



**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: 05-16-2022

CCC Name & Link	Line of Business	Last Updated	Summary of Change
<a href="#">MM125 Physical, Occupational and Speech Therapy</a>	WAH CHNW MA SNP	11/19/2021	Added criteria for initial therapy and indications for physical, occupational and speech therapy.
<a href="#">MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee</a>	WAH CHNW MA SNP	10/1/2021	Minor edits and citations updated.
<a href="#">MM128 Orthoptic-Pleoptic Training</a>	WAH CHNW MA SNP	1/28/2022	Updated citations
<a href="#">MM129 Neuropsychological Testing</a>	WAH CHNW MA SNP BHSO	9/7/2021	Minor edits
<a href="#">MM130 Cardiac Stents</a>	WAH CHNW MA SNP	10/1/2021	Minor edits and updating of citations.
<a href="#">MM131 Transplants and Transplant Work-ups, Donor Search, Donation</a>	WAH CHNW MA SNP	11/22/2021	Reviewed, no changes.
<a href="#">MM132 Complementary Alternative Care</a>	WAH CHNW MA SNP	11/22/2021	Clarification of acupuncture benefit for Cascade Select.
<a href="#">MM134 Program of Assertive Community Treatment (PACT) Program Criteria</a>	WAH BHSO	4/26/2022	Minor edits, updated MA coverage link
<a href="#">MM135 Positive Airway Pressure Devices</a>	WAH CHNW MA SNP	11/22/2021	Reviewed without changes. Citations updated.
<a href="#">MM136 Durable Medical Equipment</a>	WAH CHNW MA SNP	3/30/2022	Added CNM and Licensed Nurse Midwives to list of providers who can prescribe DME. Updated citations
<a href="#">MM139 Skilled Nursing Facility, Comprehensive Outpatient Rehab Facility</a>	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.
<a href="#">MM141 Reconstructive Plastic Surgery</a>	WAH CHNW MA SNP	3/15/2022	Updated citations, reviewed with minor edits.
<a href="#">MM143 Sterilization</a>	WAH CHNW MA SNP	10/1/2021	Clarified role of case management for services covered under FFS AH. Updated citations.

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<a href="#">MM144 Home Oxygen</a>	WAH CHNW MA SNP	3/1/2022	Added criteria for use of home O2 for acute respiratory illnesses.
<a href="#">MM145 Bariatric Surgery</a>	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.
<a href="#">MM146 Tympanostomy Tubes</a>	WAH CHNW MA SNP	12/15/2021	Minor edits and updates to citations.
<a href="#">MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders</a>	WAH CHNW MA SNP	4/7/2022	Added thickeners to policy.
<a href="#">MM148 Extracorporeal Membrane Oxygenation Therapy</a>	WAH CHNW MA SNP	12/15/2021	Minor edits and update of citations.
<a href="#">MM149 Spinal Injections and Facet Neurotomy</a>	WAH CHNW MA SNP	3/4/2022	Clarified that imaging studies are needed for to determine if there are structural problems with the spine.
<a href="#">MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression</a>	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.
<a href="#">MM152 Intensity Modulated Radiation Therapy IMRT</a>	WAH CHNW MA SNP	10/1/2021	Minor edits and updates of citations
<a href="#">MM153 Proton Beam Therapy</a>	WAH CHNW MA SNP	10/1/2021	Minor edits and updates of citations
<a href="#">MM154 Applied Behavioral Analysis</a>	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.
<a href="#">MM155 Wraparound with Intensive Services Program (WISe)</a>	WAH BHSO	9/7/2021	Revised background and definitions, made minor edits
<a href="#">MM156 Administrative Days</a>	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.
<a href="#">MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes</a>	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
<a href="#">MM159 Medically Intensive Children's Program (MICP)</a>	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.
<a href="#">MM162 Medical Appropriateness for Service or Medication</a>	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.
<a href="#">MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care</a>	WAH CHNW MA SNP	1/28/2022	Updated citations.

