

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

Clinical Criteria Updates Effective October 27, 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 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 provide information on 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	Status
October 27, 2025	CC-0283	Imaavy (nipocalimab)	New
October 27, 2025	CC-0111	Nplate (romiplostim)	Revised
October 27, 2025	CC-0002	Colony Stimulating Factor Agents	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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October 27, 2025	CC-0165	Trodelvy (sacituzumab govitecan)	Revised
October 27, 2025	CC-0128	Atezolizumab (Tecentriq, Tecentriq Hybreza)	Revised
October 27, 2025	CC-0098	Doxorubicin Liposome (Doxil)	Revised
October 27, 2025	CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
October 27, 2025	CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised
October 27, 2025	CC-0092	Adcetris (brentuximab vedotin)	Revised
October 27, 2025	CC-0106	Erbix (cetuximab)	Revised
October 27, 2025	CC-0105	Vectibix (panitumumab)	Revised
October 27, 2025	CC-0145	Libtayo (cemiplimab-rwlc)	Revised
October 27, 2025	CC-0102	GNRH Analogs for Oncologic Indications	Revised
October 27, 2025	CC-0087	Gamifant (emapalumab)	Revised
October 27, 2025	CC-0201	Rybrevant (amivantamab-ymjw)	Revised
October 27, 2025	CC-0169	Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)	Revised
October 27, 2025	CC-0130	Imfinzi (durvalumab)	Revised
October 27, 2025	CC-0240	Zynyz (retifanlimab-dlwr)	Revised
October 27, 2025	CC-0125	Opdivo (nivolumab)	Revised
October 27, 2025	CC-0119	Yervoy (ipilimumab)	Revised
October 27, 2025	CC-0281	Opdivo Qvantig (nivolumab hyaluronidase-nvhy)	Revised
October 27, 2025	CC-0232	Lunsumio (mosunetuzumab-axgb)	Revised

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October 27, 2025	CC-0262	Tevimbra (tislelizumab-jsgr)	Revised
October 27, 2025	CC-0274	Bizengri (zenocutuzumab-zbco)	Revised
October 27, 2025	CC-0094	Pemetrexed	Revised
October 27, 2025	CC-0027	Denosumab	Revised
October 27, 2025	CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
October 27, 2025	CC-0124	Keytruda (pembrolizumab)	Revised
October 27, 2025	CC-0188	Imcivree (setmelanotide)	Revised
October 27, 2025	CC-0225	Tzield (teplizumab-mzwv)	Revised
October 27, 2025	CC-0064	Interleukin-1 Inhibitors	Revised
October 27, 2025	CC-0062	Tumor Necrosis Factor Antagonists	Revised
October 27, 2025	CC-0078	Orencia (abatacept)	Revised
October 27, 2025	CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
October 27, 2025	CC-0063	Ustekinumab Agents	Revised
October 27, 2025	CC-0003	Immunoglobulins	Revised
October 27, 2025	CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
October 27, 2025	CC-0029	Dupixent (dupilumab)	Revised
October 27, 2025	CC-0217	Amyvuttra (vutrisiran)	Revised
October 27, 2025	CC-0033	Omalizumab Agents (Xolair, Omlyclo)	Revised

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Effective Date	Clinical Criteria Number	Clinical Criteria Title	Status
October 27, 2025	CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised