CHNW MA SNP	10/19/2020	Added CHNW Cascade Select Criteria and Citations. Clarified that Cascade Select does not provide coverage of complications from non-covered services, such as reversals of sterilizations. Removed from title and contents hysteroscopic sterilization, which is no longer available.
<a href="#">MM144 Home Oxygen</a>	WAH CHNW MA	4/9/2020	Added details of any specific needs related to risk/trauma/cultural etc. to Required Documentation. No other changes.

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<a href="#">MM145 Bariatric Surgery</a>	WAH CHNW MA SNP	9/10/2020	Clarified that bariatric surgery is not a covered benefit for Cascade Select.
<a href="#">MM146 Tympanostomy Tubes</a>	WAH CHNW MA SNP	1/29/2021	Reviewed policy. Updated citations. Minor edits.
<a href="#">MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders</a>	WAH CHNW MA SNP	12/22/2020	Removed reference to retired LCD. Corrected link to NCD.
<a href="#">MM148 Extracorporeal Membrane Oxygenation Therapy</a>	WAH CHNW MA SNP	1/29/2021	Reviewed policy. Updated citations. Minor edits.
<a href="#">MM149 Spinal Injections and Facet Neurotomy</a>	WAH CHNW MA SNP	1/25/2021	Added/edited criteria for Cascade Select and AH-IMC members for facet neurotomy or MBB for thoracic pain or headache based on the HTA for facet neurotomy.
<a href="#">MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression</a>	WAH CHNW MA BHSO SNP	1/25/2021	Updated reference to 20200515B – Vagal Nerve Stimulation For Epilepsy And Depression. Updated hyperlink for L37088.
<a href="#">MM152 Intensity Modulated Radiation Therapy IMRT</a>	WAH CHNW MA SNP	10/19/2020	Added CHNW Cascade Select criteria and citations. Changed Medicare criteria to MCG since the LCD is retired with no further guidance from CMS.
<a href="#">MM153 Proton Beam Therapy</a>	WAH CHNW MA SNP	10/19/2020	Added CHNW Cascade Select criteria and citations.
<a href="#">MM154 Applied Behavioral Analysis</a>	WAH BHSO CHNW	1/31/2021	Clarified that ABA services can be provided to members of any age. Added citation for WAC 182-531-1414. Additional formatting edits.
<a href="#">MM155 Wraparound with Intensive Services Program (WISe)</a>	WAH BHSO	9/25/2020	Clarified that this policy applies to CHPW AH-IMC and to CHPW BHSO. Changed name to reflect this.
<a href="#">MM156 Administrative Days</a>	WAH BHSO	1/25/2021	Reviewed, no changes
<a href="#">MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes</a>	WAH CHNW MA SNP	12/22/2020	Changed lower limb prosthesis criteria to Noridian Healthcare Solutions, LLC: Local Coverage Determination (LCD): Lower Limb Prostheses (L33787) for all LOB. Added details of functional levels. Corrected links to LCDs.
<a href="#">MM159 Medically Intensive Children's Program (MICP)</a>	WAH BHSO CHNW	9/10/2020	Clarified that PDN is not a covered benefit for CHNW Cascade Select. Edited required documentation.
<a href="#">MM162 Medical Appropriateness for Service or Medication</a>	WAH CHNW MA BHSO SNP	10/19/2020	Added CHPW BHSO and CHNW Cascade criteria and citations and UM elements. Clarified that an excluded service cannot be covered even if medically necessary, other than possibly for EPSDT members, which will require technical assistance from the HCA. Clarified that PT is preferred for conservative treatment of MSK conditions.
<a href="#">MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care</a>	WAH CHNW MA SNP	4/9/2020	Added required documentation.
<a href="#">MM164 Clinical Trials for Treatments and Devices</a>	WAH CHNW MA SNP	9/10/2020	Included CHNW Cascade Select.