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

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<a href="#">MM181 Repetitive Transcranial Magnetic Stimulation (rTMS)</a>	WAH CHNW MA BHSO SNP	4/26/2022	Added qualified psychiatric provider in criteria and definitions
<a href="#">MM182 Peripheral Nerve Diagnostic Injections and Ablations</a>	WAH CHNW MA SNP	12/15/2021	Minor edits and updates to citations.
<a href="#">MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease</a>	WAH CHNW MA SNP	3/9/2022	Clarified that Medicare inpatient only status also applies to AH-IMC
<a href="#">MM184 Pharmacogenetic Testing</a>	WAH CHNW MA BHSO SNP	5/11/2022	Edited MCG citation for Factor 5 Leiden
<a href="#">MM185 Sacroiliac Joint Fusion</a>	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.
<a href="#">MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome</a>	WAH CHNW MA SNP	1/28/2022	Corrected citations. Clarified that opioids do not satisfy criteria for conservative management.
<a href="#">MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members</a>	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.
<a href="#">MM189 Out of Network Policy for CHNW Cascade Select</a>	CHNW	9/7/2021	Reviewed with no changes. Citations updated.
<a href="#">MM190 Knee and Hip Arthroplasty for Osteoarthritis</a>	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.
<a href="#">MM192 Spinal Cord Stimulation for Treatment of Chronic Pain</a>	WAH CHNW MA SNP	8/4/2021	New policy
<a href="#">PM101 Hydroxyprogesterone caproate Makena injection for intramuscular use</a>	WAH CHNW MA SNP	3/2/2022	Annual review. No changes
<a href="#">PM103 Ipilimumab (Yervoy)</a>	WAH CHNW MA SNP	9/28/2021	Annual review. Format changes. New indication with criteria added for metastatic non-small cell lung cancer and hepatocellular carcinoma. Ipilimumab is first-line preferred regimen for malignant pleural mesothelioma. Removed requirement to try at least one other chemotherapy agent for the malignant pleural mesothelioma criteria.
<a href="#">PM104 Pemetrexed (Alimta)</a>	WAH CHNW MA SNP	9/2/2021	Annual review. Formatting revisions. No criteria changes.
<a href="#">PM105 Brentuximab vedotin (Adcetris)</a>	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM108 Pertuzumab (Perjeta)</a>	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. Guideline change to preoperative (neoadjuvant)/adjuvant therapy in HER2-positive disease

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<a href="#">PM109 Palivizumab (Synagis)</a>	WAH CHNW MA SNP	9/28/2021	Annual review. Format changes. Defined RSV season to be determined by the HCA. No criteria changes.
<a href="#">PM110 Nanoparticle albumin bound paclitaxel (Abraxane)</a>	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.
<a href="#">PM112 Ramucirumab (Cyramza)</a>	WAH CHNW MA SNP	7/1/2021	Annual Review - no changes
<a href="#">PM114 Epoprostenol (Flolan, Veletri), generics</a>	WAH CHNW MA SNP	3/2/2022	Annual review. Updated citations for appendix tables
<a href="#">PM115 Cetuximab (Erbix)</a>	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.
<a href="#">PM116 Ado-trastuzumab emtansine (Kadcyla)</a>	WAH CHNW MA SNP	11/4/2021	Annual Review. Updating Appendix A to include dose modifications for early breast cancer.
<a href="#">PM117 Pembrolizumab (Keytruda)</a>	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.
<a href="#">PM118 Alemtuzumab (Lemtrada)</a>	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.
<a href="#">PM119 Nivolumab (Opdivo)</a>	WAH CHNW	7/28/2021	Classic Hodgkin Lymphoma: Added age requirement of at least 18 years since indication is in adults. Added Note referring to Pediatric Hodgkin Lymphoma indication for pediatric patients. <b>Endometrial Carcinoma:</b> Added new approval condition and criteria based on guidelines. <b>Gastric Cancer:</b> Added new approval condition and criteria based on guidelines/compendium. <b>Malignant Pleural Mesothelioma:</b> Moved to FDA-approved uses. Modified criteria and deleted requirement of prior therapy since it is approved for first-line use. Added age requirement for adults, criteria for use in combination with Yervoy, and disease is unresectable. Dosing changed to match FDA-approved dose. <b>Non-Small Cell Lung Cancer:</b> Added age requirement of at least 18 years since indication is in adults. Added new criteria based on FDA-approval for use in combination with Yervoy and platinum-doublet chemotherapy and no actionable mutations. In subsequent therapy criteria, deleted specification of nonsquamous cell NSCLC. In reference to mutations, changed verbiage from “targetable” mutations to “actionable” mutations. Added NTRK gene fusion-positive to list of examples of actionable mutations and specified BRAF as V600E mutation. <b>Pediatric Hodgkin Lymphoma:</b> Added criteria and approval condition based on guidelines. Renal Cell Carcinoma: Added criteria that if medication is used first-line, it is used in combination with Yervoy. <b>Small Cell Lung Cancer:</b> Removed approval condition and criteria since FDA-approval for this indication has been rescinded since confirmatory trials did not meet overall survival endpoint. <b>Vulvar Cancer:</b> Added new approval condition and criteria based on
<a href="#">PM122 Trepstinil (Remodulin)</a>	WAH CHNW	1/6/2022	Annual review. No changes.

