



**Line of Business (LOB) Legend:**

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

**Clinical Coverage Criteria (CCC)**

Last Updated: 09/11/2023

CCC Name & Link	Line of Business	Last Updated	Summary of Change
<a href="#">MM125 Physical, Occupational and Speech Therapy</a>	WAH CS MA	10/12/2022	Added criteria for maintenance therapy for adults and children without disabilities.
<a href="#">MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee</a>	WAH CS MA	8/31/2023	Added local coverage article A54063. Updated citations. Removed references to CHNW. Corrected links.
<a href="#">MM128 Orthoptic Therapy</a>	WAH CS MA	11/22/2022	Correction of criteria and background.
<a href="#">MM129 Neuropsychological Testing</a>	WAH CS MA BHSO	7/10/2023	Updated provider criteria for WAHIMC, BHSO, Cascade Select to reflect current SERI language. Minor updates to criteria to reflect differences between LCD and SERI criteria. Updated reference links/ added LCD link. Small grammatical edits.
<a href="#">MM130 Cardiac Stents</a>	WAH CS MA	8/31/2023	Reviewed with no edits. Updated citations. Added Noridian LCA to references.
<a href="#">MM131 Transplants and Transplant Work-ups, Donor Search, Donation</a>	WAH CS MA	1/20/2023	Added criteria for multivisceral organ transplants, minor edits and citation updates. Removed references to CHNW.
<a href="#">MM132 Complementary and Alternative Care</a>	WAH CS MA	12/20/2022	Correction of typo in criteria for limitation extensions for AH-IMC. Update citations.
<a href="#">MM134 Program of Assertive Community Treatment (PACT) Program Criteria</a>	WAH BHSO	3/31/2023	Review, minor edits
<a href="#">MM135 Positive Airway Pressure Devices</a>	WAH CS MA	9/11/2023	Added criteria for replacement of CPAP and BPAP after 5 years.
<a href="#">MM136 Durable Medical Equipment</a>	WAH CS MA	7/1/2023	Removed manual wheelchairs and power mobility devices due to creation of new policy for these devices.
<a href="#">MM139 Skilled Nursing Facility, Comprehensive Outpatient Rehab Facility</a>	WAH CS MA	3/23/2023	Added special considerations for respiratory SNFs and respiratory services for AH-IMC members. Updated citations. Removed references to CHNW.
<a href="#">MM141 Reconstructive Plastic Surgery</a>	WAH CS MA	3/9/2023	Added criteria for laser treatment of cutaneous vascular lesions. Added general criteria for medically necessary reconstructive surgery. Updated citations.
<a href="#">MM143 Sterilization</a>	WAH CS MA	8/31/2023	Reviewed with minor edits. Removed references to CHNW. Corrected links. Updated citations.
<a href="#">MM144 Home Oxygen</a>	WAH CS MA	1/17/2023	Minor edits and citations updated. Removed CHNW references.
<a href="#">MM145 Bariatric Surgery</a>	WAH CS MA	5/22/2023	Clarified that surgeries other than lap bands can be considered for EPSDT AH members under age 21. Minor edits. Updated citations.