<a href="#">MM165 Genetic Testing</a>	WAH CHNW MA SNP	12/22/2020	Added links to LCDs for next generation sequencing for solid tumors and for myeloid and suspected myeloid malignancies.

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<a href="#">MM166 Transgender Health Policy</a>	WAH CHNW MA BHSO SNP	10/7/2020	The changes are based on the WPATH Standards of Care and Bree Collaborative LGBTQ Health Care Recommendations will be presented to CQIC on 10/13/2020 for potential adoption into Clinical Practice Guidelines: changed name of policy from Gender Transition Policy to Transgender Health Policy, changed terminology to gender affirming surgery, clarified coverage of electrolysis and preventive services related to gender affirmation. Added NCQA elements and formatting changes.
<a href="#">MM167 Speech Generating Devices (Augmentative Communication Devices)</a>	WAH CHNW MA SNP	1/25/2021	Added language from MM162 regarding medical appropriateness
<a href="#">MM168 Hearing Assist Devices</a>	WAH CHNW MA SNP	9/14/2020	Changed age for cochlear implantation as per recommendation from HCA which anticipates edits to the HTA. Added criteria and coverage information for CHNW Cascade Select. Clarified that cochlear implant must be used in accordance with FDA labeling.
<a href="#">MM169 Bathroom and Toilet DME and Supplies</a>	WAH CHNW MA SNP	1/25/2021	Added language from MM162 regarding medical appropriateness.
<a href="#">MM170 Urine Drug Testing in Addiction Treatment</a>	WAH CHNW MA SNP BHSO	5/19/2020	WAH-IMC and MA Contract Citations updated.
<a href="#">MM171 Inpatient Rehabilitation</a>	WAH CHNW MA SNP	9/10/2020	Added criteria and limitation for Inpatient Rehabilitation services for CHNW Cascade Select.
<a href="#">MM172 Home Health Skilled Services</a>	WAH CHNW MA SNP	9/10/2020	Added criteria and limitation for Home Health Skilled services for CHNW Cascade Select.
<a href="#">MM173 Acupuncture Limit Extension for AH and FIMC</a>	WAH CHNW MA SNP	11/17/2020	Clarified that functional progress using a standardized tool is required for limitation extension for chronic pain. Clarified that the maximum number of acupuncture sessions for AH-IMC members with chronic pain is 12 per year and that limitation extension for opioid use disorder requires consistent decrease in the opioid dose.
<a href="#">MM176 Psychological Testing</a>	WAH CHNW MA BHSO SNP	9/25/2020	Minor corrections and edits. Added criteria and citations for CHPW BHSO and CHNW Cascade Select.
<a href="#">MM177 Eating Disorders, Inpatient Behavioral Health Level of Care</a>	WAH CHNW MA BHSO SNP	9/25/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select. Clarified that lower level of care has to have failed or to not be medically or clinically appropriate.
<a href="#">MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care</a>	WAH CHNW MA BHSO SNP	9/25/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select. Clarified that lower level of care has to have failed or to not be medically or clinically appropriate.
<a href="#">MM179 Eating Disorders and Anorexia Nervosa, Residential Behavioral Health Level of Care</a>	WAH CHNW MA BHSO SNP	9/25/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select. Clarified that lower level of care has to have failed or to not be medically or clinically appropriate.
<a href="#">MM180 Electroconvulsive Therapy (ECT)</a>	WAH CHNW MA BHSO SNP	9/25/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select.

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<a href="#">MM181 Transcranial Magnetic Stimulation</a>	WAH CHNW MA BHSO SNP	1/25/2021	Corrected hyperlink to LCD.
<a href="#">MM182 Peripheral Nerve Diagnostic Injections and Ablations</a>	WAH CHNW MA SNP	1/29/2021	Reviewed policy. Updated citations. Minor edits.
<a href="#">MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease</a>	WAH CHNW MA SNP	4/9/2020	New policy.
