

December 2025

PR*NEWS*VIDERS'

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



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Upcoming holidays

Christmas Eve

Wednesday, December 24, 2025

Christmas Day

Thursday, December 25, 2025

New Year's Day

Wednesday, December 24, 2025

Martin Luther King Jr. Day

Monday, January 19, 2026



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 December 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 Medical Pharmacy Coverage Changes

Arkansas Blue Cross and Blue Shield and its affiliates (BlueAdvantage Administrators of Arkansas and Health Advantage) seek to ensure that health plan members receive **safe and effective medicine** at the **lowest possible cost**.

We have expanded our adoption of **preferred products** to include new therapeutic categories in 2026.

Arkansas Blue Cross and Blue Shield and its affiliates will prefer two to three products in the selected categories across all lines of business (excluding Medicare Advantage, the Federal Employee Program, Arkansas State University, Arkansas State Employees, Public School Employees, Arkansas State Police and Walmart). Preferred product categories for calendar year 2026 include bevacizumab, filgrastim, infliximab, pegfilgrastim, rituximab, trastuzumab, ocular vascular endothelial growth factor inhibitors and ustekinumab.

(Note: Regarding **bevacizumab**, members with an **ophthalmic** indication will be allowed to use any bevacizumab product and will not be subject to the preferred products.)

When prescribing for a medication in one of the selected categories, providers should choose from one of the preferred products in the coverage policy. If a provider chooses a **nonpreferred** product, it **will not be covered**. Exception criteria can be found in the coverage policy.

We have directed any member that may be affected by the change to consult their healthcare provider to discuss these changes and have provided them with available alternatives.

All members currently utilizing a non-preferred product will be required to utilize a preferred product in 2026 unless an exception is granted.

The 2026 preferred products are available on the next page. These are subject to change. Please refer to the corresponding coverage policies for the most up-to-date preferred product listings.

To switch to a preferred product – Submit **Authorization | Organizational Determination Request Form** indicating the chosen biosimilar or reference product – along with the corresponding Healthcare Common Procedure Coding System (HCPCS) code. If approved, we will enter a new authorization. As with all such authorizations, it will cover a defined time period and must be renewed at the end of that term.

Category	Preferred (covered)	Non-preferred (non-covered)
Bevacizumab	<ul style="list-style-type: none"> ▪ Mvasi ▪ Zirabev 	<ul style="list-style-type: none"> ▪ Avastin ▪ Alymsys ▪ Jobevne ▪ Vegzelma
Filgrastim	<ul style="list-style-type: none"> ▪ Nivestym ▪ Zarxio 	<ul style="list-style-type: none"> ▪ Neupogen ▪ Granix ▪ Nypozi ▪ Releuko ▪ Leukine
Infliximab	<ul style="list-style-type: none"> ▪ Remicade ▪ Unbranded Infliximab ▪ Inflectra ▪ Avsola 	<ul style="list-style-type: none"> ▪ Renflexis ▪ Ixifi
Pegfilgrastim	<ul style="list-style-type: none"> ▪ Neulasta ▪ Fulphila 	<ul style="list-style-type: none"> ▪ Nyvepria ▪ Udenyca ▪ Ziextenzo ▪ Fylnetra ▪ Stimufend ▪ Rolvedon ▪ Ryzneuta
Rituximab	<ul style="list-style-type: none"> ▪ Riabni ▪ Truxima 	<ul style="list-style-type: none"> ▪ Rituxan ▪ Ruxience ▪ Rituxan Hycela
Trastuzumab	<ul style="list-style-type: none"> ▪ Kanjinti ▪ Ogivri ▪ Ontruzant 	<ul style="list-style-type: none"> ▪ Herceptin ▪ Herceptin Hylecta ▪ Herzuma ▪ Trazimera
Ocular Vascular Endothelial Growth Factor Inhibitors	<ul style="list-style-type: none"> ▪ Byooviz ▪ Lucentis ▪ Vabysmo ▪ Pavblu 	<ul style="list-style-type: none"> ▪ Beovu ▪ Cimerli ▪ Ahzantive ▪ Enzeevu ▪ Eylea ▪ Eylea HD ▪ Opuviz
Ustekinumab	<ul style="list-style-type: none"> ▪ Pyzchiva IV and SC ▪ Selarsdi ▪ Yesintek IV and SC 	<ul style="list-style-type: none"> ▪ Imuldosa ▪ Otulfi IV and SC ▪ Stelara IV and SC ▪ Steqeyma IV and SC ▪ Wezlana IV and SC

2026 Open Enrollment – Please use Availity

The 2026 Open Enrollment period began 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 encourage 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.

