



BlueCross BlueShield
of North Carolina

MEDICARE

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

Clinical Criteria Updates Effective September 4, 2025

Summary: The Pharmacy and Therapeutics (P&T) Committee approved the following Clinical Criteria applicable to the medical drug benefit for *Healthy Blue + MedicareSM (HMO-POS D-SNP)*. 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 *Healthy Blue + MedicareSM (HMO-POS D-SNP)* 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
September 4, 2025	CC-0278	Unloxcyt (cosibelimab-ipdl)	New
September 4, 2025	CC-0279	Datroway (datopotamab deruxtecan-dlnk)	New
September 4, 2025	CC-0280	Grafapex (treosulfan)	New

<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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September 4, 2025	CC-0281	Opdivo Qvantig (nivolumab hyaluronidase-nvhy)	New
September 4, 2025	CC-0128	Atezolizumab (Tecentriq, Tecentriq Hybreza)	Revised
September 4, 2025	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
September 4, 2025	CC-0125	Opdivo (nivolumab)	Revised
September 4, 2025	CC-0119	Yervoy (ipilimumab)	Revised
September 4, 2025	CC-0099	Abraxane (paclitaxel, protein bound)	Revised
September 4, 2025	CC-0093	Docetaxel (Docivyx)	Revised
September 4, 2025	CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
September 4, 2025	CC-0123	Cyramza (ramucirumab)	Revised
September 4, 2025	CC-0121	Gazyva (obinutuzumab)	Revised
September 4, 2025	CC-0122	Arzerra (ofatumumab)	Revised
September 4, 2025	CC-0232	Lunsumio (mosunetuzumab-axgb)	Revised
September 4, 2025	CC-0109	Zaltrap (ziv-aflibercept)	Revised
September 4, 2025	CC-0135	Melanoma Vaccines	Revised
September 4, 2025	CC-0126	Blincyto (blinatumomab)	Revised
September 4, 2025	CC-0132	Mylotarg (gemtuzumab ozogamicin)	Revised
September 4, 2025	CC-0097	Vidaza (azacitidine)	Revised
September 4, 2025	CC-0129	Bavencio (avelumab)	Revised

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September 4, 2025	CC-0110	Perjeta (pertuzumab)	Revised
September 4, 2025	CC-0108	Halaven (eribulin)	Revised
September 4, 2025	CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
September 4, 2025	CC-0262	Tevimbra (tislelizumab-jsgr)	Revised
September 4, 2025	CC-0061	Gonadotropin Releasing Hormone (GnRH) Analogs for the Treatment of Non-Oncologic	Revised
September 4, 2025	CC-0026	Testosterone Injectable	Revised
September 4, 2025	CC-0008	Subcutaneous Hormonal Implants	Revised
September 4, 2025	CC-0015	Infertility and HCG Agents	Revised
September 4, 2025	CC-0033	Xolair (omalizumab)	Revised
September 4, 2025	CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
September 4, 2025	CC-0029	Dupixent (dupilumab)	Revised
September 4, 2025	CC-0269	Nemluvio (nemolizumab-ilto)	Revised
September 4, 2025	CC-0267	Ebglyss (lebrikizumab-lbkz)	Revised
September 4, 2025	CC-0208	Adbry (tralokinumab)	Revised
September 4, 2025	CC-0086	Spravato (esketamine) Nasal Spray	Revised
September 4, 2025	CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
September 4, 2025	CC-0063	Ustekinumab Agents (Stelara, Selarsdi, Imuldosa, Pyzchiva, Otulfi, Steqeyma, Wezlana, Yesintek)	Revised
September 4, 2025	CC-0261	Winrevair (sotatercept-csrk)	Revised

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September 4, 2025	CC-0010	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
September 4, 2025	CC-0209	Leqvio (inclisiran)	Revised
September 4, 2025	CC-0002	Colony Stimulating Factor Agents	Revised
September 4, 2025	CC-0003	Immunoglobulins	Revised