

Notice Date: May 1, 2025

Effective Date: July 1, 2025

### Molina Clinical Policy and Pharmacy Policy Updates

Policy Name and Number	Policy Type	Line of Business	Effective Date	Brief Description of Policy Change
Standard Oncology Criteria C16154-A	Buy and Bill	Medicaid	July 1, 2025	Revision- see posted policy for details
Trogarzo (ibalizumab-uiyk) C14522	Buy and Bill	Medicaid	July 1, 2025	Revision- see posted policy for details
Vabysmo (faricimab-svoa) C22795-A	Buy and Bill	Medicaid	July 1, 2025	Revision- see posted policy for details
Reblozyl (luspatercept-aamt) C18002-A	Buy and Bill	Medicaid	July 1, 2025	Revision- see posted policy for details

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Aucatzyl (obecabtagene autoleucel) Policy No. 462	Molina Clinical Policy	Medicaid	July 1, 2025	Coding Updates - No Changes to Coverage Policy
Amtagvi (lifileucel) Policy No. 450	Molina Clinical Policy	Medicaid	July 1, 2025	Annual Reviews - No Changes to Coverage Policy
Scenesse (afamelanotide) Implant Policy No. 367	Molina Clinical Policy	Medicaid	July 1, 2025	Annual Reviews - No Changes to Coverage Policy
Steroid-Eluting Sinus Stents and Implants (PROPEL, SINUVA) Policy No. 333	Molina Clinical Policy	Medicaid	July 1, 2025	Annual Reviews - No Changes to Coverage Policy
Tecartus (brexucabtagene autoleucel) Policy No. 378	Molina Clinical Policy	Medicaid	July 1, 2025	Annual Reviews - No Changes to Coverage Policy

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Yescarta (axicabtagene ciloleucel) Policy No. 396	Molina Clinical Policy	Medicaid	July 1, 2025	Added Follicular Lymphoma to list of indications.
Kymriah™ (tisagenlecleucel) Policy Number: 395	Molina Clinical Policy	Medicaid	July 1, 2025	Added Follicular Lymphoma to list of indications.
Encelto (Revakinagene tororetcel) Policy No. 470	Molina Clinical Policy	Medicaid	July 1, 2025	New policy. FDA approved gene therapy for treatment of macular telectasia.