Arkansas Blue Cross and Blue Shield and Cambia Health Solutions Join to Make Health Insurance Work Better for Local Communities

Strategic affiliation keeps Arkansas presence and local health expertise while providing access to expanded capabilities, tools, and technology

Arkansas Blue Cross and Blue Shield (Arkansas Blue Cross) and Cambia Health Solutions (Cambia) recently announced that they have signed a definitive agreement to form a strategic affiliation that will improve and expand capabilities and offerings for their members and customers while remaining rooted in and committed to their local communities. The two organizations, which offer locally focused Blue Cross and Blue Shield plans, have complementary capabilities and a mutual vision for the future of health care.

By sharing operations teams and core technology platforms, a collaboration of Blue health plans will enhance customer and member experience, support broader access to high-quality care, and work to contain costs for members and customers. Under the affiliation agreement, Arkansas Blue Cross will continue to operate as an Arkansas-based mutual health insurance company, maintaining its local brand identity, board of directors and its philanthropic foundation, the Blue and You Foundation for a healthier Arkansas.

Members will retain their current coverage and continue to use their Arkansas Blue Cross insurance card just as they do today. Arkansas Blue Cross assets and foundation resources remain in Arkansas. Cambia will also maintain its foundation, and local health plans will operate in Idaho, Oregon, Utah and Washington, as they do now.

The areas of focus for the affiliation include:

- **Investing in transformative, financially sound programs to improve members' health outcomes.** Examples include expanded solutions for maternal and family health, infrastructure for alternative payment models, and continued investment in provider tools that enable quicker, more-informed patient care decisions.
- **Meeting the unique local health needs of members and communities.** The affiliation will unite a breadth of rural expertise and tailored solutions for local communities such as advanced primary care, integrated behavioral health programs, digital health solutions, etc.
- **Improving the care experience with enhanced solutions for members and providers.** Combined resources across operations and technology will expand plan capabilities, support cost savings, and simplify the experience for members and customers while delivering care that is more accessible, understandable, and actionable for members and providers.

The strategic affiliation is subject to regulatory approval in Arkansas and is expected to close in 2026.

Embold Badges Coming to Provider Directories Statewide

Second phase of project follows successful March 2025 rollout in Northwest Arkansas

Arkansas Blue Cross and Blue Shield has engaged Embold Health to identify in online provider directories healthcare providers who exceed widely accepted standards for appropriateness and effectiveness of care.

In the first phase of this work, badges were applied to healthcare providers in Northwest Arkansas, in March 2025. As you may be aware, several major employers have used Embold's performance assessments in their health plan provider directories for several years.

The second phase of this work – a statewide rollout – will be coming in February 2026.

This information from Embold will be added to the online directories of our fully insured group and individual health plans (Arkansas Blue Cross, Health Advantage and Octave Blue Cross and Blue Shield). All providers who meet Embold's threshold will be denoted by an "Exceeds standards" badge.



Exceeds Standards

Embold's "Exceeds standards" badge represents an empirical assessment of an individual provider's historical clinical performance – appropriateness/effectiveness of care – as reflected in claims data from multiple payers. Providers are not comparatively ranked. The badge is merely an indicator that the provider has exceeded Embold's evidence-based standards for appropriateness/effectiveness of care.

Embold Health, founded and led by physicians, analyzes data for individual providers – as opposed to collectively assessing a group of providers in a practice or health system. Its published, peer-reviewed methodology is distinct from Healthcare Effectiveness Data and Information Set (HEDIS®) metrics.

Providers are not included for analysis if they have an insufficient volume of data or if the measure is not related to their specialty.

The Embold "Exceeds standards" badge does not impact existing Arkansas Blue Cross quality or value-based programs. The Embold badge also does not impact a patient's benefits.

Quality ratings will be applied to providers in the following specialties:

- | | |
|----------------------|------------------------|
| ▪ Allergy/Immunology | ▪ Obstetrics |
| ▪ Cardiology | ▪ Orthopedics/joint |
| ▪ Dermatology | ▪ Otolaryngology (ENT) |
| ▪ Endocrinology | ▪ Pediatrics |
| ▪ Gastroenterology | ▪ Podiatry |
| ▪ Neurology | ▪ Primary care |

- Pulmonology
- Rheumatology
- Spine
- Surgery (general)
- Surgery (lung cancer)
- Surgery (bariatric)
- Urology

If providers want an advance look at the criteria and data upon which the Embold “Exceeds standards” badge is based, Arkansas Blue Cross will supply that information on request. Providers should make the request by contacting your assigned Network Development Representative (NDR).