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<a href="#">MM146 Tympanostomy Tubes</a>	WAH CS MA	11/22/2022	Reviewed without changes.
<a href="#">MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders</a>	WAH CS MA	3/9/2023	Clarified the role of ETR for AH. Reorganized policy. Added definitions from WAC 182-554-200. Updated citations. Removed references to CHNW.
<a href="#">MM148 Extracorporeal Membrane Oxygenation Therapy</a>	WAH CS MA	11/22/2022	Reviewed no changes.
<a href="#">MM149 Spinal Injections and Facet Neurotomy</a>	WAH CS MA	7/28/2023	Removed requirement for decrease in opioid dose to demonstrate improvement in pain following therapeutic spinal injections based on recommendations from a network pain management specialist in a peer to peer conversation on 7/13/2023.
<a href="#">MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression</a>	WAH CS MA BHSO	1/17/2023	Edited for conciseness and grammar
<a href="#">MM152 Intensity Modulated Radiation Therapy IMRT</a>	WAH CS MA	6/8/2023	Clarified protection of vital structures based on feedback regarding breast cancer treatment guidelines in a peer to peer with a network board certified radiation oncologist on 5/25/2023. Corrected A58245 link. Updated citations.
<a href="#">MM153 Proton Beam Therapy</a>	WAH CS MA	8/31/2023	Added LCD L37072 as a reference. Minor edits including removal of references to CHNW and updates to citations.
<a href="#">MM154 Applied Behavioral Analysis</a>	WAH BHSO CS	9/6/2023	Added criteria for inpatient ABA services, minor grammar, and punctuation edits
<a href="#">MM155 Wraparound with Intensive Services Program (WISe) for AH-IMC and BHSO</a>	WAH BHSO	7/10/2023	Updated WAC and reference links, reviewed policy content
<a href="#">MM156 Administrative Days</a>	WAH BHSO	3/9/2023	Reviewed policy and updated citations.
<a href="#">MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes</a>	WAH CS MA	6/8/2023	Added criteria for replacement and repair of medical equipment. Updated citations.
<a href="#">MM159 Medically Intensive Children's Program (MICP)</a>	WAH BHSO CS	3/9/2023	Reviewed policy and updated citations.
<a href="#">MM162 Medical Appropriateness for Service or Medication</a>	WAH CS MA BHSO	12/20/2022	Clarified that medications provided as samples are not considered continuation of treatment but are reviewed as new requests
<a href="#">MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care</a>	WAH CS MA	1/17/2023	Minor edits and updates to citations.
<a href="#">MM164 Clinical Trials for Treatments and Devices</a>	WAH CS MA BHSO	11/9/2022	Clarified that Clinical Trial requests are considered expedited and will be processed within 72 hours upon receipt of request.
<a href="#">MM165 Genetic Testing</a>	WAH CS MA	11/22/2022	Medical appropriateness criteria added
<a href="#">MM166 Transgender Health Policy</a>	WAH CS MA	5/24/2023	Corrected that HCA covers electrolysis for AH members. Updated WPATH to SOC 8. Removed CHNW references. Updated citations.

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<a href="#">MM167 Speech Generating Devices (Augmentative Communication Devices)</a>	WAH CS MA	6/8/2023	Added medical necessity criteria and repair/replacement criteria for medical equipment.
<a href="#">MM168 Hearing Assist Devices</a>	WAH CS MA	6/8/2023	Added Medical Necessity, Repair and Replacement Criteria. Updated citations.
<a href="#">MM169 Bathroom and Toilet DME and Supplies</a>	WAH CS MA	6/8/2023	Added Medical Necessity, DME, Repair and Replacement Criteria.
<a href="#">MM170 Drug Testing in Substance Use Disorder Treatment and Pain Management</a>	WAH CS MA BHSO	3/10/2023	Updated references and link, updated language and title from "Addiction" to "Substance Use Disorder", struck Medicare medical necessity definition. Minor edits, citations updated. Clarified that the approving body is UM BH Subcommittee. Also reviewed by Drs. Terry Lee and Tawnya Christiansen.
<a href="#">MM171 Inpatient Rehabilitation</a>	WAH CS MA	11/18/2022	Clarified continued stay criteria
<a href="#">MM172 Home Health Skilled Services</a>	WAH CS MA	5/22/2023	Clarified that a single home health visit for evaluation can be authorized without criteria review. Added social work to list of providers of evaluation.
<a href="#">MM176 Psychological Testing</a>	WAH CS MA BHSO	7/10/2023	Reviewed criteria against LCD and updated. Added LCD link, updated HCA service guide link. Minor grammatical edits.
<a href="#">MM177 Eating Disorders, Inpatient Behavioral Health Level of Care</a>	WAH CS MA BHSO	7/10/2023	Updated reference link to 2023 APA guideline
<a href="#">MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care</a>	WAH CS MA BHSO	7/10/2023	Updated reference link to 2023 APA Practice Guideline
<a href="#">MM179 Eating Disorders and Anorexia Nervosa, Residential Behavioral Health Level of Care</a>	WAH CS MA BHSO	7/10/2023	Updated reference link to 2023 APA Practice Guideline
<a href="#">MM180 Electroconvulsive Therapy (ECT)</a>	WAH CS MA BHSO	7/12/2023	Reviewed, minor edits
<a href="#">MM181 Repetitive Transcranial Magnetic Stimulation (rTMS)</a>	WAH CS MA BHSO	9/6/2023	Added reference link to HTCC 2023 decision, removed psychosis as an absolute contraindication to rTMS, added smoking cessation to list of conditions with insufficient evidence for rTMS
<a href="#">MM182 Peripheral Nerve Blocks, Diagnostic Injections, Ablations and Electrostimulation</a>	WAH CS MA	5/24/2023	Added requirement that treatment must be evidence based and aligned with standards of medical care. Reviewed policy. Updated citations. Minor edits.
<a href="#">MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease</a>	WAH CS MA	3/9/2023	Citations updated. Added medical necessity definition from MM162. Citations updated.

