PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Brentuximab (e.g., Adcetris)	2017008	Coverage criteria updated. <u>Anaplastic Large Cell Lymphoma</u> Continuation criteria added. <u>Large B-Cell Lymphoma</u> Initial and continuation criteria added. <u>Off-Label Indications</u> List of covered off-label indications updated.	No	12/1/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017008
Ustekinumab (e.g., Stelara) and Biosimilars	2021028	Preferred/non-preferred products updated. <u>Preferred:</u> Pyzchiva Selarsdi Yesintek <u>Non-Preferred:</u> Imuldosa Otulifi Stelara Steqeyma Unbranded Ustekinumab	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2021028
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. <u>Preferred:</u> Byooviz Lucentis Pavblu Vabysmo <u>Non-preferred:</u> Ahzantive Beovu Cimerli Enzeevu Eylea Eylea HD Opuviz	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024066

White Blood Cell Growth Factors (Colony Stimulating Factors)	2021024	Preferred/non-preferred products updated. Preferred: Fulphila Neulasta Neulasta Onpro Non-preferred: Fylnetra Nyvepria Rolvedon Stimufend Udenyca Udenyca Onbody Ziextenzo	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2021024
Rituximab (e.g., Rituxan) and Biosimilars - Non-Oncologic Indications	2021034	Preferred/non-preferred products updated. Preferred: Riabni Truxima Non-preferred: Rituxan Ruxience	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2021034
Trastuzumab and Trastuzumab and Hyaluronidase-oysk	1998158	Preferred/non-preferred products updated. Preferred: Kanjinti Ogivri Ontruzant Non-preferred: Trazimera Herceptin Herceptin Hylecta Hercessi Herzuma	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998158
Eculizumab (e.g., Soliris and biosimilars)	2023045	Preferred/non-preferred products updated. Preferred: Bkemv Epysqli Soliris	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023045

		Non-preferred: none			
Infliximab (e.g., Remicade and Unbranded Infliximab)	1998161	Preferred/non-preferred products updated. Preferred: Avsola Inflectra Remicade Unbranded Infliximab Non-preferred: Ixifi Renflexis	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998161