Introducing the BlueCard Executive Role

We are excited to share an important development regarding the BlueCard program. Effective December 18, 2025, all Blue Cross Blue Shield Plans will designate a BlueCard Executive. This new role is designed to act as an additional layer of support for providers in resolving escalated BlueCard claims issues that meet specific criteria. The BlueCard Executive is available, upon request, once all existing channels for appeals and disputes have been exhausted.

To qualify for escalation to the BlueCard Executive, a single claim must meet the following criteria for both age and total billed charges:

- An open BlueCard claim that is aged 45 calendar days or more from the submission date and totals \$1 million or more in billed charges.
- An open BlueCard claim that is aged 60 calendar days or more from the submission date and totals \$500,000 or more in billed charges.
- An open BlueCard claim that is aged 90 calendar days or more from the submission date and totals \$300,000 or more in billed charges.

Please note, these criteria apply only to single claims transactions. We believe that the introduction of the BlueCard Executive will enhance our ability to address your concerns more effectively and ensure that escalated issues are resolved promptly.

New Availity Front End Edit for Duplicate Claim Submission

A new edit will soon be added to Availity to check for duplicate claim submission. If a claim is found to be an exact match (member name, date of birth, member ID number, billed charges, date of service, provider NPI and Tax ID and CPT/ICD10 codes) to a claim previously submitted the claim will be rejected in Availity. To avoid duplicate rejections and ensure quality claim submission, correct any front end Availity rejections or payer (277CA) rejections before attempting to resubmit claims.

This edit will apply to Arkansas Blue Cross, Health Advantage Administrators, Blue Advantage Administrators, Medicare Advantage Administrators, FEP and Skai Blue Cross.

New Form for BlueCard Claim Appeals

Blue Cross and Blue Shield Plans throughout the country are implementing a universal form for the submission of healthcare provider **appeals of BlueCard claims**.

The new form, titled “**Provider BlueCard Claim Appeal Form**” will be posted on the websites of Arkansas Blue Cross and Blue Shield and its affiliated health plans (BlueAdvantage Administrators of Arkansas, Health Advantage, Octave Blue Cross and Blue Shield and Skai Blue Cross and Blue Shield) by **December 18, 2025**.

The new form should be used for **all** provider-initiated appeals of BlueCard claim dispositions.

Revenue Codes 025X and 63X Require Associated HCPCS Code

Payment Policy #000020, General Coding Guidelines, has been revised. This revision includes the following new policy that will be effective February 01, 2026.

Claims submitted for outpatient institutional claims (bill types 13X, 14X and 85X) with the following revenue codes require the appropriate associated HCPCS or CPT codes to be submitted for reimbursement:

- 0250 Pharmacy — General
- 0251 Pharmacy — Generic drugs
- 0252 Pharmacy — Non-generic drugs
- 0253 Pharmacy — Take-home drugs
- 0254 Pharmacy — Drugs incident to other diagnostic services
- 0255 Pharmacy — Drugs incident to radiology
- 0256 Pharmacy — Experimental drugs
- 0257 Pharmacy — Nonprescription
- 0258 Pharmacy — IV Solutions
- 0259 Pharmacy — Other
- 0631 Pharmacy – Extension of 025X — Single source drug
- 0632 Pharmacy – Extension of 025X — Multiple source drug
- 0633 Pharmacy – Extension of 025X — Restrictive prescription
- 0634 Pharmacy – Extension of 025X — Erythropoietin (EPO) less than 10,000 units
- 0635 Pharmacy – Extension of 025X — Erythropoietin (EPO) 10,000 or more units
- 0636 Pharmacy – Extension of 025X — Drugs requiring detailed coding
- 0637 Pharmacy – Extension of 025X — Self-administered drugs

Claims submitted with one of these revenue codes not including an associated CPT or HCPCS code, the service will not be reimbursed. The full policy [#000020 General Coding Guidelines](#) may be viewed on the Arkansas Blue Cross Blue Shield Website.

Skai Blue Cross and Blue Shield

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, and includes the following groups: ABB, Arvest, JB Hunt, Simmons Foods, Paychex, Walmart, and Uniti.

Availity provided communication to all clearinghouses in early September 2025, notifying them of the new Payer ID # (BSKAI) assigned for the Skai brand.



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 table below does not include the medications for those programs.