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<a href="#">MM184 Pharmacogenetic Testing</a>	WAH CS MA BHSO	10/3/2022	Addition of medical necessity wording from MM162
<a href="#">MM185 Sacroiliac Joint Fusion</a>	WAH CS MA	1/17/2023	Added Medical Appropriateness criteria to criteria for AH and Cascade Select. Updated citations.
<a href="#">MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome</a>	WAH CS MA	1/17/2023	Added Medical Appropriateness criteria to criteria. Minor edits. Updated citations.
<a href="#">MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members</a>	WAH BHSO CS	3/9/2023	All Out of State requests, except for bordering cities, would require final approval from a physician. Reviewed policy, updated citations.
<a href="#">MM189 Out of Network Policy for Cascade Select</a>	CS	1/17/2023	Minor edits and corrections. Name change to remove CHNW.
<a href="#">MM190 Knee and Hip Arthroplasty for Osteoarthritis</a>	WAH CS MA	7/28/2023	Clarified Medicare clinical coverage criteria.
<a href="#">MM192 Spinal Cord Stimulation for Treatment of Chronic Pain</a>	WAH CS MA	5/24/2023	Minor edits and correction of links. Updated citations. An HTA re-review is not currently available.
<a href="#">MM193 New Journeys Coverage Criteria for AH-IMC and BHSO</a>	WAH BHSO	5/23/2023	Minor edits for clarity
<a href="#">MM194 Intensive Behavioral Health Treatment Facility</a>	WAH BHSO	1/5/2023	New policy
<a href="#">MM195 Wheelchair</a>	WAH CS MA	7/28/2023	Benefits clarification: Added 2-month manual wheelchair rental limitation for AH.
<a href="#">PM101 Hydroxyprogesterone caproate Makena injection for intramuscular use</a>	WAH CS MA	1/5/2023	Annual review. No changes
<a href="#">PM103 Ipilimumab (Yervoy)</a>	WAH CS MA	3/2/2023	Annual Review. Added criteria for new indications: esophageal cancer, bone cancer, Kaposi sarcoma
<a href="#">PM104 Pemetrexed (Alimta® and Pefexy®)</a>	WAH CS MA	7/6/2023	Annual review. Added criteria for head and neck cancer.
<a href="#">PM105 Brentuximab vedotin (Adcetris)</a>	WAH CS MA	3/2/2023	Annual review. Updated criteria to include initial dosing regimen for pediatric Hodgkin lymphoma
<a href="#">PM108 Pertuzumab (Perjeta)</a>	WAH CS MA	3/2/2023	Annual review. Added criteria for brain metastases for patients with breast cancer.
<a href="#">PM109 Palivizumab (Synagis)</a>	WAH CS MA	5/4/2023	Annual review. Edited background information regarding approvals in the beginning of the policy. No criteria changes.
<a href="#">PM110 Nanoparticle albumin bound paclitaxel (Abraxane)</a>	WAH CS MA	9/7/2023	Annual review. Added criteria for endometrial cancer to require that the patient must try at least one other systemic chemotherapy. Added ampullary adenocarcinoma as a covered indication. Patients with ampullary adenocarcinoma must use albumin-bound paclitaxel in combination with gemcitabine and must have the medication prescribed by an oncologist.
<a href="#">PM112 Ramucirumab (Cyramza)</a>	WAH CS MA	3/2/2023	Annual revision: Updated criteria for colorectal cancer to also require patients to have previously received bevacizumab. Added criteria for malignant pleural mesothelioma.