<a href="#">MM184 Pharmacogenetic testing for patients being treated with oral anticoagulants</a>	WAH CHNW MA BHSO SNP	12/22/2020	Corrected hyperlink to LCD L36159.
<a href="#">MM185 Sacroiliac Joint Fusion</a>	WAH CHNW MA SNP	4/9/2020	New policy.
<a href="#">MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome</a>	WAH CHNW MA SNP	4/9/2020	New policy
<a href="#">MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members</a>	WAH BHSO CHNW	5/14/2020	New policy.
<a href="#">MM189 Out of Network Policy for CHNW Cascade Select</a>	CHNW	9/22/2020	New policy.
<a href="#">MM190 Knee and Hip Arthroplasty for Osteoarthritis</a>	WAH CHNW MA SNP	12/29/2020	New policy.
<a href="#">PM101 Hydroxyprogesterone caproate (Makena) injection for intramuscular use</a>	WAH CHNW MA SNP	4/23/2020	Annual review. No changes.
<a href="#">PM103 Ipilimumab (Yervoy)</a>	WAH CHNW	10/8/2020	Annual revision- changed format. No criteria changes.
<a href="#">PM104 Pemetrexed (Alimta)</a>	WAH CHNW	10/8/2020	Annual review. Formatting revisions. No criteria changes.
<a href="#">PM105 Brentuximab vedotin (Adcetris)</a>	WAH CHNW	10/8/2020	Annual review. Format changes. No criteria changes.
<a href="#">PM106 Ecallantide (Kalbitor)</a>	WAH CHNW MA SNP	1/7/2021	Examples of response to therapy for reauthorization reformatted. No changes.
<a href="#">PM108 Pertuzumab (Perjeta)</a>	WAH CHNW	10/8/2020	Annual review - Breast cancer separated into 2 sections: Neoadjuvant or Adjuvant Therapy and Metastatic disease. New indication: Colon or rectal cancer.
<a href="#">PM109 Palivizumab (Synagis)</a>	WAH CHNW	10/8/2020	Annual review. Formatting updates. No criteria changes.
<a href="#">PM110 Nanoparticle albumin bound paclitaxel (Abraxane)</a>	WAH CHNW MA SNP	1/25/2021	Annual review: New indication New indication: Acquired Immune Deficiency Syndrome (AIDS)-Related Kaposi Sarcoma. Removed indication: Urothelial Carcinoma: no longer supported in guidelines. For Non-Small Cell Lung Cancer: Added MET exon 14 skipping mutation and RET rearrangement-positive, to the list of targetable mutations where Abraxane can be used as initial or subsequent therapy.
<a href="#">PM112 Ramucirumab (Cyramza)</a>	WAH CHNW	8/20/2020	Annual revision: For Gastric, Esophagogastric Junction, or Esophageal Cancer: Added criteria for use of Cyramza in combination with fluorouracil and irinotecan. For Non-Small Cell Lung Cancer: Added criteria for the use of Cyramza in combination with erlotinib as first-line therapy for patients with EGFR positive disease. Removed criteria for histologic subtypes of NSCLC.

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<a href="#">PM114 Epoprostenol (Flolan, Veletri), generics</a>	WAH CHNW MA SNP	4/23/2020	Annual review. Dosing updated to state maximum range of dosing. For PAH WHO Group 1 and CTEPH, the approval duration was changed from 6 months to 1 yr.
<a href="#">PM115 Cetuximab (Erbix)</a>	WAH CHNW MA SNP	11/12/2020	Annual revision: New indications- penile cancer, squamous cell skin cancer. Colon and Rectal Cancer: Revised criteria for BRAF V600E criteria to allow Erbitux use in combination with Braftovi only. Head and Neck Squamous Cell Carcinoma. Revised criteria for single agent use of Erbitux by removing "in patients who have failed prior platinum-based therapy" and removed the Note. Non-Small Cell Lung Cancer. Removed criteria for testing to be negative for epidermal growth factor T790M mutation.