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Abecma	idecabtagene vicleucel	Q2055		
Actemra IV	tocilizumab IV	J3262		Preferred
Acthar	corticotropin	J0801		
Adakveo	crizanlizumab-tcma	J0791		
Adstiladrin	nadofaragene firadenovec-vncg	J9029		
Adzynma	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]	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]

Brand Name	Generic name	HCPs	2025 Preferred Product	2026 Preferred Product
Aldurazyme	laronidase	J1931		
Allymsys*	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]	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]	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]	Preferred
Avtozma	tocilizumab-anoh	Q5156		Non-preferred [Actemra (J3262), Tofidence (Q5133), and Tyenne (Q5135) preferred]
Avzivi*	bevacizumab-tnjn	C9399		Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Benlysta IV	belimumab IV	J0490		
Beovu	brovacizumab-dbl	J0179	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Beqvez	fidanacogene elaparovect	J1414		
Beriner	c1 esterase, inhibitor, human	J0597		
Bizengri	zenocutuzumab-zbco	J9382		
Bkerv	eculizumab-aeeb	Q5152	Non-preferred [Soliris (J1299) preferred]	Preferred
Blinicyto	blinatumomab	J9039		
Botox	onabotulinumtoxin a	J0585		
Breyanzi	lisocabtagene maraleucel	Q2054		
Brineura	cerliponase alfa	J0567		
Briumvi	ublituximab-siyy	J2329		

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Cablivi	caplacizumab-yhdp	C9047		
Carvykti	ciltacabtagene autoleucel	Q2056		
Casgevy	exagamglogene autotemcel	J3392		
Cerezyme	imiglucerase	J1786		
Cimerli	ranibizumab-eqrn	Q5128		Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
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-gqqk	J9348		
Datroway	datopotamab deruxtecan-dlnk	J9011		
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-rold	J1413		
Elfabrio	pegunigalsidase alfa-iwxj	J2508		
Elrexfio	elranatamab-bcmm	J1323		
Elzonris	tagrazofusp-erzs	J9269		
Encelto	revakinagene taroretcel-lwey	J3403		
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]	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Epkinly	epcoritamab-bysp	J9321		
Epysqli	eculizumab-aagh	Q5151	Non-preferred [Soliris (J1299) preferred]	Preferred
Erzofri	paliperidone palmitate	J2428		
Evenity	romosozumab-aqqg	J3111		
Evkeeza	evinacumab-dgnb	J1305		
Eylea	aflibercept	J0178		Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Eylea HD	aflibercept	J0177		Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Fabrazyme	agalsidase beta	J0180		
Flolan	epoprostenol	J1325		
Fulphila	pegfilgrastim-jmdb	Q5108	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Preferred
Fyarro	sirolimus protein-bound particles	J9331		
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Gamifant	emapalumab-lzsg	J9210		
Givlaari	givosiran	J0223		
Glassia	alpha-1 proteinase inhibitor human	J0257		
Grafapex	treosulfan	J0614		
Granix	tbo-filgrastim	J1447	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Hemgenix	etranacogene dezaparvovec-drlb	J1411		
Herceptin	trastuzumab	J9355	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]

Brand Name	Generic name	HCPs	2025 Preferred Product	2026 Preferred Product
Hercessi	trastuzumab-strf	Q5146	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]	Non-preferred [Kanjinti (Q5117), 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]	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Inflectra	infliximab-dyyb	Q5103	Preferred	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]	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103) preferred]
Jemperli	dostarlimab	J9272		
Jevtana	cabazitaxel	J9043		
Jobevne*	bevacizumab-nwgd	C9399		Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Kadcyla	ado-trastuzumab emtansine	J9354		
Kalbitor	ecallantide	J1290		
Kanjinti	trastuzumab-anns	Q5117	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]	Preferred
Kanuma	sebelipase alfa	J2840		
Kebilidi	eladocagene exuparvovec	J3590		
Kimmtrak	tebentafusp-tebn	J9274		
Kisunla	donanemab-azbt	J0175		

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
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	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
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	Preferred
Naglazyme	galsulfase	J1458		
Neulasta and Neulasta Onpro	pegfilgrastim	J2506	Preferred	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219		
Niktimvo	axatilimab	J9038		
Nivestym	filgrastim-aafi	Q5110	Preferred	Preferred
Nplate	romiplostim	J2802		
Nypozi	filgrastim-txid	Q5148	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nyvepria	pegfilgrastim-apgf	Q5122	Preferred	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ocrevus	ocrelizumab	J2350		
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351		
Ogivri	trastuzumab-dkst	Q5114	Preferred	Preferred
OmvoH	mirikizumab-mrkz	J2267		
Oncaspar	pegaspargase	J9266		

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Onivyde	irinotecan liposomal	J9205		
Onpattro	patisiran	J0222		
Ontruzant	trastuzumab-dttb	Q5112	Preferred	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298		
Opuviz	afibercept-yszy	Q5153	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Orencia	abatacept	J0129		
Otulf IV and SC	ustekinumab-aauz	Q9999	Non-preferred [Stelara IV (J3358) preferred]	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
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]	Preferred
Pyzchiva SC	ustekinumab-ttwe	Q9996	Non-preferred [Stelara SC (J3357) preferred]	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]	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Relizorb	digestive enzyme cartridge	B4105		
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred	Preferred
Remodulin	treprostinil IV	J3285		

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Renflexis	infliximab-abda	Q5104	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103) 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]	Preferred
Rituxan	rituximab	J9312	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rivfloza	nedosiran	J3490		
Roctavian	valoctocogene roxaparvovec-rvox	J1412		
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596		
Ruxience	rituximab-pvvr	Q5119	Preferred	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rybrevant	amivantamab-vmjw	J9061		
Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	J9021		
Ryoncil	remestemcel-L-rknd	J3402		
Ryplazim	plasminogen, human-tvmh	J2998		
Rystiggo	rozanolixizumab-nol	J9333		
Rytelo	imetelstat	J0870		
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Saphnelo	anifrolumab-fnia	J0491		
Selarsdi	ustekinumab-aekn	Q9998	Non-preferred [Stelara IV (J3358) & Stelara SC (J3357) preferred]	Preferred

Brand Name	Generic name	HCPs	2025 Preferred Product	2026 Preferred Product
Simponi Aria	golimumab	J1602		
Skyrizi IV	risankizumab-rzaa IV	J2327		
Skysona	elivaldogene autotemcel	J3590		
Soliris	eculizumab	J1299	Preferred	Preferred
Somatuline depot	lanreotide	J1930		
Spevigo	spesolimab-sbzo	J1747		
Spinraza	nusinersen	J2326		
Stelara IV	ustekinumab	J3358	Preferred	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Stelara SC	ustekinumab	J3357	Preferred	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Steqeyma IV and SC	ustekinumab-stba	Q5099	Non-preferred [Stelara IV (J3358) preferred]	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) 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		Preferred
Trazimera	trastuzumab-qyyp	Q5116	Preferred	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Tremfya IV	guselkumab IV	J1628		
Trodelvy	sacituzumab govitecan-hziy	J9317		

Brand Name	Generic name	HCPCS	2025 Preferred Product	2026 Preferred Product
Truxima	rituximab-abbs	Q5115	Preferred	Preferred
Tyenne IV	tocilizumab-aaqg IV	Q5135		Preferred
Tyruko	natalizumab-sztn	Q5134		
Tysabri	natalizumab	J2323		
Tzield	teplizumab-mzwv	J9381		
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) 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]	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veletri	epoprostenol	J1325		
Veopoz	pozelimab-bbfg	J9376		
Viltepso	viltolarsen	J1427		
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]	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Wezlana SC	ustekinumab-auub	Q5137	Non-preferred [Stelara SC (J3357) preferred]	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Xenpozyme	olipudase alfa-rpcp	J0218		
Xeomin	incobotulinumtoxin a	J0588		
Xiaflex	clostrisidial collagenase	J0775		
Ycanth	cantharidin	J7354		

Brand Name	Generic name	HPCS	2025 Preferred Product	2026 Preferred Product
Yesafili	aflibercept-jbvf	Q5155		Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Yescarta	axicabtagene ciloleucel	Q2041		
Yesintek IV and SC	ustekinumab-kfce	Q5100	Non-preferred [Stelara IV (J3358) preferred]	Preferred
Zarxio	filgrastim-sndz	Q5101	Preferred	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256		
Zepzelca	lurbinectedin	J9223		
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ziihera	zanidatamab-hrri	J9276		
Zirabev*	bevacizumab-bvzr	Q5118	Preferred	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**.

