March 2024

Clinical Criteria Updates

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 December 11, 2023, and January 5, 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**.

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

Share this notice with other providers in your practice and office staff.

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.

Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
May 24, 2024	*CC-0255	Loqtorzi (toripalimab-tpzi)	New
May 24, 2024	*CC-0256	Rivfloza (nedosiran)	New
May 24, 2024	*CC-0257	Wainua (eplontersen)	New
May 24, 2024	*CC-0185	Oxlumo (lumasiran)	Revised
May 24, 2024	*CC-0107	Bevacizumab for Non- ophthalmologic Indications	Revised

https://www.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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Blue Cross and Blue Shield of North Carolina Healthy Blue + Medicare (HMO-POS D-SNP) Clinical Criteria Updates

Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
May 24, 2024	*CC-0002	Colony Stimulating Factor Agents	Revised
May 24, 2024	CC-0075	Rituximab Agents for Non- Oncologic Indications	Revised
May 24, 2024	CC-0213	Voxzogo (vosoritide)	Revised
May 24, 2024	CC-0124	Keytruda (pembrolizumab)	Revised
May 24, 2024	*CC-0110	Perjeta (pertuzumab)	Revised