



June 2024

## Clinical Criteria Updates Effective August 30, 2024

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 November 17, 2023, and March 21, 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 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
August 30, 2024	*CC-0261	Winrevair (sotatercept-csrk)	New
August 30, 2024	*CC-0125	Opdivo (nivolumab)	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.

®, SM are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of North Carolina  
 Healthy Blue + Medicare (HMO-POS D-SNP)  
*Clinical Criteria* updates effective August 30, 2024

<b>Effective Date</b>	<b><i>Clinical Criteria</i> Number</b>	<b><i>Clinical Criteria</i> Title</b>	<b>New or Revised</b>
August 30, 2024	*CC-0003	Immunoglobulins	Revised
August 30, 2024	CC-0033	Xolair (omalizumab)	Revised
August 30, 2024	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
August 30, 2024	CC-0121	Gazyva (obinutuzumab)	Revised
August 30, 2024	CC-0201	Rybrevant (amivantamab-ymjw)	Revised
August 30, 2024	*CC-0251	Ycanth (cantharidin)	Revised