Payment Policy Manual Updates

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

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

Payment Policy ID#	Payment Policy Name
000020	General Coding and Billing Guidelines
000021	Advanced Practice Registered Nurse Services
000022	Physician Assistant Services
000027	Certified Registered Nurse Anesthetist (CRNA) Services
000028	Inpatient Interim Billing
000023	Dental Services Medical Billing

Metallic Formulary Changes Effective January 1, 2026

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
AMLODIPINE/OLMESARTAN	No longer covered	"amlod/valsar tab or one of the following Ca channel blockers; amlodipine tab, felodipine tab ER, isradipine cap, nicardipine cap, nifedipine tab ER, nisoldipine tab/ tab ER WITH one of the following ARBs; candesartan tab, irbesartan tab, losartan tab, olmesa medox tab, telmisartan tab, valsartan tab"
FASENRA INJ 3	No longer covered	DUPIXENT INJ, NUCALA INJ, XOLAIR INJ
FROVATRIPTAN TAB	No longer covered	almotriptan tab, eletriptan tab, naratriptan tab, rizatriptan tab/tab ODT, sumatriptan inj/spr/tab, zolmitriptan spr/tab/ tab ODT
FYCOMPATAB 2	No longer covered	generic perampanel tab
HUMATROPE INJ	No longer covered	NORDITROPIN INJ
HYRIMOZ CD/ INJ (Sandoz brand only)	No longer covered	ADALIMU-ADAZ, ADALIMU-FKJP, COSENTYX, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), KEVZARA, OTEZLA, PYZCHIVA (SC), RINVOO, SKYRIZI (SC), TALTZ, TREMFYA (SC), VELSIPITY, XELJANZ, XELJANZ XR, YESINTEK (SC)
ICOSAPENT CAP	No longer covered	Vascepa
ONE TOUCH PRODUCTS	No longer covered	ACCU-CHECK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS
ORENITRAM TAB	No longer covered	UPTRAVI PACK TAB/TAB
RESTASIS EMU	No longer covered	CYCLOSPORINE (OPHTH) EMULSION

Product/Drug Label Name	Change	Formulary Options
STELARA INJ	No longer covered	Stelara biosimilars now covered PYZCHIVA (SC) and YESINTEK (SC). Other alternatives include ADALIMU-ADAZ, ADALIMU-FKJP, COSENTYX, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), OTEZLA, RINVOQ, SKYRIZI (SC), TALTZ, TREMFYA (SC), XELJANZ, XELJANZ XR, VELSPITY
TELMIS/AMLOD TAB	No longer covered	"amlod/valsar tab or one of the following Ca channel blockers; amlodipine tab, felodipine tab ER, isradipine cap, nicardipine cap, nifedipine tab ER, nisoldipine tab/tab ER WITH one of the following ARBs; candesartan tab, irbesartan tab, losartan tab, olmesa medox tab, telmisartan tab, valsartan tab"
TIMOLOL HEMI SOL	No longer covered	betaxolol sol, carteolol sol, levobunolol sol, timolol gel sol, timolol mal sol
ENTRESTO TAB	Tier Change	generic sacubitril-valsartan tab
REVLIMID CAP	Tier Change	TALK TO YOUR DOCTOR
THALOMID CAP	Tier Change	TALK TO YOUR DOCTOR

Standard Formulary Changes Effective January 1, 2026

The formulary table below lists 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.

Product/Drug Label Name	Change	Formulary Options
AUSTEDO XR TAB 30MG ER	No longer covered	tetrabenazine, AUSTEDO regular release, INGREZZA
FYLNETRA INJ 6MG/0.6	No longer covered	NYVEPRIA
ONZETRA XSAI MIS 11MG	No longer covered	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZEMBRACE SYMTOUCH, TOSYMRA
REVLIMID CAP 10MG	No longer covered	lenalidomide
XGEVA INJ	No Longer covered	OSENVELT
VEMLIDY TAB 25MG	No longer covered	entecavir, lamivudine, tenofovir disoproxil fumarate
XIIDRA DRO 5%	No longer covered	RESTASIS, VEVYE
ADBRY INJ 150MG/ML	Tier 2 to Tier 3	CIBINQO, DUPIXENT, RINVOQ
ENTRESTO TAB 24-26MG	Tier 2 to Tier 3	sacubitril-valsartan
FYCOMPA SUS 0.5MG/ML	Tier 2 to Tier 3	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI

Product/Drug Label Name	Change	Formulary Options
MENOPUR INJ 75UNIT	Tier 2 to Tier 3	Provider to make changes if needed
APTiom TAB 800MG	Tier 2 to Tier 3	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI



Federal Employee Program

2026 FEHB and PSHB Changes

- Simpler access to genetic testing and hospice care.
 - Prior approval is required if there are no signs/symptoms of a condition or request testing to see if genetic condition could be passed to a child.
- FEP Medicare Prescription Drug Program updates: the annual pharmacy out of pocket maximum will be \$2,100 per member for all plans.
- Expanded preventive care coverage-updates will be made to preventive care benefits throughout the year based on the latest preventive care guidelines.

