

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

Clinical Criteria updates effective May 27, 2025

Summary

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

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 plan. 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.

Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
May 27, 2025	CC-0272	Aucatzyl (obecabtagene autoleucel)	New
May 27, 2025	CC-0273	Vyloy (zolbetuximab-clzb)	New
May 27, 2025	CC-0223	Imjudo (tremelimumab-actl)	Revised
May 27, 2025	CC-0056	Selected Injectable 5HT3 Antiemetic Agents	Revised
May 27, 2025	CC-0148	Agents for Hemophilia B	Revised

<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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May 27, 2025	CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
May 27, 2025	CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
May 27, 2025	CC-0124	Keytruda (pembrolizumab)	Revised
May 27, 2025	CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
May 27, 2025	CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
May 27, 2025	CC-0204	Tivdak (tisotumab vedotin-tftv)	Revised
May 27, 2025	CC-0226	Elahere (mirvetuximab)	Revised
May 27, 2025	CC-0125	Opdivo (nivolumab)	Revised
May 27, 2025	CC-0128	Tecentriq (atezolizumab)	Revised
May 27, 2025	CC-0011	Ocrevus (ocrelizumab)/Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq)	Revised
May 27, 2025	CC-0173	Enspryng (satralizumab-mwge)	Revised
May 27, 2025	CC-0170	Uplizna (inebilizumab-cdon)	Revised
May 27, 2025	CC-0199	Empaveli (pegcetacoplan)	Revised
May 27, 2025	CC-0041	Complement Inhibitors	Revised
May 27, 2025	CC-0071	Entyvio (vedolizumab)	Revised
May 27, 2025	CC-0064	Interleukin-1 Inhibitors	Revised
May 27, 2025	CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
May 27, 2025	CC-0066	Monoclonal Antibodies to Interleukin-6	Revised

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May 27, 2025	CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
May 27, 2025	CC-0078	Orencia (abatacept)	Revised
May 27, 2025	CC-0063	Ustekinumab Agents	Revised
May 27, 2025	CC-0062	Tumor Necrosis Factor Antagonists	Revised
May 27, 2025	CC-0003	Immunoglobulins	Revised
May 27, 2025	CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Revised
May 27, 2025	CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
May 27, 2025	CC-0029	Dupixent (dupilumab)	Revised
May 27, 2025	CC-0105	Vectibix (panitumumab)	Revised
May 27, 2025	CC-0095	Bortezomib (Boruzu, Velcade)	Revised
May 27, 2025	CC-0161	Sarclisa (isatuximab-irfc)	Revised
May 27, 2025	CC-0201	Rybrevant (amivantamab-vmjw)	Revised
May 27, 2025	CC-0120	Kyprolis (carfilzomib)	Revised
May 27, 2025	CC-0197	Jemperli (dostarlimab-gxly)	Revised
May 27, 2025	CC-0255	Loqtorzi (toripalimab-tpzi)	Revised
May 27, 2025	CC-0002	Colony Stimulating Factor Agents	Revised