<a href="#">PM116 Ado-trastuzumab emtansine (Kadcyla)</a>	WAH CHNW MA SNP	11/12/2020	Annual review. No changes.
<a href="#">PM117 Pembrolizumab (Keytruda)</a>	WAH CHNW MA SNP	1/7/2021	Annual revision. The dosing sections were updated to include 400 mg an intravenous infusion administered not more frequently than once every 6 weeks. Endometrial carcinoma- now includes recurrent disease and not just advanced disease. NSCLC- all criteria for NSCLC apply to any patient with a TPS $\geq$ 1%. Urothelial carcinoma: Criteria were added to approve Keytruda if the patient has non-muscle invasive bladder cancer and has tried Bacillus Calmette-Guerin (BCG) or intravesical chemotherapy. New indication: Extranodal NK/T-Cell Lymphoma, Nasal Type
<a href="#">PM118 Alemtuzumab (Lemtrada)</a>	WAH CHNW MA SNP	1/25/2021	Annual review. Bafiertam™ (monomethyl fumarate delayed-release capsules), Zeposia® (ozanimod capsules), and Kesimpta® (ofatumumab injection for subcutaneous use) were added to list of meds to try and fail for MS and to not use concurrently with Lemtrada
<a href="#">PM119 Nivolumab (Opdivo)</a>	WAH CHNW	8/20/2020	New indications: Gestational Trophoblastic Neoplasia, Small Bowel Adenocarcinoma, Esophageal Squamous Cell Carcinoma, and Extranodal NK/T-Cell Lymphoma, Nasal Type For Non-Small Cell Lung Cancer: Added criteria "The patient has not progressed on prior therapy with a PD-1/PD-L1 inhibitor." Added criteria for use of Opdivo as first-line therapy. Added additional dosing regimens to dosing criteria for Non-Small Cell Lung Cancer, Hepatocellular Carcinoma, Colon or Rectal Cancer, Small Cell Lung Cancer: Deleted criteria requiring chemotherapy to be tried "within the past 6 months."
<a href="#">PM121 Zoledronic acid (Reclast)</a>	WAH CHNW MA SNP	1/7/2021	Annual review. Added medication examples that Reclast should not be used with concomitantly (e.g., Bonsity, Evenity, and provided examples of bisphosphonates).
<a href="#">PM122 Treprostinil (Remodulin)</a>	WAH CHNW	1/7/2021	Annual review. No changes.
<a href="#">PM124 Zoledronic acid (Zometa)</a>	WAH CHNW MA SNP	1/7/2021	Annual review. No changes.
<a href="#">PM126 Natalizumab (Tysabri)</a>	WAH CHNW MA SNP	1/25/2021	Annual review. Bafiertam™ (monomethyl fumarate delayed-release capsules), Zeposia® (ozanimod capsules), and Kesimpta® (ofatumumab injection for subcutaneous use) were added to list of meds to try and fail for MS and to not use concurrently with Tysabri.
<a href="#">PM127 Panitumumab (Vectibix) solution for intravenous infusion</a>	WAH CHNW MA SNP	11/12/2020	Revised BRAF V600E mutation-positive disease combination therapy criteria to only include Vectibix in combination with Braftovi (encorafenib capsules).

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<a href="#">PM129 Rituximab (Rituxan)</a>	WAH CHNW MA SNP	4/23/2020	Annual revision. Dosing modified to allow to the maximum dose listed. Added Primary Cutaneous B-Cell Lymphoma to B-cell lymphomas. For RA, no concomitant use of biologic or synthetic DMARDs. New indications: ALL, Hodgkin Lymphoma, Waldenstrom's Macroglobulinemia/ Lymphoblastic Lymphoma. NMO-approval duration reduced to 1 month. SLE- requires trial of immunomodulator or immunosuppressant.
