

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Abatacept (e.g., Orencia)	2006020	<p>Coverage criteria will be updated to include coverage for acute graft vs. host disease (GVHD prophylaxis:</p> <p>INITIAL APPROVAL</p> <ol style="list-style-type: none"> 1. Individual is 2 years of age or older using for prophylaxis of acute GVHD; AND 2. Individual will be undergoing hematopoietic stem cell transplantation (HSCT) from a matched (HLA 8 over 8) or 1 allele-mismatched unrelated donor (HLA 7 over 8); AND 3. Individual is using Orencia (abatacept) in combination with a calcineurin inhibitor (e.g, tacrolimus and cyclosporine) and methotrexate. <p>CONTINUATION OF THERAPY:</p> <ol style="list-style-type: none"> 1. Individual has met criteria for initial approval; AND 2. Individual has experienced a documented positive clinical response; AND 3. Individual is not using the medication in combination with other biologic intended for treatment of psoriatic arthritis, including but not limited to: TNF inhibitor(e.g., infliximab, etanercept, adalimumab, golimumab and certolizumab pegol), IL-36 inhibitor (e.g., spesolimab (spevigo), PDE4 inhibitor (e.g., apremilast (Otezla), any other IL inhibitor (e.g., ustekinumab, guselkumab, tildrakizumab, and risankizumab), or Janus kinase inhibitor (e.g., Deucravacitinib (Sotyktu). 	No	11/01/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2006020
Thyroid Disease Testing	2024026	Coding change was made to implement current coverage criteria for noncoverage for testing of asymptomatic nonpregnant individuals, testing for thyroid dysfunction during a general exam without abnormal findings.	Yes	11/24/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024026