Changes to FEHB plans

FEP Blue Focus only

- Medicare Prescription Drug Program will not be available for FEP Blue Focus members in 2026.
- Deductible will be \$750 for Self Only and \$1,500 for Self Plus One and Self & Family.
- Catastrophic out-of-pocket maximum will be \$10,000 for Self Only and \$20,000 for Self + One and Self & Family.
- Copay for maternity facility care will be \$2,500.

FEP Blue Basic only

- Delivery copay will be waived if members give birth at a Blue Distinction Center® for Maternity Care.
- Thirty- five percent coinsurance for Preferred brand name, Preferred specialty and non-preferred specialty prescription drugs.
- Inpatient admission copay will be \$425 per day up to \$2,975 per admission.
- Outpatient observation services copay will be \$425 per day up to \$2,975.
- Emergency room visit copay will be \$425.
- Ground ambulance copay will be \$250.
- Air or sea ambulance copay will be \$750.
- Facility diagnostic testing copay will be \$75.

Thirty-five percent coinsurance for oral and transdermal contraceptives, reproductive services, vision services, orthopedic and prosthetic devices, durable medical equipment, medical supplies, accidental dental and facility-billed agents, drugs and/or supplies.

FEP Blue Standard only

Fifteen percent coinsurance for Preferred brand name and 20% coinsurance for non-preferred brand name prescription drugs obtained via the Mail Service Pharmacy.

\$100 copay for a 30-day supply of Preferred specialty drugs and \$150 copay for a 30-day supply of non-preferred specialty drugs.

Changes to PSHB plans

FEP Blue Focus only

- Deductible will be \$750 for Self Only and \$1,500 for Self Plus One and Self & Family.
- Catastrophic out-of-pocket maximum will be \$10,000 for Self Only and \$20,000 for Self + One and Self & Family.
- Copay for maternity facility care will be \$3,500.

FEP Blue Basic only

- Delivery copay will be waived if members give birth at a Blue Distinction Center® (BDC) for Maternity Care.
- Thirty-five percent coinsurance for Preferred brand name, Preferred specialty and non-preferred specialty prescription drugs.
- Inpatient admission copay will be \$425 per day.
- Outpatient observation services copay will be \$425 per day up to \$2,975.
- Emergency room visit copay will be \$425.
- Thirty-five percent coinsurance for oral and transdermal contraceptives, reproductive services, vision services, orthopedic and prosthetic devices, durable medical equipment, medical supplies, accidental dental and facility-billed agents, drugs and/or supplies.

Blue Standard only

- \$140 copay for Preferred brand name and \$175 copay for non-preferred brand name prescription drugs obtained via the Mail Service Pharmacy.
- \$100 copay for a 30-day supply of Preferred specialty drugs and \$135 copay for a 30-day supply of non-preferred specialty drugs.

Introducing the BlueCard Executive Role

We are excited to share an important development regarding the BlueCard program.

Effective December 18, 2025, all Blue Cross Blue Shield Plans will designate a BlueCard Executive. This new role is designed to act as an additional layer of support for providers in resolving escalated BlueCard claims issues that meet specific criteria. The BlueCard Executive is available, upon request, once all existing channels for appeals and disputes have been exhausted.

To qualify for escalation to the BlueCard Executive, a single claim must meet the following criteria for both age and total billed charges:

- An open BlueCard claim that is aged 45 calendar days or more from the submission date and totals \$1 million or more in billed charges.
- An open BlueCard claim that is aged 60 calendar days or more from the submission date and totals \$500,000 or more in billed charges.
- An open BlueCard claim that is aged 90 calendar days or more from the submission date and totals \$300,000 or more in billed charges.

Please note, these criteria apply only to single claims transactions. We believe that the introduction of the BlueCard Executive will enhance our ability to address your concerns more effectively and ensure that escalated issues are resolved promptly.

Prenatal Care

The local Federal Employee Program Quality team is striving to accurately reflect the percentage of women receiving prenatal care through the HEDIS Measure Prenatal and Postpartum Care (PPC). We estimate at least 80% of pregnant women have a visit during the first trimester, but claims data only shows 40%. To provide this information on a claim reducing request for medical records please consider one of the following:

- File prenatal care visit claim in the first trimester, up to 14 weeks: 99500, 0500F, 0501F, 0502F. File all prenatal visits, tests and delivery separately.