<a href="#">PM132 Trastuzumab (Herceptin)</a>	WAH CHNW MA SNP	4/23/2020	Annual review. Changed all "Herceptin" to Trastuzumab. Approval duration now 1 yr. for all indications. For Gastric, Esophageal, or Gastroesophageal (GE) Junction Cancer, can now be used first-line if in combo with chemotherapy.
<a href="#">PM133 Ziv-aflibercept (Zaltrap)</a>	WAH CHNW MA SNP	11/12/2020	Annual review- no changes.
<a href="#">PM134 Denosumab (Prolia)</a>	WAH CHNW MA SNP	4/23/2020	Annual review. Added Evenity to the list of medications that should not be used concomitantly with Prolia.
<a href="#">PM135 Denosumab (Xgeva)</a>	WAH CHNW MA SNP	4/23/2020	Annual review- No changes.
<a href="#">PM136 Epoetin Products</a>	WAH CHNW MA SNP	6/18/2020	Annual review. No changes.
<a href="#">PM138 Ibandronate (Boniva)</a>	WAH CHNW MA SNP	1/7/2021	Annual review. Added medication examples that ibandronate intravenous should not be used with concomitantly
<a href="#">PM139 Immune globulin subcutaneous</a>	WAH CHNW MA SNP	1/7/2021	Annual review: Primary Immunodeficiencies (PID): In Initial Therapy, added "or another confirmed primary immunodeficiency". For Continuation Therapy, added "according to the prescriber" regarding benefit from use. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) or Polyradiculoneuropathy: Removed requirement that a neurologist or in consultation with a neurologist is required for continuation criteria. Clarified dosing.
<a href="#">PM140 Darbepoetin alfa (Aranesp)</a>	WAH CHNW MA SNP	6/18/2020	Annual review. No changes.
<a href="#">PM141 Omalizumab (Xolair) injection for subcutaneous use</a>	WAH CHNW MA SNP	4/23/2020	Extensive revisions to mirror update from HCA. For asthma, reduction of IgE level required, allow immunotherapy shots as evidence of allergens, defined "clinical benefit" for reauthorization. For urticaria, more specificity for trial of antihistamines and need for impairment due to condition. Defined "clinical benefit" for reauthorization.
<a href="#">PM142 Ocrelizumab (Ocrevus) injection for intravenous use</a>	WAH CHNW MA SNP	6/18/2020	Annual review. No changes.
<a href="#">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 )</a>	WAH CHNW	8/20/2020	Annual review. No changes.
<a href="#">PM145 Immune Globulin Intravenous (IVIG) (Bivigam, Carimune NF Nanofiltered, Flebogamma DIF, Gammagard Liquid, Gammagard S/D &lt; 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen Liquid)</a>	WAH CHNW	10/8/2020	Annual review: For several indications, examples provided of what constitutes a positive response or clinical improvement. For Kawasaki disease, changed approval from a single dose to duration of 3 months. Updated dose regimens to max dose allowed vs "up to".

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<a href="#">PM147 Cytokine, TNF inhibitors, &amp; 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)]</a>	WAH CHNW	8/20/2020	Updated name of policy. New medication (Skyrizi and Rinvoq). Added examples for "conventional therapy".
<a href="#">PM148 Granisetron extended-release (Sustol)</a>	WAH CHNW	6/18/2020	Annual review. No changes.
<a href="#">PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists</a>	WAH CHNW MA SNP	4/23/2020	Revisions to mirror update from HCA. Defined "clinical benefit" for reauthorization and added Dupilimumab as excluded from concurrent use. For asthma: Defined "poor symptom control". Updated age for Mepolizumab. For EGPA: Updated symptoms for diagnosis. Added trial duration for failure for DMARDs and corticosteroids.
<a href="#">PM150 Eculizumab injection (Soliris)</a>	WAH CHNW	6/18/2020	Annual policy review. New indication: Neuromyelitis Optica Spectrum Disorder. For all indications, the Dosing was changed from a specific dose to "The dose is ≤".