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<a href="#">PM114 Epoprostenol (Flolan, Veletri), generics</a>	WAH CS MA	1/5/2023	Annual Review. No changes
<a href="#">PM115 Cetuximab (Erbix)</a>	WAH CS MA	7/6/2023	Annual review. Added indication for BRAF V00E mutation positive metastatic CRC. CAPEOX treatment option added in CRC. FOLFOXIRI +/- cetuximab removed as a treatment option in CRC. Regimen for anti-PD-1 antibody (nivolumab/pembrolizumab) added in Head and Neck Cancer. Updated dosing for squamous cell skin cancer.
<a href="#">PM116 Ado-trastuzumab emtansine (Kadcyla)</a>	WAH CS MA	7/6/2023	Annual Review. For Non-Small Cell Lung Cancer, recommended as subsequent therapy for patients with recurrent, unresectable, or metastatic disease. For salivary gland tumors, now requiring patients to say they have recurrent, unresectable, or metastatic disease.
<a href="#">PM117 Pembrolizumab (Keytruda)</a>	WAH CS MA	9/7/2023	Annual revision. <i>Esophageal and esophagogastric junction cancer</i> : Added criteria to show that the patient must have tumor expression for programmed death-ligand 1 (PD-L1) as determined by an approved test that has a combined positive score (CPS) $\geq 1$ or have human epidermal growth factor 2 (HER2)-positive disease and is using the medication in combination with a fluoropyrimidine (e.g., fluorouracil, capecitabine), platinum-based therapy (e.g., oxaliplatin, cisplatin), and trastuzumab. <i>Primary mediastinal large B-cell lymphoma</i> : Added criteria requiring that the patient is not using the medication in patients who require urgent cytoreductive therapy. <i>Urothelial carcinoma</i> : Added criteria option where according to the prescriber, the medication is used in combination with enfortumab vedotin in patients not eligible for cisplatin-containing chemotherapy. Added new indications/coverage criteria for the following conditions: Kaposi sarcoma, Richter's syndrome, and pediatric central nervous system cancers.
<a href="#">PM118 Alemtuzumab (Lemtrada)</a>	WAH CS MA	8/29/2023	Annual review. Added criteria specifically for the Medicare LOB. Updated description on how concurrent use with other disease-modifying agents used for multiple sclerosis is not recommended.
<a href="#">PM119 Nivolumab (Opdivo)</a>	WAH CS MA	3/2/2023	Annual Review. Updated dosing regimen for melanoma. Updated criteria for squamous cell carcinoma of the head and neck, esophageal cancer, gastric cancer, urothelial carcinoma, endometrial carcinoma, gestational trophoblastic neoplasia, Merkel cell carcinoma, neuroendocrine tumors. Added criteria for the following indications: bone cancer, diffuse high-grade gliomas, Kaposi Sarcoma, and malignant peritoneal mesothelioma
<a href="#">PM122 Tadalafil (Remodulin)</a>	WAH CS	9/7/2023	Annual review. Added Tadalafil (tadalafil oral suspension) as an example of an oral agent for pulmonary arterial hypertension (PAH). Added Tyvaso DPI (treprostinil oral inhalation powder) as an example of an inhaled prostacyclin product for PAH. Removed requirement to send cases to the medical director in cases where the patient is currently receiving Remodulin and does not meet criteria 1Bi or if there is insufficient information available. Updated background information. Added the following condition not recommended for approval: concurrent use with parenteral epoprostenol products, oral prostacyclin products, or inhaled prostacyclin agents used for pulmonary hypertension. Removed appendix A regarding classification of pulmonary arterial hypertension. Created criteria to require patients try generic treprostinil prior to using brand Remodulin.
<a href="#">PM126 Natalizumab (Tysabri)</a>	WAH CS MA	8/29/2023	Annual review. Added criteria specifically for the Medicare LOB. Updated description on how concurrent use with other disease-modifying agents used for multiple sclerosis and concurrent use with an immunosuppressive agent in patients with Crohn's disease is not recommended.