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<a href="#">PM126 Natalizumab (Tysabri)</a>	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.
<a href="#">PM127 Panitumumab (Vectibix) solution for intravenous infusion</a>	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.
<a href="#">PM129 Rituximab products</a>	WAH CHNW MA SNP	3/2/2022	Annual review. Updating dosing criteria for multiple sclerosis
<a href="#">PM132 Trastuzumab Products</a>	WAH CHNW MA SNP	3/2/2022	Annual review. Added additional criteria for colon or rectal cancer. New indication- salivary gland tumors.
<a href="#">PM133 Ziv-aflibercept (Zaltrap)</a>	WAH CHNW MA SNP	11/4/2021	Updating requirement for Zaltrap to be used in combination with FOLFIRI therapy or irinotecan based on NCCN guidelines
<a href="#">PM134 Denosumab (Prolia)</a>	WAH CHNW MA SNP	1/6/2022	Updating criteria to match with criteria from HCA Policy No. 30.04.00.
<a href="#">PM135 Denosumab (Xgeva)</a>	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes
<a href="#">PM136 Epoetin Products</a>	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes
<a href="#">PM138 Ibandronate (Boniva)</a>	WAH CHNW MA SNP	1/6/2022	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	1/6/2022	Annual review. No revisions.
<a href="#">PM140 Darbepoetin alfa (Aranesp)</a>	WAH CHNW MA SNP	3/2/2022	Annual review. No changes
<a href="#">PM141 Omalizumab (Xolair) injection for subcutaneous use</a>	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.
<a href="#">PM142 Ocrelizuman (Ocrevus) injection for intravenous use</a>	WAH CHNW MA SNP	3/2/2022	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, Synjoynnt, Synvisc, Synvisc-One, TriVisc, Visco-3 )</a>	WAH CHNW	7/28/2021	Annual review. Updated LCA. Removed obsolete product Supartz. Update Sodium hyaluronate 1% to sodium hyaluronate 1% (aligns with how product is marketed in the US). Updated Guidelines section. Updated dosing table. Divided criteria into Medicaid/Cascade Select and Medicare criteria. Clarified dosing.
<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	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.