<a href="#">PM151 Buprenorphine for subcutaneous use (Sublocade and Probuphine)</a>	WAH CHNW MA SNP	6/18/2020	Annual review. Criteria change for Probuphine- Patient must be maintained on buprenorphine oral therapy for 3 months or longer at a dose of 8mg per day or less.
<a href="#">PM152 Enzymes for Gaucher Disease</a>	WAH CHNW	10/8/2020	Annual review. Cerezyme age updated to greater than or equal to (≥) 2 years of age.
<a href="#">PM153 Romiplostim (Nplate)</a>	WAH CHNW	10/8/2020	Annual review – updated policy to comply with HCA Medical Policy 82.40.50 Hematopoietic Agents: Thrombopoiesis (TPO) Stimulating Proteins.
<a href="#">PM154 Corticotropin (H.P. Acthar Gel)</a>	WAH CHNW MA SNP	6/18/2020	Annual policy review. Change age from <5 years of age to <2 years of age. Removed requirement that must be prescribed by epileptologist.
<a href="#">PM155 Granulocyte Colony Stimulating Factors (gCSFs)</a>	WAH CHNW	6/18/2020	Annual review. No changes.
<a href="#">PM156 Ravulizumab-cwvz (Ultomiris®)</a>	WAH CHNW	10/8/2020	Annual review. No changes.
<a href="#">PM157 Afamelanotide implant (Scenesse)</a>	WAH CHNW MA SNP	9/4/2020	New policy.
<a href="#">PM158 Capacizumab injection (Cabliivi)</a>	WAH CHNW MA SNP	9/4/2020	New policy.
<a href="#">PM159 Esketamine nasal spray (Spravato)</a>	WAH CHNW MA SNP	9/4/2020	New policy.
<a href="#">PM160 Teprotumumab injection (Tepezza)</a>	WAH CHNW MA SNP	9/4/2020	New policy.
<a href="#">PM161 Inebilizumab injection (Uplizna)</a>	WAH CHNW MA SNP	9/4/2020	New policy.
<a href="#">PM162 Crizanlizumab (Adakveo)</a>	WAH CHNW MA SNP	10/12/2020	New policy.
<a href="#">PM163 Burosumab (Crysvita)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM164 Cerliponase alfa (Brineura)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltespo)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM166 Edavarone (Radicava)</a>	WAH CHNW	10/12/2020	New policy.

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<a href="#">PM167 Elapegedemase (Revcovi)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM168 Emapalumab (Gamifant)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM169 Givosiran (Givlaari)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM170 Nusinersen (Spinraza)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM171 Onasemnogene abeparovvec (Zolgensma)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM172 Pegvaliase (Palynziq)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM173 Voretigene neparovvec (Luxterna)</a>	WAH CHNW	10/12/2020	New policy.
<a href="#">PM174 Brexanolone (Zulresso)</a>	WAH CHNW MA SNP	11/18/2020	New policy.
<a href="#">PM176 Enzyme replacement therapy</a>	WAH CHNW MA SNP	11/18/2020	New policy.
<a href="#">PM567 Hereditary Angioedema Agents</a>	WAH CHNW MA SNP	10/8/2020	Annual review. No revisions.
<a href="#">PM568 Patisiran (Onpattro) intravenous injection</a>	WAH CHNW MA SNP	11/12/2020	Criteria revision to match HCA Medical policy no. 62.70.00-1. Psychotherapeutic and Neurological Agents – MISC : Transthyretin Amyloidosis Agents.
<a href="#">PM569 Triamcinolone ER (Zilretta)</a>	WAH CHNW MA SNP	11/12/2020	Annual review- no changes.
<a href="#">PM570 OnabotulinumtoxinA (Botox) for migraine</a>	WAH CHNW MA SNP	1/7/2021	Annual review. Clarified dosing.