

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Bevacizumab (e.g., Avastin) and Biosimilars (e.g., Zirabev, Mvasi, Vegzelma, Alymsys) for Oncologic Indications	2017006	Preferred/non-preferred products updated.  <b><u>Preferred:</u></b> Mvasi Zirabev  <b><u>Non-preferred:</u></b> Alymsys Avastin Avzivi Jobevne Vegzelma	No	12/1/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017006">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017006</a>
Non-Bevacizumab Vascular Epithelial Growth Factors for Ophthalmic use (e.g., Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo, Enzeevu, Ahzantive)	2024066	Preferred/non-preferred products updated. Requirement for prior approval added for Eylea, Eylea HD, and Yesafili.  <b><u>Preferred:</u></b> Byooviz Lucentis Pavblu Vabysmo  <b><u>Non-preferred:</u></b> Ahzantive Beovu Cimerli Enzeevu Eylea Eylea HD Opuviz Yesafili	No	1/1/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024066">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024066</a>
Nipocalimab (e.g., Imaavy)	2025029	New policy developed.  Indicated for the treatment of generalized myasthenia gravis (gMG)	No	12/1/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025029">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025029</a>
Ocrelizumab (e.g., Ocrevus) and Ocrelizumab with Hyaluronidase	2017021	Coverage criteria updated.  Individual has experienced at least two relapses within the previous two years OR one relapse within	No	12/1/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017021">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017021</a>

(e.g., Ocrevus Zunovo)		the previous year OR is switching from another disease modifying drug, targeted B-cell agent drug or lymphocyte blocker.			
New-To-Market Medical Benefit Medication	2024079	<p>New to market medical benefit drug list updated.</p> <p><b>Removal from list:</b>  Jobevne  Stoboclo  Osenvelt  Opdivo Qvantig Injection  Zevaskyn</p> <p><b>Addition to list:</b>  Papzimeos Injection</p>	No	12/1/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024079">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024079</a>
Denosumab ( e.g., XGEVA and Prolia,) and Biosimilars	2017009	<p>Coverage criteria updated and biosimilars added.</p> <p><b>Added the following biosimilars:</b>  Osenvelt  Stoboclo  Xbryk</p>	No	12/1/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017009">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017009</a>
Bevacizumab (e.g., Avastin) for Non-Oncologic and Non-Ophthalmologic Indications	2023014	<p>Preferred/non-preferred products updated.</p> <p><b><u>Preferred:</u></b>  Mvasi  Zirabev</p> <p><b><u>Non-preferred:</u></b>  Alymsys  Avastin  Avzivi  Jobevne  Vegzelma</p>	No	1/1/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023014">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023014</a>