

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

Clinical Criteria Updates Effective December 19, 2025

Summary: The Pharmacy and Therapeutics (P&T) Committee approved the following Clinical Criteria applicable to the medical drug benefit for Healthy Blue + Medicare. 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 Healthy Blue + Medicare 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 19, 2025	CC-0284	Emrelis (telisotuzumab vedotin-tllv)	New
December 19, 2025	CC-0285	Penpulimab-kcqx	New
December 19, 2025	CC-0031	Intravitreal Corticosteroid Implants	Revised
December 19, 2025	CC-0061	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
December 19, 2025	CC-0015	Infertility and HCG Agents	Revised

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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Effective Date	Clinical Criteria Number	Clinical Criteria Title	Status
December 19, 2025	CC-0243	Vyjuvek (beremagene geperpavec)	Revised
December 19, 2025	CC-0041	Complement C5 Inhibitors	Revised
December 19, 2025	CC-0240	Zynyz (retifanlimab-dlwr)	Revised
December 19, 2025	CC-0105	Vectibix (panitumumab)	Revised
December 19, 2025	CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
December 19, 2025	CC-0029	Dupixent (dupilumab)	Revised
December 19, 2025	CC-0069	Egrifta (tesamorelin)	Revised
December 19, 2025	CC-0207	Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	Revised
December 19, 2025	CC-0065	Hemophilia A and von Willebrand Disease	Revised
December 19, 2025	CC-0170	Uplizna (inebilizumab-cdon)	Revised
December 19, 2025	CC-0256	Rivfloza (nedosiran)	Revised