

Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of North Carolina (Blue Cross NC) | Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP)

## Clinical Criteria Updates Effective May 28, 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 [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 *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 28, 2025	CC-0274	Bizengri (zenocutuzumab-zbco)	New
May 28, 2025	CC-0275	Ziihera (zanidatamab-hrii)	New
May 28, 2025	CC-0276	Tryngolza (olezarsen)	New
May 28, 2025	CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised
May 28, 2025	CC-0185	Oxlumo (lumasiran)	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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Blue Cross and Blue Shield of North Carolina  
 Healthy Blue + Medicare  
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<b>Effective Date</b>	<b><i>Clinical Criteria</i> Number</b>	<b><i>Clinical Criteria</i> Title</b>	<b>New or Revised</b>
May 28, 2025	CC-0198	Relizorb (immobilized lipase) cartridge	Revised
May 28, 2025	CC-0256	Rivfloza (nedosiran)	Revised
May 28, 2025	CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
May 28, 2025	CC-0063	Ustekinumab Agents (Stelara, Selarsdi, Imuldosa, Pyzchiva, Otulfi, Wezlana, Yesintek)	Revised
May 28, 2025	CC-0058	Bynfezia Pen, Sandostatin, or Sandostatin LAR (Octreotide) / Octreotide Agents	Revised
May 28, 2025	CC-0130	Imfinzi (durvalumab)	Revised
May 28, 2025	CC-0094	Pemetrexed	Revised
May 28, 2025	CC-0003	Immunoglobulins	Revised