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<a href="#">PM127 Panitumumab (Vectibix) solution for intravenous infusion</a>	WAH CS MA	7/6/2023	Annual review. No criteria changes.
<a href="#">PM129 Rituximab products</a>	WAH CS MA	12/2/2022	Early update. Criteria updated to Medicaid LOB which includes designating preferred and non-preferred products.
<a href="#">PM132 Trastuzumab Products</a>	WAH CS MA	12/2/2022	Annual review. Added additional criteria for colon or rectal cancer. New indication- salivary gland tumors.
<a href="#">PM133 Ziv-aflibercept (Zaltrap)</a>	WAH CS MA	7/6/2023	Annual review. Removed requirement that the patient should not have been previously treated with FOLFIRI.
<a href="#">PM134 Denosumab (Prolia)</a>	WAH CS MA	5/4/2023	Annual Update. Formatting changes. No criteria changes.
<a href="#">PM135 Denosumab (Xgeva)</a>	WAH CS MA	2/1/2023	Annual review. No criteria changes
<a href="#">PM136 Epoetin Products</a>	WAH CS MA	2/1/2023	Early update. Clarified criteria for non-preferred products. Allowed for approvals for both preferred and non-preferred products for anemia in patients with CKD who are on dialysis.
<a href="#">PM138 Ibandronate (Boniva)</a>	WAH CS MA	9/7/2023	Annual review. No revisions.
<a href="#">PM139 Immune globulin subcutaneous</a>	WAH CS MA	9/7/2023	Annual review. Clarified the coverage status for HyQvia. Specified that HyQvia should use the LCD criteria for Medicare.
<a href="#">PM140 Darbepoetin alfa (Aranesp)</a>	WAH CS MA	9/7/2023	Annual review. Updated dosage and quantity limit for Medicaid to be more aligned with the HCA policy. For "Anemia in a Patient with Chronic Kidney Disease who is not on Dialysis" under Medicare, the hemoglobin requirement for patients currently receiving an erythropoiesis-stimulating agent is now $\leq 12.0$ g/dL for all ages.
<a href="#">PM141 Omalizumab (Xolair) injection for subcutaneous use</a>	WAH CS MA	7/6/2023	Early Update. Created criteria specifically for Medicare to cover the following indications: asthma, chronic idiopathic urticaria (chronic spontaneous urticaria), and nasal polyps.
<a href="#">PM142 Ocrelizuman (Ocrevus) injection for intravenous use</a>	WAH CS MA	8/29/2023	Annual review. Added criteria specifically for the Medicare LOB. Updated description on how concurrent use with other disease-modifying agents used for multiple sclerosis is not recommended.
<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 CS MA	12/2/2022	Early update. Criteria updated to Medicaid LOB which includes designating preferred and non-preferred products.
<a href="#">PM145 Immune Globulin Intravenous (IVIG) (Asceniv, Bivigam, Flebogamma DIF, Gammagard Liquid, Gammagard S/D &lt; 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen Liquid)</a>	WAH CS	2/1/2023	Early update. Added criteria to review for PANDAS/PANS.
<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 CS	7/6/2023	Annual review. Created criteria for Medicare for infliximab products, Cimzia, Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Actemra, and Orenzia.

