



June 2024

Clinical Criteria Updates Effective August 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 19, 2023, August 18, 2023, November 17, 2023, December 11, 2023, and February 23, 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 28, 2024	*CC-0258	iDoseTR (travoprost Implant)	New
August 28, 2024	*CC-0259	Amtagvi (lifleucel)	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
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Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
August 28, 2024	*CC-0260	Nexobrid (anacaulase-bcdb)	New
August 28, 2024	*CC-0199	Empaveli (pegcetacoplan)	Revised
August 28, 2024	*CC-0041	Complement Inhibitors	Revised
August 28, 2024	CC-0128	Tecentriq (atezolizumab)	Revised
August 28, 2024	CC-0116	Bendamustine agents	Revised
August 28, 2024	CC-0161	Sarclisa (isatuximab-irfc)	Revised
August 28, 2024	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
August 28, 2024	CC-0157	Padcev (enfortumab vedotin)	Revised
August 28, 2024	CC-0230	Adstiladrin (nadofaragene firadenovec-vncg)	Revised
August 28, 2024	*CC-0125	Opdivo (nivolumab)	Revised
August 28, 2024	*CC-0119	Yervoy (ipilimumab)	Revised
August 28, 2024	*CC-0099	Abraxane (paclitaxel, protein bound)	Revised
August 28, 2024	*CC-0093	Docetaxel (Taxotere)	Revised
August 28, 2024	*CC-0094	Pemetrexed (Alimta, Pemfexy, Pemrydi)	Revised
August 28, 2024	CC-0130	Imfinzi (durvalumab)	Revised
August 28, 2024	*CC-0088	Elzonris (tagraxofusp-erzs)	Revised
August 28, 2024	*CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
August 28, 2024	*CC-0112	Xofigo (Radium Ra 223 Dichloride)	Revised
August 28, 2024	*CC-0123	Cyramza (ramucirumab)	Revised

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August 28, 2024	*CC-0131	Besponsa (inotuzumab ozogamicin)	Revised
August 28, 2024	CC-0121	Gazyva (obinutuzumab)	Revised
August 28, 2024	CC-0122	Arzerra (ofatumumab)	Revised
August 28, 2024	CC-0232	Lunsumio (mosunetuzumab-axgb)	Revised
August 28, 2024	CC-0109	Zaltrap (ziv-aflibercept)	Revised
August 28, 2024	CC-0135	Melanoma Vaccines	Revised
August 28, 2024	*CC-0096	Asparagine Specific Enzymes	Revised
August 28, 2024	CC-0120	Kyprolis (carfilzomib)	Revised
August 28, 2024	*CC-0117	Empliciti (elotuzumab)	Revised
August 28, 2024	*CC-0126	Blinicyto (blinatumomab)	Revised
August 28, 2024	CC-0113	Sylvant (siltuximab)	Revised
August 28, 2024	CC-0132	Mylotarg (gemtuzumab ozogamicin)	Revised
August 28, 2024	CC-0097	Vidaza (azacitidine)	Revised
August 28, 2024	CC-0129	Bavencio (avelumab)	Revised
August 28, 2024	*CC-0090	Ixempra (ixabepilone)	Revised
August 28, 2024	CC-0110	Perjeta (pertuzumab)	Revised
August 28, 2024	*CC-0115	Kadcyla (ado-trastuzumab)	Revised
August 28, 2024	*CC-0108	Halaven (eribulin)	Revised
August 28, 2024	CC-0089	Mozobil (plerixafor)	Revised
August 28, 2024	CC-0124	Keytruda (pembrolizumab)	Revised

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August 28, 2024	*CC-0002	Colony Stimulating Factor Agents	Revised
August 28, 2024	*CC-0212	Tezspire (tezepelumab-ekko)	Revised
August 28, 2024	*CC-0033	Xolair (omalizumab)	Revised
August 28, 2024	*CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
August 28, 2024	*CC-0029	Dupixent (dupilumab)	Revised
August 28, 2024	*CC-0208	Adbry (tralokinumab)	Revised
August 28, 2024	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
August 28, 2024	*CC-0067	Prostacyclin Infusion and Inhalation Therapy	Revised
August 28, 2024	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
August 28, 2024	*CC-0064	Interleukin-1 Inhibitors	Revised
August 28, 2024	*CC-0057	Krystexxa (pegloticase)	Revised
August 28, 2024	*CC-0068	Growth Hormones	Revised
August 28, 2024	*CC-0047	Trogarzo	Revised
August 28, 2024	*CC-0078	Orencia (abatacept)	Revised
August 28, 2024	*CC-0107	Bevacizumab for Non-ophthalmologic Indications	Revised