

July 2023

Clinical Criteria Updates

Please note, this communication applies to *Healthy Blue* + *MedicareSM* (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

On December 22, 2022, May 2, 2023, and May 19, 2023, 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. If you have questions or need 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
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

Please share this notice with other providers in 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 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	<i>Clinical Criteria</i> number	Clinical Criteria title	New or revised
November 1, 2023	*CC-0237	Qalsody (tofersen)	New
November 1, 2023	*CC-0238	Hydroxyprogesterone caproate	New
November 1, 2023	*CC-0240	Zynyz (retifanlimab-dlwr)	New

https://www.bluecrossnc.com/providers/blue-medicare-providers/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 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	<i>Clinical Criteria</i> number	Clinical Criteria title	New or revised
November 1, 2023	CC-0165	Trodelvy (sacituzumab govitecan)	Revised
November 1, 2023	CC-0002	Colony Stimulating Factor Agents	Revised
November 1, 2023	CC-0128	Tecentriq (atezolizumab)	Revised
November 1, 2023	CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Revised
November 1, 2023	CC-0101	Torisel (temsirolimus)	Revised
November 1, 2023	CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
November 1, 2023	CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised
November 1, 2023	CC-0092	Adcetris (brentuximab vedotin)	Revised
November 1, 2023	CC-0095	Velcade (bortezomib)	Revised
November 1, 2023	CC-0105	Vectibix (panitumumab)	Revised
November 1, 2023	CC-0178	Synribo (omacetaxine mepesuccinate)	Revised
November 1, 2023	CC-0114	Jevtana (cabazitaxel)	Revised
November 1, 2023	CC-0145	Libtayo (cemiplimab-rwlc)	Revised
November 1, 2023	*CC-0032	Botulinum Toxin	Revised
November 1, 2023	CC-0068	Growth Hormone	Revised
November 1, 2023	*CC-0057	Krystexxa (pegloticase)	Revised
November 1, 2023	*CC-0125	Opdivo (nivolumab)	Revised
November 1, 2023	*CC-0225	Tzield (teplizumab-mzwv)	Revised
November 1, 2023	*CC-0124	Keytruda (pembrolizumab)	Revised