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<a href="#">PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists</a>	WAH CS MA	7/6/2023	Early Update. Created criteria specifically for Medicare to cover the following indications: asthma, eosinophilic Granulomatosis with Polyangiitis (Nucala only), hypereosinophilic syndrome (Nucala only), and nasal polyps (Nucala only).
<a href="#">PM150 Complement C5 Inhibitor</a>	MA CS	7/6/2023	Annual policy review. Included additional recommended dosing regimens for Ultomiris based on weight. For NMOSD, required patient to try rituximab and one of the following: azathioprine, corticosteroid, and mycophenolate mofetil.
<a href="#">PM151 Buprenorphine for subcutaneous use (Sublocade)</a>	WAH CS MA	1/5/2023	Annual review. No changes
<a href="#">PM152 Enzymes for Gaucher Disease</a>	CS MA	9/7/2023	Annual Review. No criteria changes
<a href="#">PM153 Romiplostim (Nplate)</a>	WAH CS MA	5/4/2023	Annual Review. Formatting changes. No criteria changes.
<a href="#">PM154 Corticotropin (H.P. Acthar Gel)</a>	WAH CS MA	1/5/2023	Annual review. No changes
<a href="#">PM155 Filgrastim Products</a>	WAH CS MA	6/30/2023	Early update. New criteria added to apply to Medicare LOB for filgrastim products. Changed preferred products for Medicare to be Nivestym and Zarxio. Granix, Neupogen, and Releuko are non-preferred for Medicare.
<a href="#">PM157 Afamelanotide implant (Scenesse)</a>	CS MA	3/2/2023	Annual Review. No criteria change.
<a href="#">PM158 Capacizumab injection (Cablivi)</a>	WAH CS MA	5/4/2023	Annual review. Provided additional information to the dosing criteria. No criteria changes.
<a href="#">PM159 Esketamine nasal spray (Spravato)</a>	WAH CS MA	5/4/2023	Annual Review. Added Limitations of Use information from the package insert to the "Conditions Not Recommended for Approval" section. No criteria changes.criteria changes.
<a href="#">PM160 Teprotumumab injection (Tepezza)</a>	CS MA	7/6/2023	Annual review. Updated dosing criteria to specify the dosing strength for the initial dose and the dosing strength for the additional doses.
<a href="#">PM161 Inebilizumab injection (Uplizna)</a>	CS MA	7/6/2023	Annual Review. Requirement to try either rituximab or eculizumab (Soliris) was removed. Patient is required to try only rituximab.
<a href="#">PM162 Crizanlizumab (Adakveo)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM163 Burosumab (Crysvita)</a>	CS MA	5/4/2023	Annual Review. No criteria changes.
<a href="#">PM164 Cerliponase alfa (Brineura)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltespo)</a>	CS MA	3/2/2023	Annual Review. Added criteria for Casimersen (Amondys 45).
<a href="#">PM166 Edavarone (Radicava)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM167 Elapegedemase (Revcovi)</a>	CS MA	5/4/2023	Annual review. Changed verbiage in criteria.
<a href="#">PM168 Emapalumab (Gamifant)</a>	CS MA	5/4/2023	Annual review. No criteria changes

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<a href="#">PM169 Givosiran (Givlaari)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM170 Nusinersen (Spinraza)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM171 Onasemnogene abeparovvec (Zolgensma)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM172 Pegvaliase (Palynziq)</a>	CS MA	5/4/2023	Annual review. No criteria changes.
<a href="#">PM173 Voretigene neparovvec (Luxterna)</a>	CS MA	5/4/2023	Annual review. No criteria updates.
<a href="#">PM174 Brexanolone (Zulresso)</a>	WAH CS MA	7/6/2023	Annual Review. No criteria changes.
<a href="#">PM175 Calcitonin Gene-Related Peptide Inhibitors (i.e.: Eptinezumab (Vyepti)) Clinical Coverage Criteria</a>	WAH CS MA	3/2/2023	Early update. Added case-by-case language to the policy. Added the following language to the policy, "Clients new to Apple Health or new to CHPW, who are requesting regimens for continuation of therapy should be reviewed following the reauthorization criteria listed below." For reauthorization, added requirement that the requested medication is not prescribed in combination with any other CGRP antagonist.
<a href="#">PM176 Enzyme replacement therapy</a>	WAH CS MA	3/2/2023	Annual Review. Updated dosing regimen for Kanuma. Removed Mepsevii from criteria as Mepsevii is non-covered
<a href="#">PM177 Gonadotropin-Releasing Hormone Agonist Therapy for Gender Dysphoria</a>	WAH-IMC CS MA	1/5/2023	Annual review. Noted that all other indications will need to be reviewed using MCG Gonadotropin-Releasing Hormone (GnRH) Agonists A-0304.
<a href="#">PM180 Cabotegravir/rilpivirine (Cabenuva)</a>	CS MA	9/7/2023	Annual review. Updated age requirement to include patients at least 12 years of age. Added criteria to require patients be at least 35 kg. Reworded criteria to show that an oral lead-in with oral cabotegravir and oral rilpivirine is optional.
<a href="#">PM181 Inclisiran (Leqvio)</a>	WAH-IMC CS MA	3/2/2023	Annual review. No criteria updates.
<a href="#">PM182 Anifrolumab (Saphnelo) and Belimumab (Benlysta)</a>	WAH-IMC CS MA	8/29/2023	Early update. New criteria set for Saphnelo for systemic lupus erythematosus. Added Benlysta to the policy, which is covered for lupus nephritis and systemic lupus erythematosus. Policy title it updated to "Anifrolumab (Saphnelo) and Belimumab (Benlysta) Clinical Coverage Criteria"
<a href="#">PM183 Bevacizumab</a>	WAH-IMC CS MA	12/6/2022	New policy
<a href="#">PM184 Long-Acting Granulocyte Colony Stimulatin (G-CSF) Products (Pegfilgrastim and Eflapegrastim-xnst)</a>	WAH-IMC CS MA	6/30/2023	Early Update. Added Rolvedon, Stimufend, and Flynetra to the policy. Criteria was updated for both Medicaid/Cascade Select and Medicare. Changed policy title to "Long Acting Granulocyte Colony Stimulatin (G-CSF) Products (Pegfilgrastim and Eflapegrastim-xnst)".
<a href="#">PM185 Sutimlimab-jome (Enjaymo)</a>	CS MA	9/7/2023	Annual review. No criteria updates.
<a href="#">PM567 Hereditary Angioedema Agents</a>	CS MA	7/6/2023	Annual Review. No revisions
<a href="#">PM568 Transthyretin Amyloidosis Agents</a>	CS MA	1/5/2023	Early Update. Added Amvuttra (Vutrisiran) to the policy.



