



March 2023

Clinical Criteria Updates

Please note, this communication applies to *Healthy Blue + MedicareSM (HMO D-SNP)* offered by Blue Cross and Blue Shield of North Carolina.

Summary: On September 12, 2022, and November 18, 2022, 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	Document Number	Clinical Criteria Title	New or Revised
May 26, 2023	*CC-0222	Tecvayli (teclistamab-cqyv)	New
May 26, 2023	*CC-0223	Imjudo (tremelimumab-actl)	New
May 26, 2023	*CC-0224	Pedmark (sodium thiosulfate injection)	New
May 26, 2023	*CC-0225	Tzield (teplizumab)	New
May 26, 2023	CC-0130	Imfinzi (durvalumab)	Revised
May 26, 2023	*CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
May 26, 2023	CC-0148	Agents for Hemophilia B	Revised
May 26, 2023	CC-0149	Select Clotting Agents for Bleeding Disorders	Revised

<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.

Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO D-SNP)
Clinical Criteria Updates

Effective Date	Document Number	<i>Clinical Criteria Title</i>	New or Revised
May 26, 2023	CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
May 26, 2023	*CC-0124	Keytruda (pembrolizumab)	Revised
May 26, 2023	*CC-0168	Tecartus (brexucabtagene autoleucel)	Revised
May 26, 2023	*CC-0195	Abecma (idecabtagene vicleucel)	Revised
May 26, 2023	*CC-0150	Kymriah (tisagenlecleucel)	Revised
May 26, 2023	*CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
May 26, 2023	*CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
May 26, 2023	*CC-0214	Carvykti (ciltacabtagene autoleucel)	Revised
May 26, 2023	CC-0133	Aliqopa (copanlisib)	Revised
May 26, 2023	*CC-0041	Complement Inhibitors	Revised
May 26, 2023	*CC-0071	Entyvio (vedolizumab)	Revised
May 26, 2023	*CC-0064	Interleukin-1 Inhibitors	Revised
May 26, 2023	*CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
May 26, 2023	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
May 26, 2023	*CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
May 26, 2023	*CC-0078	Orencia (abatacept)	Revised
May 26, 2023	*CC-0063	Stelara (ustekinumab)	Revised
May 26, 2023	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
May 26, 2023	*CC-0003	Immunoglobulins	Revised
May 26, 2023	*CC-0005	Hyaluronan Injections- Step Therapy and Quantity Limit	Revised
May 26, 2023	CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
May 26, 2023	*CC-0100	Istodax (romidepsin)	Revised
May 26, 2023	*CC-0204	Tivdak (tisotumab vedotin-tftv)	Revised
May 26, 2023	*CC-0205	Fyarro (sirolimus albumin bound)	Revised
May 26, 2023	*CC-0002	Colony Stimulating Factor Agents	Revised