



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

Specialty Pharmacy Precertification List Expansion

Prior Authorization

Effective for dates of service on or after April 1, 2025, the specialty Medicare Part B drug listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPCS or CPT® Codes	Medicare Part B Drugs
C9399, J3590	Eylea (aflibercept) biosimilars: Ahzantive (aflibercept-mrbb) Enzeevu (aflibercept-abzv) Opuviz (aflibercept-yszy) Pavblu (aflibercept-ayyh) Yesafili (aflibercept-jbvf)
C9399, J9999	Lymphir (denileukin diftitox-cxdl)
C9399, J3590	Niktimvo (axatilmab-csfr)
C9399, J3590	Nypozi (filgrastim-txid)
J3590	Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq)
C9399, J9999	Rytelo (imetelstat)
C9399, J9999	Tecelra (afamitresgene autoleucel)
J3590	Yimmugo (immune globulin intravenous, human-dira)

Step Therapy

Effective April 1, 2025, the following Part B medications from the current *Clinical Criteria Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

<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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Clinical Criteria Guidelines are publicly available on the provider website. Visit the **Clinical Criteria** page to search for specific criteria.

Clinical UM Guidelines	Status	Drug(s)
CC-0002	Non-preferred	Nypozi (filgrastim-txid)
CC-0003	Non-preferred	Yimmugo (immune globulin intravenous, human-dira)