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<a href="#">PM569 Triamcinolone ER (Zilretta)</a>	WAH CS MA	7/6/2023	Annual review. Updating background information to update American College of Rheumatology Guidelines.
<a href="#">PM570 Botulinum Toxins</a>	WAH CS	7/6/2023	Criteria for chronic migraine headaches were updated. Updated title of policy to "Botulinum Toxins Clinical Coverage Criteria"
<a href="#">PM572 Lumasiran injection (Oxlumo)</a>	CS MA	7/6/2023	Annual Review. Removed criteria requiring trial and failure of potassium citrate and magnesium oxide. Rephrased wording of requiring a genetic test to confirm disease. Provided other lab values that the patient can meet for approval. Required patients to not have received a liver transplant for primary hyperoxaluria type 1. Updated dosing regimen criteria.
<a href="#">PM573 Bimatoprost (Durysta)</a>	CS MA	7/6/2023	Annual Review. Added additional criteria requiring that the patient does not have a posterior lens capsule that is absent or ruptured due to the risk of implant migration into the posterior segment.
<a href="#">PM574 Intravitreal Corticosteroids</a>	WAH CS MA	7/6/2023	Annual Review. No criteria changes.
<a href="#">PM575 Tezepelumab (Tezspire)</a>	WAH CS MA	7/6/2023	Annual Review. Created new criteria specifically for Medicare. New criteria for Medicare lists Tezspire as a preferred product for monoclonal antibodies used for asthma
<a href="#">PM576 Efgartigimod Alfa (Vyvgart)</a>	CS MA	8/29/2023	Annual review. Reformatted criteria such as wording for having confirmed anti-acetylcholine receptor antibody positive generalized myasthenia gravis, requirement to have tried and failed pyridostigmine, and dosing requirement. Added the following requirements: treatment cycles are no more frequent than every 50 days from the start of the previous treatment cycle and evidence of unresolved symptoms of generalized myasthenia gravis. Removed requirement to try immunosuppressants and that the medication is not to be used in combination with a C5 inhibitor.
<a href="#">PM577 Alpha-Proteinase Inhibitor (Human)</a>	WAH CS MA	3/2/2023	Annual review. No criteria updates.
<a href="#">PM578 Cabotegravir (Apretude)</a>	CS MA	9/7/2023	Annual review. Clarified that Apretude is not covered under Medicare. Policy will only be reviewed under Cascade Select.
<a href="#">PM579 Spesolimab-sbzo (Spevigo)</a>	CS MA	7/3/2023	New policy
<a href="#">PM580 Olipudase alfa (Xenpozyme)</a>	CS MA	7/3/2023	New policy
<a href="#">PM581 Hemophilia Products</a>	CS MA	8/7/2023	New policy
<a href="#">PM582 Panhematin (Hemin)</a>	WAH CS MA	8/7/2023	New policy
<a href="#">PM583 Sandostatin LAR Depot (Octreotide Intramuscular Injection) and Lanreotide</a>	WAH CS MA	8/7/2023	New policy