

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + MedicareSM (HMO-POS D-SNP)

Clinical Criteria Updates Effective December 26, 2025

Summary: The pharmacy and therapeutics (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 our [Clinical Criteria](#) page to search for specific policies. For questions or additional information, please reach out via [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

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

Please note:

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

Effective Date	Clinical Criteria Number	Clinical Criteria Title	Status
December 26, 2025	CC-0286	Lynozytic (linvoseltamab-gcpt)	New
December 26, 2025	CC-0287	Zusduri (mitomycin intravesical solution)	New
December 26, 2025	CC-0288	Enflonsia (clesrovimab-cfor)	New

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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December 26, 2025	CC-0290	Papzimeos (zopapogene imadenovec-drba)	New
December 26, 2025	CC-0001	Erythropoiesis Stimulating Agents	Revised
December 26, 2025	CC-0156	Reblozyl (luspatercept)	Revised
December 26, 2025	CC-0266	Rytelo (imetelstat)	Revised
December 26, 2025	CC-0124	Keytruda (pembrolizumab)	Revised
December 26, 2025	CC-0104	Levoleucovorin Agents	Revised
December 26, 2025	CC-0268	Lymphir (denileukin difititox-cxdl)	Revised
December 26, 2025	CC-0100	Istodax (romidepsin)	Revised
December 26, 2025	CC-0182	Iron Agents	Revised
December 26, 2025	CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
December 26, 2025	CC-0167	Rituximab Agents for Oncologic Indications	Revised
December 26, 2025	CC-0180	Monjuvi (tafasitamab-cxix)	Revised
December 26, 2025	CC-0279	Datroway (datopotamab deruxtecan-dlnk)	Revised
December 26, 2025	CC-0125	Opdivo (nivolumab)	Revised
December 26, 2025	CC-0281	Opdivo Qvantig (nivolumab hyaluronidase-nvhy)	Revised
December 26, 2025	CC-0119	Yervoy (ipilimumab)	Revised
December 26, 2025	CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	Revised
December 26, 2025	CC-0201	Rybrevant (amivantamab-ymjw)	Revised
December 26, 2025	CC-0247	Beyfortus (nirsevimab)	Revised
December 26, 2025	CC-0007	Synagis (palivizumab)	Revised

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December 26, 2025	CC-0257	Wainua (eplontersen)	Revised
December 26, 2025	CC-0082	Onpattro (patisiran)	Revised
December 26, 2025	CC-0217	Amvuttra (vulrisiran)	Revised
December 26, 2025	CC-0084	Tegsedi (inotersen)	Revised
December 26, 2025	CC-0193	Evkeeza (evinacumab)	Revised
December 26, 2025	CC-0034	Hereditary Angioedema Agents	Revised
December 26, 2025	CC-0038	Human Parathyroid Hormone	Revised
December 26, 2025	CC-0139	Evenity	Revised
December 26, 2025	CC-0027	Denosumab	Revised
December 26, 2025	CC-0228	Leqembi (lecanemab-irmb)	Revised
December 26, 2025	CC-0254	Zilbrysq (zilucoplan)	Revised
December 26, 2025	CC-0246	Rystiggo (rozanolixizumab-noli)	Revised
December 26, 2025	CC-0207	Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-gvfc)	Revised
December 26, 2025	CC-0028	Benlysta (belimumab)	Revised
December 26, 2025	CC-0202	Saphnelo (anifrolumab-fnia)	Revised
December 26, 2025	CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
December 26, 2025	CC-0242	Epkinly (epcoritamab-bysp)	Revised
December 26, 2025	CC-0134	Provenge (sipuleucel-T)	Revised
December 26, 2025	CC-0262	Tevimbra (tislelizumab-jsgr)	Revised
December 26, 2025	CC-0096	Asparagine Specific Enzymes	Revised
December 26, 2025	CC-0184	Danyelza (naxitamab-gqgk)	Revised

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December 26, 2025	CC-0063	Ustekinumab Agents	Revised
December 26, 2025	CC-0058	Bynfezia Pen, Sandostatin and Sandostatin LAR (Octreotide) / Octreotide Agents	Revised
December 26, 2025	CC-0026	Testosterone Injectable	Revised
December 26, 2025	CC-0029	Dupixent (dupilumab)	Revised
December 26, 2025	CC-0208	Adbry (tralokinumab)	Revised
December 26, 2025	CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised