



BlueCross BlueShield
of North Carolina

MEDICARE

November 2024

Clinical Criteria Updates Effective February 17, 2025

Please note, this communication applies to *Healthy Blue + MedicareSM (HMO-POS D-SNP)* offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Summary

On August 16, 2024, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for *Blue Cross NC*. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit ***Clinical Criteria*** to search for specific policies. For questions or additional information, use this **email**.

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Please Note:

- The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.
- This notice is meant to inform the provider of new or revised criteria that has been adopted by *Blue Cross NC* only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.

<https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC).

Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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NCBCBS-CR-069098-24-CPN68761 November 2024

Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO-POS D-SNP)
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Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
February 17, 2025	*CC-0266	Rytelo (imetelstat)	New
February 17, 2025	CC-0156	Reblozyl (luspatercept)	Revised
February 17, 2025	CC-0244	Columvi (glofitamab-gxbm)	Revised
February 17, 2025	CC-0124	Keytruda (pembrolizumab)	Revised
February 17, 2025	CC-0104	Levoleucovorin Agents	Revised
February 17, 2025	CC-0182	Iron Agents	Revised
February 17, 2025	CC-0197	Jemperli (dostarlimab-gxly)	Revised
February 17, 2025	CC-0247	Beyfortus (nirsevimab)	Revised
February 17, 2025	*CC-0007	Synagis (palivizumab)	Revised

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February 17, 2025	*CC-0082	Onpattro (patisiran)	Revised
February 17, 2025	*CC-0217	Amvuttra (vulrisiran)	Revised
February 17, 2025	*CC-0084	Tegsedi (inotersen)	Revised
February 17, 2025	*CC-0010	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
February 17, 2025	CC-0209	Leqvio (inclisiran)	Revised
February 17, 2025	*CC-0193	Evkeeza (evinacumab)	Revised
February 17, 2025	*CC-0027	Denosumab	Revised
February 17, 2025	CC-0019	Zoledronic Acid	Revised
February 17, 2025	CC-0208	Adbry (tralokinumab)	Revised
February 17, 2025	*CC-0029	Dupixent (dupilumab)	Revised

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February 17, 2025	*CC-0246	Rystiggo (rozanolixizumab-noli)	Revised
February 17, 2025	*CC-0207	Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-gvfc)	Revised
February 17, 2025	*CC-0028	Benlysta (belimumab)	Revised
February 17, 2025	*CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended -release) injection	Revised
February 17, 2025	*CC-0002	Colony Stimulating Factor Agents	Revised
February 17, 2025	CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
February 17, 2025	CC-0121	Gazyva (obinutuzumab)	Revised
February 17, 2025	CC-0242	Epkinly (epcoritamab-bysp)	Revised
February 17, 2025	CC-0130	Imfinzi (durvalumab)	Revised

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February 17, 2025	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
February 17, 2025	CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
February 17, 2025	CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
February 17, 2025	CC-0071	Entyvio (vedolizumab)	Revised
February 17, 2025	*CC-0048	Spinraza (nusinersen)	Revised
February 17, 2025	*CC-0003	Immunoglobulins	Revised
February 17, 2025	*CC-0058	Sandostatin and Sandostatin LAR (Octreotide) / Octreotide Agents	Revised