



December 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 (Blue Cross NC).

On August 18, 2023, and August 30, 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.

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
March 1, 2024	*CC-0244	Columvi (glofitamab-gxbm)	New
March 1, 2024	*CC-0245	Izervay (avacincaptad pegol)	New
March 1, 2024	*CC-0246	Rystiggo (rozanolixizumab-noli)	New
March 1, 2024	*CC-0247	Beyfortus (nirsevimab)	New
March 1, 2024	CC-0001	Erythropoiesis Stimulating Agents	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 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 D-SNP)
Clinical Criteria Updates

Effective Date	Clinical Criteria Number	Clinical Criteria Title	New or Revised
March 1, 2024	CC-0124	Keytruda (pembrolizumab)	Revised
March 1, 2024	CC-0104	Levoleucovorin Agents	Revised
March 1, 2024	CC-0100	Romidepsin	Revised
March 1, 2024	*CC-0182	Iron Agents	Revised
March 1, 2024	CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
March 1, 2024	CC-0176	Beleodaq (belinostat)	Revised
March 1, 2024	CC-0180	Monjuvi (tafasitamab-cxix)	Revised
March 1, 2024	CC-0107	Bevacizumab for non-ophthalmologic indications	Revised
March 1, 2024	CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Revised
March 1, 2024	CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	Revised
March 1, 2024	CC-0197	Jemperli (dostarlimab-gxly)	Revised
March 1, 2024	CC-0203	Ryplazim (plasminogen, human-tvmh)	Revised
March 1, 2024	CC-0193	Evkeeza (evinacumab)	Revised
March 1, 2024	*CC-0034	Hereditary Angioedema Agents	Revised
March 1, 2024	*CC-0041	Complement Inhibitors	Revised
March 1, 2024	*CC-0207	Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-gvfc)	Revised
March 1, 2024	CC-0028	Benlysta (belimumab)	Revised
March 1, 2024	*CC-0243	Vyjuvek (beremagene geperpavec)	Revised
March 1, 2024	CC-0165	Trodelvy (sacituzumab govitecan)	Revised
March 1, 2024	*CC-0125	Opdivo (nivolumab)	Revised
March 1, 2024	*CC-0119	Yervoy (ipilimumab)	Revised
March 1, 2024	CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised
March 1, 2024	*CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised