

September 2025

PR*NEWS*VIDERS'

Published for providers and their office staffs by Arkansas Blue Cross and Blue Shield



**Blueprint Primary
Care Program**

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**Digital
Correspondence Hub
in Availity Essentials**

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Upcoming holidays

Thanksgiving
Thursday, November 27-28



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

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To receive Providers' News via email, please submit a request to providersnews@arkbluecross.com



Thank you for taking time to review Arkansas Blue Cross Blue Shield's September 2025 Providers' News. Our goal with this communication is to provide updates on revisions to payment process, payment policy, and guidance. Please pay careful attention to content specific to your facility or practice. Thank you for your continued service to your patients and our members.

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Arkansas Blue Cross and Blue Shield

2026 Open Enrollment – Please use Availity

The 2026 Open Enrollment period begins October 1st and will continue through January 15, 2026. The enrollment of many new members and renewal of current members produces extremely high call volumes, which are expected to remain elevated through January 31, 2026.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the website for the following:

- Availity – Availity uses the same information available to our customer service representatives and can save you valuable time. Availity has information regarding eligibility, benefits, claims status, as well as submitting authorization requests. Availity displays information on benefits to assist you when scheduling appointments, checking eligibility, identifying benefits, and should be used to submit authorization requests.
- Carelon portal – If you need to request a prior authorization for imaging and high-tech radiology, please continue to use the Carelon portal.

During this time of enrollment, please be aware that call volume can spike and exceed our ability to answer every call in a timely manner. Please use Availity for the reasons noted above.

Blue & You Fitness Challenge

The Blue & You Fitness Challenge is more than 20 years strong!! If you're interested in free opportunities to promote physical, mental, and emotional well-being with your workforce, community groups or even friends and family, then the Blue & You Fitness Challenge is for you! It is a great way to get you and your friends, family, and co-workers on the right track to living a healthier lifestyle. Start 2026 strong and register your group for the Blue & You Fitness Challenge.

Group registration for the 2026 Blue & You Fitness Challenge will be open soon. For more information on creating a team, email info@blueandyoufitnesschallenge-ark.com.

Important Deadlines for 2026 Challenge

- January 23 – deadline for group registration
- February 1 – individual participant registration opens
- February 28 -- deadline for individual registration in groups
- March 1 – Challenge begins



What is the Blue & You Fitness Challenge?

The Blue & You Fitness Challenge is a free three-month contest in which participants are encouraged to exercise, make healthy choices and log those activities to earn points. The Challenge is held from March 1 through May 31. Companies and organizations participate in the event as part of their wellness programs. Friends and family use the contest to focus on health goals, infuse new energy into their routines, remain connected and have fun! Points gained from logging activity leads to contest recognition and rewards, but the best bonuses are better health and fitness. The Challenge was founded in 2004 and is hosted by Arkansas Blue Cross and Blue Shield, the Arkansas Department of Health and the Arkansas Department of Human Services.

Strong starts here!

Blueprint Primary Care Program

Notice Of Material Amendment

Effective January 1, 2026, the Blueprint Primary Care Program will undergo changes identified below.

Program requirement of attribution minimum

- The Blueprint Primary Care Program will require a minimum attribution of 100 attributed members total per clinic for each track enrolled in the value-based program.
- Attributed members benefit plan must be participating in Blueprint Primary Care.
- This attribution minimum excludes the BlueCard line of business.

For more information, please contact your primary care representative or email primarycare@arkbluecross.com.

Digital Correspondence Hub in Availity Essentials

As a provider, you now have access to the newest tool in Availity Essentials™ for Arkansas Blue Cross and Blue Shield, the Digital Correspondence Hub. This enables you to start receiving claim letters (bar-coded medical record requests) from Arkansas Blue Cross digitally within your Availity Essentials workflow. The Digital Correspondence Hub prevents fax and mailing delays with the ability to view correspondence within seconds of receipt.

The Digital Correspondence Hub does not replace the process of submitting records using the Attachment Dashboard. The Attachment Dashboard remains the same. The Digital Correspondence Hub replaces the need to fax bar-coded letters by allowing you to view and download medical record requests previously sent by fax or mail.

Your organization's Availity administrator can assign you the Digital Correspondence Claims Letters (Role) you'll need to access the Digital Correspondence Hub.

Once the bar-coded letter in the Digital Correspondence Hub has been reviewed, requested records can be uploaded using the information provided in the [September 2024 Providers' News, Using Availity to Send Electronic Attachments article](#).

A brief demo will show how to view correspondence in the Digital Correspondence Hub, search for letters, filter results, access a provider audit history, and more. This demo outlines how Administrators can manage inbox preferences for your organizations. Access training by clicking Help & Training>Get Trained then search for Digital Correspondence Hub – Training Demo.

Please note, if your organization has multiple Availity Essentials customer IDs, the Digital Correspondence Hub may not be able to determine the appropriate delivery of the documents, causing Arkansas Blue Cross to continue to fax and mail.

You will find help guides for both the Attachment Dashboard and The Digital Correspondence Hub in Availity Essentials under Payer Spaces.

**Availity Attachment Dashboard: Help Guide to Submitting Electronic Attachments*

**Availity Essentials: Help guide to viewing solicited attachments using Digital Correspondence Hub*

Medical Pharmacy Policy Update

On October 1, 2025, Arkansas Blue Cross and Blue Shield and its family of companies will begin using InterQual guidelines for certain medical benefit medication policies. InterQual guidelines will be used to assess whether a member meets clinical coverage criteria for the medication requested. The Arkansas Blue Cross and Blue Shield policy accessed at secure.arkansasbluecross.com/providers/coverage_policy.aspx will indicate if InterQual guidelines should be used based on diagnosis and requested product. Please use the self-registration tool to create a login (prod.ds.interqual.com/service/connect/transparency?tid=27b0a724-ca06-4b22-846b-598b8dae52fcand) and view the criteria.

Skai Blue — A New Brand Servicing National Business

Arkansas Blue Cross and Blue Shield has a new brand within its family of affiliates: Skai Blue Cross and Blue Shield. Skai Blue is a new third-party administrator (TPA) that will more broadly support the company's national business and clients.

Arkansas Blue Cross national accounts are currently serviced by BlueAdvantage Administrators of Arkansas (BAAA). Skai Blue will serve as a new TPA, administering health plan benefits for the company's self-funded national accounts and future national business, providing customer service, claims processing and other benefit solution services for some of the nation's leading companies. This new brand will launch beginning January 1, 2026.

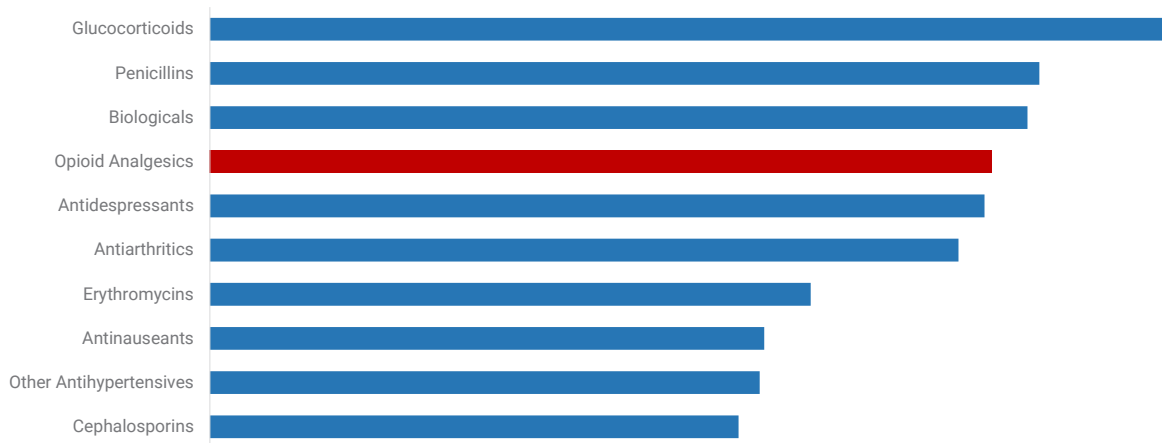
Availity provided communication to all clearinghouses in early September 2025, notifying them of the new Payer ID # (BSKAI) assigned for the Skai brand. Additional information on Skai Blue will be included in the December 2025 issue of Providers' News.



Strengthening Healthcare Initiatives to Foster Teamwork (SHIFT): Pain Management by the Numbers

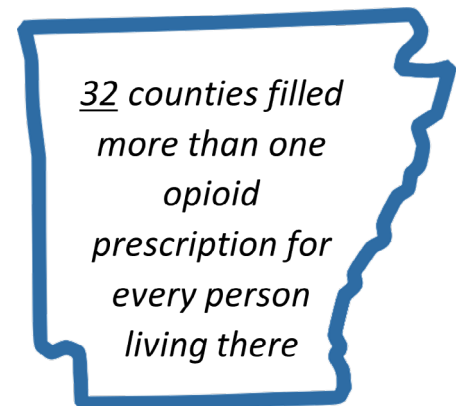
Welcome to SHIFT, a new quarterly series from Arkansas Blue Cross and Blue Shield focused on prescribing trends and safer medication practices.

Our pharmacy data shows that opioids rank #4 among the most dispensed drugs in retail pharmacies written by our network providers.



Arkansas leads the nation in opioid dispensing, 71.5 prescriptions per 100 people, nearly twice the national average [\[SOURCE\]](#). In 2023, 32 counties dispensed more than 100 opioid prescriptions per 100 residents, underscoring the challenges in rural and underserved areas [\[SOURCE\]](#).

Good news: Opioid prescribing in Arkansas has dropped 35% since 2017. Reasons for this include enhanced PDMP monitoring requirements [\[SOURCE\]](#), updated CDC guideline training for providers [\[SOURCE\]](#), and expanded access to assisted medication treatment for opioid use disorder [\[SOURCE\]](#). These combined efforts by providers, health systems and communities are making a meaningful impact.



About SHIFT

Strengthening Healthcare Initiatives to Foster Teamwork (SHIFT) is an Arkansas Blue Cross and Blue Shield initiative that partners with providers to address concerns involving high-risk medications including opioids and benzodiazepines, MAT therapies, controlled substances, and substance use disorders. This partnership aims to open lines of communication and be a resource for provider information.

Arkansas Blue Cross values our providers and the care they deliver to Arkansans.
Contact us at SHIFT@arkbluecross.com with questions related to patient safety.
A Medical Director or Pharmacist will respond.

Coverage Policy Manual Updates

The following policies have been added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual.

To view entire coverage policies, please refer to the Arkansas Blue Cross and Blue Shield website.

PolicyID#	PolicyName
1997066	Treatment of Urinary and Fecal Incontinence
1997188	Allergen Specific IgE In Vitro Testing (e.g., Ige, IgG)
1997195	Sleep Apnea Ventilation Support and Respiratory Assist Devices
1998099	Electrical Stimulation, Deep Brain (e.g. Parkinsonism, Dystonia, Multiple Sclerosis, Post-Traumatic Dyskinesia)
1999001	Nerve Conduction Studies (NCS), Electromyography (EMG) and Surface EMG (SEMG)
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2003018	Genetic Test: Fecal and Serologic Genetic Testing to Detect Colorectal Cancer, Screening
2003029	Tumor Vaccines
2004017	Genetic Test: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
2004018	Intravenous Lidocaine or Ketamine for the Outpatient Management of Chronic Pain and Mental Health Disorders
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2005021	Preimplantation Genetic Diagnosis, Testing or Treatment
2008022	Genetic Test: Microarray-Based Gene Expression Testing for Cancers of Unknown Primary
2008025	Stem Cell Growth Factor, Romiplostim (e.g., Nplate)
2008027	Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, and HER2)
2009004	Biomarker Testing for Alzheimer's Disease
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2011061	Genetic Test: Melanoma and Glioma, Testing to Predict Response to Targeted Therapy
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2013030	Teduglutide (e.g., GATTEX) for Short Bowel Syndrome (SBS)
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013045	Genetic Test: Microarray-based Gene Expression Profile Analysis and Multimodal Artificial Intelligence for Prostate Cancer Management
2014011	Corneal Collagen Cross-linking
2014017	Transcatheter Mitral Valve Repair or Replacement
2014021	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis (e.g., SureSwab, NuSwab)
2014023	Responsive Neurostimulation for the Treatment of Epilepsy
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments

PolicyID#	PolicyName
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016012	Daratumumab (e.g., Darzalex) / Daratumumab and Hyaluronidase-fihj (e.g., Darzalex Faspro)
2016018	Natalizumab (e.g., Tysabri and biosimilars)
2017009	Denosumab (e.g., XGEVA and Prolia)
2017016	Ramucirumab (e.g., Cyramza)
2017020	Pemetrexed (e.g., Alimta)
2017024	Panitumumab (e.g., Vectibix)
2017032	Orthopedic Implants
2017033	Octreotide Acetate for Injectable Suspension (e.g., Sandostatin LAR Depot)
2018002	Chemodenervation, Botulinum Toxins
2020005	Self-Administered Medication
2020007	Eptinezumab-jjmr (e.g., VYEPTI)
2020009	Givosiran (e.g., GIVLAARI)
2020016	Inebilizumab-cdon (e.g., Uplizna™)
2020022	Tocilizumab (e.g., Actemra) and Biosimilars
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021027	Evinacumab-dgnb (e.g., Evkeeza)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021029	Percutaneous Arteriovenous Fistula (pAVF) - ARCHIVED 07/29/2025
2021033	Belimumab (e.g., Benlysta)
2021043	Leuprolide Acetate (e.g., Lupron Depot; Fensolvi) for Non-Oncologic Indications
2022006	Remdesivir (e.g., Veklury)
2022013	Medical Technology Assessment, Non-Covered Services
2022022	Sirolimus protein-bound particles for injectable suspension (e.g., Fyarro)
2022023	Tebentafusp-tebn (e.g., Kimmtrak)
2022024	Sutimlimab-jome (e.g., Enjaymo)
2022025	Tisotumab vedotin-tftv (e.g., Tivdak)
2022027	Pilot Policy: Percutaneous Arteriovenous Fistula (pAVF) - Archived
2022029	Bortezomib (e.g., Velcade)
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2023018	Velmanase alfa-tycv (e.g., Lamzede)
2023019	Mirvetuximab soravtansine-gynx (e.g. Elahere)
2023024	Mosunetuzumab-axgb (e.g. Lunsumio)
2023027	Lenacapavir (e.g., Sunlenca)
2023031	Laboratory Testing Investigational Services
2023032	Tofersen (e.g., Qalsody)
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023034	Epcoritamab-bysp (e.g., Epkinly)
2024015	Toripalimab-tpzi (e.g., Loqtorzi)
2024016	Secukinumab (e.g., Cosentyx)
2024017	Nedosiran (e.g., Rivfloza)
2024019	Lifileucel (e.g., Amtagvi)
2024036	RTM_Diagnostic Testing of Iron Homeostasis and Metabolism

PolicyID#	PolicyName
2024038	Axicabtagene Ciloleucel (e.g., Yescarta)
2024043	Atidarsagene autotemcel (e.g., Lenmeldy)
2024063	Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2024065	Immune Globulin- Hematologic, Transplant, Infectious Disease and Miscellaneous Indications
2024066	Non-Bevacizumab Vascular Epithelial Growth Factors for Ophthalmic use (e.g., Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo, Enzeevu, Ahzantive)
2024079	New-To-Market Medical Benefit Medication
2024081	Goserelin (e.g., Zoladex)
2025002	Zanidatamab-hrii (e.g., Ziihera)
2025003	Treosulfan (e.g., Grafapex)
2025004	Obecabtagene autoleucel (e.g., Aucatzyl)
2025005	Zolbetuximab (e.g., Vyloy)
2025007	Datopotamab deruxtecan-dlnk (e.g., Datroway)
2025009	Zenocutuzumab-zbco (e.g., Bizengri)
2025010	Circulating Tumor Tissue Modified Viral Human Papillomavirus DNA Testing
2025011	Pilot Policy: Three-Dimensional (3D) Printing Models For Pre-operative Planning in Cardiac Surgery
2025012	Epidural Steroid Injections for Back Pain
2025013	Copper-Containing Intrauterine Systems (e.g., Miudella, Paragard)
2025014	Balloon Spacers for Treatment of Irreparable Rotator Cuffs of the Shoulder
2025015	Talimogene laherepvec (e.g., Imlygic)
2025016	Contraceptive Implants (e.g., Nexplanon)
2025017	Cosibelimab-ipdl (e.g., Unloxcyt)
2025019	Remestemcel-Lrknd (Ryoncil)
2025020	Transcatheter Tricuspid Valve Repair or Replacement
2025021	Revakinagene Taroretcel-lwey (e.g., Encelto)

