



March 2024

Clinical Criteria Updates

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)*.

On February 24, 2023, September 11, 2023, and November 17, 2023 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
June 11, 2024	*CC-0252	Adzynma (ADAMTS13, recombinant-krhn)	New
June 11, 2024	*CC-0253	Aphexda (motixafortide)	New
June 11, 2024	*CC-0254	Zilbysq (zilucoplan)	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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June 11, 2024	CC-0130	Imfinzi (durvalumab)	Revised
June 11, 2024	CC-0223	Imjudo (tremelimumab-actl)	Revised
June 11, 2024	*CC-0059	Selected Injectable NK-1 Antiemetic Agents	Revised
June 11, 2024	CC-0074	Akynzeo (fosnetupitant and palonosetron) for injection	Revised
June 11, 2024	*CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
June 11, 2024	CC-0124	Keytruda (pembrolizumab)	Revised
June 11, 2024	CC-0150	Kymriah (tisagenlecleucel)	Revised
June 11, 2024	CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
June 11, 2024	CC-0133	Aliqopa (copanlisib)	Revised
June 11, 2024	CC-0205	Fyarro (sirolimus albumin bound)	Revised
June 11, 2024	CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
June 11, 2024	*CC-0226	Elahere (mirvetuximab)	Revised
June 11, 2024	CC-0125	Opdivo (nivolumab)	Revised
June 11, 2024	CC-0058	Sandostatin and Sandostatin LAR (Octreotide) / Octreotide Agents	Revised
June 11, 2024	*CC-0009	Lemtrada (alemtuzumab) for the Treatment of Multiple Sclerosis	Revised
June 11, 2024	*CC-0014	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
June 11, 2024	*CC-0011	Ocrevus (ocrelizumab)	Revised
June 11, 2024	*CC-0174	Kesimpta (ofatumumab)	Revised
June 11, 2024	*CC-0020	Natalizumab Agents (Tysabri, Tyruko)	Revised
June 11, 2024	*CC-0032	Botulinum Toxin	Revised
June 11, 2024	*CC-0068	Growth Hormone	Revised
June 11, 2024	*CC-0173	Enspryng (satralizumab-mwge)	Revised
June 11, 2024	*CC-0170	Uplizna (inebilizumab-cdon)	Revised
June 11, 2024	*CC-0199	Empaveli (pegcetacoplan)	Revised
June 11, 2024	*CC-0041	Complement Inhibitors	Revised
June 11, 2024	*CC-0071	Entyvio (vedolizumab)	Revised
June 11, 2024	*CC-0064	Interleukin-1 Inhibitors	Revised
June 11, 2024	*CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
June 11, 2024	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
June 11, 2024	*CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
June 11, 2024	*CC-0078	Orencia (abatacept)	Revised
June 11, 2024	*CC-0063	Ustekinumab Agents	Revised

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June 11, 2024	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
June 11, 2024	CC-0003	Immunoglobulins	Revised
June 11, 2024	*CC-0002	Colony Stimulating Factor Agents	Revised
June 11, 2024	CC-0247	Beyfortus (nirsevimab)	Revised
June 11, 2024	CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised
June 11, 2024	CC-0010	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
June 11, 2024	CC-0209	Leqvio (inclisiran)	Revised
June 11, 2024	*CC-0182	Iron Agents	Revised
June 11, 2024	*CC-0086	Spravato (esketamine) Nasal Spray	Revised