CCC Name & Link	Line of Business	Last Updated	Summary of Change
<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	11/4/2021	Removed Hyrimoz from the policy and updated the initial dosing for infliximab to align with HCA Medical policy no 66.27.00-3 effective 12/1/21.
<a href="#">PM148 Granisetron extended-release (Sustol)</a>	WAH CHNW	5/6/2021	Annual review. No changes
<a href="#">PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists</a>	WAH CHNW MA SNP	3/2/2022	Annual review. No criteria changes.
<a href="#">PM150 Eculizumab injection (Soliris)</a>	MA CHNW	11/4/2021	Removed coverage for eculizumab (Soliris) under Medicaid as it will be carved out and covered by the HCA.
<a href="#">PM151 Buprenorphine for subcutaneous use (Sublocade)</a>	WAH CHNW MA SNP	3/2/2022	Annual review. Removed Probuphine drug list as it has been voluntarily withdrawn from the market.
<a href="#">PM152 Enzymes for Gaucher Disease</a>	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting revisions. Removed criteria for Type 3 Gaucher.
<a href="#">PM153 Romiplostim (Nplate)</a>	WAH CHNW MA SNP	9/28/2021	Annual Review. Formatting changes. Updated background. New criteria for Hematopoietic Syndrome of Acute Radiation Syndrome.
<a href="#">PM154 Corticotropin (H.P. Acthar Gel)</a>	WAH CHNW MA SNP	3/2/2022	Updating policy criteria. Adding Cotrophin as a covered product.
<a href="#">PM155 Granulocyte Colony Stimulating Factors (gCSFs)</a>	WAH CHNW	3/2/2022	Annual review. No changes
<a href="#">PM156 Ravulizumab-cwvz (Ultomiris®)</a>	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
<a href="#">PM157 Afamelanotide implant (Scenesse)</a>	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria change.
<a href="#">PM158 Capacizumab injection (Cablivi)</a>	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria changes.
<a href="#">PM159 Esketamine nasal spray (Spravato)</a>	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.
<a href="#">PM160 Teprotumumab injection (Tepezza)</a>	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.
<a href="#">PM161 Inebilizumab injection (Uplizna)</a>	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.
<a href="#">PM162 Crizanlizumab (Adakveo)</a>	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM163 Burosumab (Crysvita)</a>	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.
<a href="#">PM164 Cerliponase alfa (Brineura)</a>	WAH CHNW MA SNP	9/2/2021	Annual Review. Formatting changes. No criteria changes.

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<a href="#">PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltespo)</a>	WAH CHNW MA SNP	10/4/2021	Annual review. Formatting revisions. Updated dosing reauthorization criteria for Vyondys 53 and Viltespo to match FDA approved dosing schedule
<a href="#">PM166 Edavarone (Radicava)</a>	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.
<a href="#">PM167 Elapegedemase (Revcovi)</a>	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-lvlr as a bridge to definitive therapy with HSCT
<a href="#">PM168 Emapalumab (Gamifant)</a>	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes
<a href="#">PM169 Givosiran (Givlaari)</a>	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM170 Nusinersen (Spinraza)</a>	CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM171 Onasemnogene abeparovvec (Zolgensma)</a>	WAH CHNW MA SNP	10/4/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM172 Pegvaliase (Palynziq)</a>	WAH CHNW MA SNP	9/2/2021	Annual review. Format changes. No criteria changes.
<a href="#">PM173 Voretigene neparovvec (Luxterna)</a>	CHNW MA SNP	9/28/2021	Annual review. Formatting revisions. Reformatted dosing requirements
<a href="#">PM174 Brexanolone (Zulresso)</a>	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)
<a href="#">PM175 Calcitonin Gene-Related Peptide Inhibitors (i.e.: Eptinezumab (Vyepti)) Clinical Coverage Criteria</a>	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
<a href="#">PM176 Enzyme replacement therapy</a>	WAH CHNW MA SNP	1/6/2022	Added criteria for new medication, avalglucosidase alfa (Nexvzyme).
<a href="#">PM177 Gonadotropin-Releasing Hormone Agonist Therapy for Gender Dysphoria</a>	WAH-IMC CS MA SNP	3/2/2022	Annual review. No changes
<a href="#">PM567 Hereditary Angioedema Agents</a>	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.
<a href="#">PM568 Patisiran (Onpattro) intravenous injection</a>	WAH CHNW MA SNP	11/4/2021	Annual review. No criteria changes.
<a href="#">PM569 Triamcinolone ER (Zilretta)</a>	WAH CHNW MA SNP	11/4/2021	Annual review- no changes.
<a href="#">PM570 OnabotulinumtoxinA Botox for migraine</a>	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.



CCC Name & Link	Line of Business	Last Updated	Summary of Change
<a href="#">PM572 Lumasiran injection (Oxlumo)</a>	CHNW MA SNP	11/23/2021	New policy
<a href="#">PM573 Bimatoprost (Durysta)</a>	WAH CHNW MA SNP	12/13/2021	New policy
<a href="#">PM574 Intravitreal Corticosteroids</a>	WAH CHNW MA SNP	12/13/2021	New policy