Medical Specialty Medications Prior Authorization Update

The table below lists medical specialty medications requiring prior authorization through the member's medical benefit. Any new medication used to treat a rare disease should be considered to require prior authorization. Please note ASE/PSE, ASP and Medicare have their own prior authorization programs and the table below does not include the medications for those programs.

Abecma	idecabtagene vicleucel	Q2055	
Actemra IV	tocilizumab IV	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Adzyna	ADAMTS13, recombinant-krhn	J7171	
Ahzantive	afilbercept-mrbb	Q5150	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Aldurazyme	laronidase	J1931	
Alymsys	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]

Amtagvi	lifileucel	J9999	
Amvuttra	vutrisiran	J0225	
Anktiva	nogapendekin alfa inbakicept-pmln	J9028	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	rilonacept	J2793	
Asparlas	calaspargase pegol	J9118	
Aucatzyl	obecabtagene autoleucel	Q2058	
Avastin	bevacizumab	J9035	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Benlysta IV	belimumab IV	J0490	
Beovu	brovacizumab-dbl	J0179	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byovoiz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Beqvez	fidanacogene elaparovvec-dzkt	J1414	
Berinert	c1 esterase, inhibitor, human	J0597	
Bizengri	zenocutuzumab-zbco	J9382	
Bkemv	eculizumab-aeeb	Q5152	Non-preferred [Soliris (J1299) preferred]
Blincyto	blinatumomab	J9039	
Botox	onabotulinumtoxin a	J0585	
Breyanzi	lisocabtagene maraleucel	Q2054	
Brineura	cerliponase alfa	J0567	
Briumvi	ublituximab-siiy	J2329	
Cablivi	caplacizumab-yhdp	C9047	
Carvykti	ciltacabtagene autoleucel	Q2056	
Casgevvy	exagamglogene autotemcel	J3392	
Cerezyme	imiglucerase	J1786	
Cimzia	certolizumab pego	J0717	
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	J9286	
Cosela	trilaciclib	J1448	
Cosentyx IV	secukinumab IV	J3247	
Crysvita	burosumab-twza	J0584	
Danyelza	naxitamab-ggqk	J9348	
Datroway	datopotamab deruxtecan-dlnk	J9999	
Daxxify	daxibotulinumtoxina-lanm	J0589	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Elelyso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparvover-rol	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexio	elranatamab-bcmm	J1323	

Elzonris	tagrazofusp-erzs	J9269	
Enjaymo	sutimlimab-jome	J1302	
Entyvio IV	vedolizumab IV	J3380	
Enzeevu	afilbercept-abzv	Q5149	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Epkinly	epcoritamab-bysp	J9321	
Epysqli	eculizumab-aagh	Q5151	Non-preferred [Soliris (J1299) preferred]
Erzofri	paliperidone palmitate	J2428	
Evenity	romosozumab-aqqg	J3111	
Evkeeza	evinacumab-dgnb	J1305	
Fabrazyme	agalsidase beta	J0180	
Flolan	epoprostenol	J1325	
Fulphila	pegfilgrastim-jmdb	Q5108	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Fyarro	sirolimus protein-bound particles	J9331	
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Gamifant	emapalumab-lzsg	J9210	
Givlaari	givosiran	J0223	
Glassia	alpha-1 proteinase inhibitor human	J0257	
Grafapex	Treosulfan	C9175	
Granix	tbo-filgrastim	J1447	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin	trastuzumab	J9355	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Hercessi	trastuzumab-strf	Q5146	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Imdelltra	tarlatamab-dlle	J9026	
Imlygic	talimogene laherparepvec	J9325	
Imuldosa	ustekinumab-srlf	Q5098	Non-preferred [Stelara IV (J3358) & Stelara SC (J3357) preferred]
Inflectra	infliximab-dyyb	Q5103	Preferred
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	

Ixifi	infliximab-qbtx	Q5109	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Jemperli	dostartlimab	J9272	
Jevtana	cabazitaxel	J9043	
Kadcyla	ado-trastuzumab emtansine	J9354	
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns	Q5117	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Kanuma	sebelipase alfa	J2840	
Kebilidi	eladocagene exuparvovec	J3590	
Kimmtrak	tebentafusp-tebn	J9274	
Kisunla	donanemab-azbt	J0175	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Kyprolis	carfilzomib	J9047	
Lamzedo	velmanase alfa-tycv	J0217	
Lanreotide (Cipla)	lanreotide	J1932	
Lemtrada	alemtuzumab	J0202	
Lenmeldy	atidarsagene autotemcel	J3391	
Leqvio	inclisiran	J1306	
Leukine	sargramostim	J2820	
Lumizyme	alglucosidase alfa	J0221	
Lunsumio	mosunetuzumab-axgb	J9350	
Lutathera	lutetium Lu 177 Dotatate	A9513	
Luxturna	voretigene neparvovec-rzyl	J3398	
Lyfgenia	lovotibeglogene autotemcel	J3394	
Mepsevii	vestronidase alfa-vjbk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi	bevacizumab-awwb	Q5107	Preferred
Naglazyme	galsulfase	J1458	
Neulasta	pegfilgrastim	J2506	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Niktimvo	axatilimab	J9038	
Nivestym	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2802	
Nypozi	filgrastim-txid	Q5148	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nyvepria	pegfilgrastim-apgf	Q5122	Preferred
Ocrevus	ocrelizumab	J2350	
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	
Ogivri	trastuzumab-dkst	Q5114	Preferred
Omvoh	mirikizumab-mrkz	J2267	

Oncaspar	pegaspargase	J9266	
Onivyde	irinotecan liposomal	J9205	
Onpattro	patisiran	J0222	
Ontruzant	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Opuviz	aflibercept-yszy	Q5153	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Orencia	abatacept	J0129	
Otulf IV and SC	ustekinumab-aauz	Q9999	Non-preferred [Stelara IV (J3358) preferred]
Oxlumo	lumasiran	J0224	
Padcev	enfortumab vedotin-ejfv	J9177	
PiaSky	crovalimab-akkz	J1307	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Pombiliti	cipaglucosidase alfa-atga	J1203	
Poteligeo	mogamulizumab- kpkc	J9204	
Prevymis IV	letermovir IV	J3490	
Prolastin	alpha-1 proteinase inhibitor human	J0256	
Pyzchiva IV	ustekinumab-ttwe	Q9997	Non-preferred [Stelara IV (J3358) preferred]
Pyzchiva SC	ustekinumab-ttwe	Q9996	Non-preferred [Stelara SC (J3357) preferred]
Qalsody	tofersen	J1304	
Radicava IV	edaravone IV	J1301	
Reblozyl	luspatercept-aamt	J0896	
Rebyota	fecal microbiota, live-jslm	J1440	
Releuko	filgrastim-ayow	Q5125	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Relizorb	digestive enzyme cartridge	B4105	
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred
Remodulin	treprostinil IV	J3285	
Renflexis	infliximab-abda	Q5104	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Rethymic	allogeneic processed thymus tissue-agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Revcovi	elapegademase-lvlr	J3590	
Riabni	rituximab-arrx	Q5123	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]
Rituxan	rituximab	J9312	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]

Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]
Rivfloza	nedosiran	J3490	
Roctavian	valoctocogene roxaparvovec-rvox	J1412	
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	
Ruxience	rituximab-pvvr	Q5119	Preferred
Rybrevant	amivantamab-vmjw	J9061	
Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	J9021	
Ryoncil	remestemcel-L-rknd	J3590	
Ryplazim	plasminogen, human-tvmh	J2998	
Rystiggo	rozanolixizumab-nol	J9333	
Rytelo	imetelstat	J0870	
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Saphnelo	anifrolumab-fnia	J0491	
Selarsdi	ustekinumab-aekn	Q9998	Non-preferred [Stelara IV (J3358) & Stelara SC (J3357) preferred]
Simponi Aria	golimumab	J1602	
Skyrizi IV	risankizumab-rzaa IV	J2327	
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1299	Preferred
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara IV	ustekinumab	J3358	Preferred
Stelara SC	ustekinumab	J3357	Preferred
Steqeyma IV and SC	ustekinumab-stba	Q5099	Non-preferred [Stelara IV (J3358) preferred]
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
Talvey	talquetamab-tgvs	J3055	
Tecartus	brexucabtagene autoleucel	Q2053	
Tecelra	afamitresgene autoleucel	Q2057	
Tecvayli	teclistamab-cqyv	J9380	
Tepezza	teprotumumab-trbw	J3241	
Tivdak	tisotumab vedotin-tftv	J9273	
Tofidence	tocilizumab-bavi	Q5133	
Trazimera	trastuzumab-qyyp	Q5116	Preferred
Tremfya IV	guselkumab IV	J1628	
Trodelvy	sacituzumab govitecan-hziy	J9317	

Truxima	rituximab-abbs	Q5115	Preferred
Tyenne IV	tocilizumab-aaqg IV	Q5135	
Tyruko	natalizumab-sztn	Q5134	
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzwv	J9381	
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Unloxcyt	cosibelimab ipdl	J9275	
Uplizna	inebilizumab-cdon	J1823	
Uptravi IV	selexipag IV	J3490	
Vegzelma	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veletri	epoprostenol	J1325	
Veopoz	pozelimab-bbfg	J9376	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyloy	zolbetuximab	J1326	
Vyvgart	efgartigimod alfa-fcab	J9332	
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	
Wezlana IV	ustekinumab-auub	Q5138	Non-preferred [Stelara IV (J3358) preferred]
Wezlana SC	ustekinumab-auub	Q5137	Non-preferred [Stelara SC (J3357) preferred]
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Ycanth	cantharidin	J7354	
Yescarta	axicabtagene ciloleucel	Q2041	
Yesintek IV and SC	ustekinumab-kfce	Q5100	Non-preferred [Stelara IV (J3358) preferred]
Zarxio	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ziihera	zanidatamab-hrii	J9276	
Zirabev	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasemnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	
Zynteglo	betibeglogene autotemcel	J3393	

For more information on submitting a request for medication prior authorization, call the appropriate customer service phone number on the back of the member ID card.

Customer service will direct callers to the prior authorization form specific to the member’s group. BlueAdvantage members can find the form at the following link: blueadvantagearkansas.com/providers/resource-center/provider-forms.

For all other members, the appropriate prior authorization form for medical specialty medications can be found at the following link: arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services.

These forms and any additional documentation should be faxed to **501-210-7051** for BlueAdvantage members. For all other members, the appropriate fax number is **501-378-6647**.

Metallic Formulary Changes Effective October 1, 2025

The formulary table below list covered drugs under the member's benefit plan. On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield Small group, Health Advantage small group use the metallic formulary. If you need assistance determining the appropriate formulary to use, contact customer service.

Product/Drug Label Name	Change	Formulary Options
XARELTOTAB	Tier 2 to Tier 3	generic rivaroxaban tab

Standard Formulary Changes Effective October 1, 2025

The formulary table below list covered drugs under the member's benefit plan. Arkansas Blue Cross and Blue Shield large groups, Health Advantage large groups, and BlueAdvantage plans that have selected our prescription drug benefits use the standard formulary. If you need assistance determining the appropriate formulary to use, contact customer service.

