



July 2024

Clinical Criteria Updates Effective October 12, 2024

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 May 17, 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. If you have questions or for 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 | Clinical Criteria Number | Clinical Criteria Title | New or Revised |
|------------------|--------------------------|---------------------------------|----------------|
| October 12, 2024 | *CC-0262 | Tevimbra (tislelizumab-jsgr) | New |
| October 12, 2024 | *CC-0162 | Tepezza (teprotumumab-trbw) | Revised |
| October 12, 2024 | *CC-0111 | Nplate (romiplostim) | Revised |
| October 12, 2024 | CC-0165 | Trodely (sacituzumab govitecan) | 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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NCBCBS-CR-061718-24-CPN61521 July 2024

Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO-POS D-SNP)
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|-----------------------|---------------------------------|------------------------------------------------|-----------------------|
| October 12, 2024 | *CC-0002 | Colony Stimulating Factor Agents | Revised |
| October 12, 2024 | CC-0128 | Tecentriq (atezolizumab) | Revised |
| October 12, 2024 | *CC-0098 | Doxorubicin Liposome (Doxil, Lipodox) | Revised |
| October 12, 2024 | *CC-0101 | Torisel (temsirolimus) | Revised |
| October 12, 2024 | *CC-0107 | Bevacizumab for Non-Ophthalmologic Indications | Revised |
| October 12, 2024 | CC-0143 | Polivy (polatuzumab vedotin-piiq) | Revised |
| October 12, 2024 | *CC-0092 | Adcetris (brentuximab vedotin) | Revised |
| October 12, 2024 | CC-0106 | Erbix (cetuximab) | Revised |
| October 12, 2024 | *CC-0105 | Vectibix (panitumumab) | Revised |
| October 12, 2024 | CC-0145 | Libtayo (cemiplimab-rwlc) | Revised |
| October 12, 2024 | CC-0160 | Vyepti (eptinezumab) | Revised |
| October 12, 2024 | CC-0102 | GNRH Analogs for Oncologic Indications | Revised |
| October 12, 2024 | CC-0201 | Rybrevant (amivantamab-ymjw) | Revised |
| October 12, 2024 | *CC-0188 | Imcivree (setmelanotide) | Revised |
| October 12, 2024 | *CC-0124 | Keytruda (pembrolizumab) | Revised |
| October 12, 2024 | CC-0041 | Complement C5 Inhibitors | Revised |
| October 12, 2024 | CC-0199 | Empaveli (pegcetacoplan) | Revised |
| October 12, 2024 | *CC-0130 | Imfinzi (durvalumab) | Revised |
| October 12, 2024 | CC-0240 | Zynyz (retifanlimab-dlwr) | Revised |
| October 12, 2024 | CC-0123 | Cyramza (ramucirumab) | Revised |
| October 12, 2024 | CC-0187 | Breyanzi (lisocabtagene maraleucel) | Revised |

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|-------------------------|----------------------------------------|-------------------------------------------|-----------------------|
| October 12, 2024 | CC-0158 | Enhertu (fam-trastuzumab deruxtecan-nxki) | Revised |
| October 12, 2024 | CC-0226 | Elahere (mirvetuximab) | Revised |
| October 12, 2024 | CC-0043 | Monoclonal Antibodies to Interleukin-5 | Revised |
| October 12, 2024 | *CC-0066 | Monoclonal Antibodies to Interleukin-6 | Revised |
| October 12, 2024 | CC-0221 | Spevigo (spesolimab-sbzo) | Revised |
| October 12, 2024 | CC-0071 | Entyvio (vedolizumab) | Revised |
| October 12, 2024 | *CC-0063 | Ustekinumab Agents | Revised |