



September 2024

## Clinical Criteria Updates Effective January 31, 2025

Please note, this communication applies to *Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP)* offered by *Blue Cross and Blue Shield of North Carolina (Blue Cross NC)*.

Summary: On June 10, 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. 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
- 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 apply 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 have 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
January 31, 2025	*CC-0263	Imdelltra (tarlatamab-dlle)	New
January 31, 2025	*CC-0264	Anktiva (nogapendekin alfa inbekicept-pmln)	New
January 31, 2025	*CC-0265	Kisunla (donanemab)	New

<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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Blue Cross and Blue Shield of North Carolina  
 Healthy Blue + Medicare (HMO-POS D-SNP) *Clinical  
 Criteria* Updates Effective January 31, 2025

<b>Effective Date</b>	<b><i>Clinical Criteria</i> Number</b>	<b><i>Clinical Criteria</i> Title</b>	<b>New or Revised</b>
January 31, 2025	*CC-0166	Trastuzumab Agents	Revised
January 31, 2025	CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
January 31, 2025	CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
January 31, 2025	CC-0094	Pemetrexed (Alimta, Pemfexy, Pemrydi)	Revised
January 31, 2025	CC-0032	Botulinum Toxin	Revised
January 31, 2025	*CC-0041	Complement C5 Inhibitors	Revised