OR

- File the initial prenatal visit prior to 14 weeks with the appropriate pregnancy-related diagnosis code. Bill visits separately from the bundling code that is normally filed on a claim post-delivery.

Please visit the Provider Resource Center for more information on [HEDIS measures](#).



ARHOME & ACA members

2026 Affordable Care Act (ACA) Prefixes

The table below offers a glance of the Arkansas Blue Cross and Blue Shield On/Off Exchange, Health Advantage On/Off Exchange & Octave On/Off Exchange member’s medical and prescription card information.

This resource can help locate the alpha prefix, plan name, and network delivery to verify if any out of area benefits are available. For questions contact Exchange Customer Service at **800-800-4298**.

Prefix	Plan Names	Network/Delivery	Eff Date
Arkansas Blue Cross and Blue Shield Off-Exchange			
AXC	Gold Standardized, Gold Value, Gold Classic HSA, Silver AH, Silver Standardized, Silver Classic HSA, Silver Premier, Bronze Value, Bronze Exp Standardized, Bronze Classic HSA, Catastrophic HSA	PPO - no out of area benefits	1/1/2018

Arkansas Blue Cross and Blue Shield Off-Exchange – Pharmacy Filing
RxBin: 004336 **RxPCN:** ADV **RxGRP:** RX3961

Arkansas Blue Cross and Blue Shield On-Exchange			
EXX	Gold Standardized, Gold Value, Silver AH, Silver Standardized, Bronze Value, Catastrophic HSA	PPO - no out of area benefits	1/1/2018
Arkansas Blue Cross and Blue Shield On-Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3956			

Prefix	Plan Names	Network/Delivery	Eff Date
Health Advantage Off-Exchange			
GXH	Platinum Standardized, Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized	HMO/POS Open Access - No out-of-area benefits	1/1/2021
HOG	Platinum Premier National, Gold Premier National, Silver Elite National, Bronze National	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2021

Health Advantage On-Exchange			
SXA	Platinum Standardized, Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized	HMO/POS Open Access - No out-of-area benefits	1/1/2021
EXA	Platinum Premier National, Gold Premier National, Bronze National	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2021
Health Advantage Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3951			

Prefix	Plan Names	Network/Delivery	Eff Date
Octave Off-Exchange			
OCS	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized, Bronze Value	HMO/POS Open Access - no out of area benefits	1/1/2024
BOO	Gold Classic National HSA, Gold Classic National	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2025
Octave On-Exchange			
OOS	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized, Bronze Value	HMO/POS Open Access - no out of area benefits	1/1/2024
GOE	Gold Classic National	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2025
Octave Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3970			



Arkansas School Employees/Public School Employees

Prior Authorization Update

Effective January 1, 2026, Prior Authorization will no longer be required for Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (SP) services performed in an office, outpatient, or home setting.

Below is more information on PT, OT, and SP services:

- Limited to 30 visits per calendar year for any combination of the above therapy services.
- Therapy services exceeding 30 visits per calendar year may be eligible for coverage, contingent on determination of primary coverage criteria being met.
- For consideration of an exception to exceed the benefit limit, please submit a benefit Exception Form, which can be found [here](#).



Medicare Advantage

Availity – The Key to Self Service

Does your office use Availity? Save valuable time by using Availity to research questions versus contacting Customer Service. Most answers are at your fingertips with Availity, and those that aren't should be sent to your Medicare Advantage Network Specialist. This process ensures you receive the most accurate and complete information.

If you encounter an issue while using Availity, contact your Medicare Advantage Network Specialist. Take your self-service to the next level with Availity.

Telehealth Coverage for Medicare Advantage Members

We'd like to provide some clarity regarding telehealth coverage for Medicare Advantage members for the remainder of 2025 and 2026: Arkansas Blue Medicare will continue to offer members additional telehealth coverage above Medicare's telehealth benefits.

Arkansas Blue Medicare will cover telehealth visits for the following services at a \$0 copay for members:

- Urgent care
- PCP
- Specialist
- Individual and group sessions for mental health specialty services
- Individual and group sessions for psychiatric services

For these additional telehealth services to be covered, members must visit an Arkansas Blue Medicare contracted provider rendering telehealth services and/or contact our telehealth vendor partner, Teladoc.

Additional clarifications:

- Members can receive covered additional telehealth services at an in-network provider's office or at home via phone, computer, tablet, or other video technology.
- Additional telehealth services are covered for contracted providers only.
- Our plans' Evidence of Coverage (EOC) documents provide full details on telehealth coverage for members.