In addition, effective September 1, 2025, TRUE METRIX and TRUE METRIX AIR manufactured by Trividia Health, Inc., will be added to the Diabetic Meter program

- Members will be able to get either of these diabetic meters at no cost through the Diabetic Meter program
- Members will continue to access www.caremark.com/managingdiabetes to order their no cost TRUE METRIX or Accu-Chek meters
- TRUE METRIX meters will be shipped to members
- There are no changes to Accu-Chek meters, they will continue through the existing process and be shipped to members just like they are today

Product/Drug Label Name	Change	Formulary Options
VYVANSE CAP (lisdexamfetamine)	Brand no longer covered	lisdexamfetamine, amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS
NAFTIN GEL (naftifine)	Tier 2 to Tier 3	naftifine, ciclopirox, clotrimazole, econazole, ketoconazole cream, luliconazole



Federal Employee Program

FEP Reminders

Immunization Codes

Please be careful to use the most recent vaccination codes when billing. Audit results discovered the following codes are being used incorrectly:

CVX CODES	ISSUE FOUND
84	Inactive: Hep A
119	Rotavirus (2010)
130	DTaP-IPV (2010)
132	Inactive: DTaP, IPV, Hib, Hep B
170	Non-US Code: DTaP, IPV, HiB, Hep B
200	Southern Hemisphere: Peds Influenza
216	PCV 20 (2023)

Vaccination Records

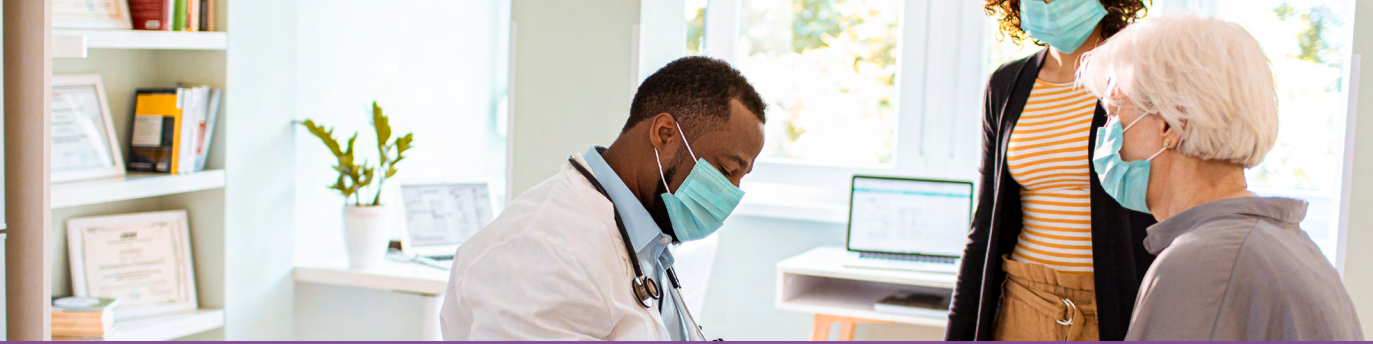
It is vital for the accuracy of your patients’ medical records to register, in WebIZ, your patients’ vaccination records. Please ensure that the age group vaccine you are given matches what you are entering in billing and/or WebIZ.

Preventive Health Screenings

Time to schedule yearly cancer preventative screenings for FEP members.

Residential Treatment Care Prior Authorization Via WebPass

Effective December 1, 2025, FEP providers should submit Residential Treatment Care (RTC) initial and concurrent authorization requests via Webpass. Webpass will replace the current fax and email process. Providers and members should contact Lucet at **877-801-1159** for WebPass access or questions related to this process.



Medicare Advantage

Beneficiary Reimbursements

Per CMS regulations, Medicare Advantage (MA) plans must ensure beneficiaries are refunded any incorrectly collected amounts. When beneficiaries are overcharged for cost sharing and claims are reprocessed, CMS may impose penalties on the MA plan if an audit reveals beneficiaries have not received appropriate refunds.

Although Arkansas Blue Medicare delegates these refund responsibilities to providers, it is our responsibility to ensure refunds are returned to the beneficiaries. Providers may receive inquiries from us to ensure proper refund procedures are being followed and beneficiaries are getting any due refunds correctly and timely. Providers are expected to address the inquiries within the timeframe indicated in the request.

We appreciate your continued support and adherence to this important matter.



Other News

If you, or anyone in your office, would like to receive Providers' News directly to your inbox each time a new publication is released, please submit a request with your email address to: providernews@arkbluecross.com. Thank you.