

Provider Notification of Policy Criteria Change					
Policy Title	Policy Number	Criteria Change	Material Amendment	Effective Date	Link to Full Policy
PET or PET/CT for Breast Cancer	2001036	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated:</p> <ul style="list-style-type: none"> <li>○ When standard imaging cannot be performed or is nondiagnostic for metastatic disease; or</li> </ul> <p>*Workup may be considered for: Inflammatory breast cancer (IBC), tumor size <math>\geq 2</math> cm (<math>\geq T2</math>), clinically positive lymph nodes, or tumor size <math>&gt;1</math> cm (T1c) HER2+ or triple-negative disease</p> <p><u>Management:</u> Indicated in ANY of the following:</p> <ul style="list-style-type: none"> <li>○ Radiation planning for treatment of locoregional recurrence</li> <li>○ Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease; or</li> <li>○ Elevated LFTs or rising tumor markers with negative standard imaging or</li> <li>○ Restaging/treatment response when bone is the only site of measurable disease in the chest, abdomen, and pelvis</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001036">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001036</a>
PET or PET/CT for Colorectal Cancer	2000001	<p>Coverage criteria updated:</p> <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease</li> <li>• Rising carcinoembryonic antigen (CEA) level with negative standard imaging</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000001">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000001</a>

<b>PET or PET/CT for Head and Neck Malignant Disease</b>	2000023	<p>Coverage criteria updated:</p> <p><b>Diagnostic Workup:</b> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Evaluation of locoregionally advanced cancers (T3-T4 primary or <math>\geq</math> N1 nodal staging); or</li> <li>• Following biopsy suggestive of head/neck primary tumor when CT or MRI is nondiagnostic for site of primary tumor</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000023">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000023</a>
<b>PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia</b>	2000002	<p>Coverage criteria updated:</p> <p><b>Acute Leukemia</b></p> <p><b>Diagnostic Workup:</b> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Clinical suspicion for extramedullary disease or lymphadenopathy</li> <li>• When standard imaging cannot be performed or is nondiagnostic</li> </ul> <p><b>Management:</b> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Relapsed or refractory extramedullary disease</li> <li>• Treatment response of lymphomatous extramedullary disease</li> <li>• When standard imaging cannot be performed or is nondiagnostic</li> </ul> <p><b>Chronic lymphocytic leukemia or small lymphocytic lymphoma</b></p> <p><b>Diagnostic Workup:</b></p> <ul style="list-style-type: none"> <li>• Indicated for suspected Richter's transformation to direct nodal biopsy</li> </ul> <p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Indicated for suspected Richter's transformation to direct nodal biopsy</li> </ul> <p><b>Lymphoma – Non-Hodgkin</b> (Includes Castleman Disease, Post-Transplant Lymphoproliferative Disorders)</p>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000002">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000002</a>

		<p><u>Diagnostic Workup:</u> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> <li>Initial evaluation of suspected lymphoma when lymph nodes are not amenable to biopsy</li> <li>Initial staging (often used as an adjunct to CT chest/abdomen/pelvis)</li> </ul> <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>Radiation planning prior to definitive or consolidative treatment for indolent, aggressive, and highly-aggressive non-Hodgkin's lymphoma</li> <li>Interim restaging following 2-4 cycles of treatment for stage III and IV disease</li> <li>Single evaluation at completion of therapy</li> <li>Suspected recurrence or progression of disease based on standard imaging or objective signs/symptoms</li> </ul>			
<b>PET or PET/CT for Melanoma</b>	2000003	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>Initial staging of mucosal melanoma or stage III and IV cutaneous melanoma</li> <li>Standard imaging cannot be performed or is nondiagnostic for metastatic disease</li> <li>When the primary site is unknown and standard imaging is negative</li> </ul> <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>Radiation planning for definitive treatment</li> <li>Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease</li> <li>To assess neoadjuvant or systemic treatment response in mucosal melanoma or stage III and IV cutaneous melanoma</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000003">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000003</a>
<b>Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis</b>	2011071	<p>Coverage criteria updated:</p> <p><u>Penile cancer</u> In EITHER of the following:</p>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011071">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011071</a>

		<ul style="list-style-type: none"> <li>Primary disease, with or without chemotherapy, particularly to irradiate inguinal and/or pelvic lymph nodes</li> <li>Retreatment of a previously irradiated field</li> </ul>			
<b>PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers</b>	2011074	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u></p> <ul style="list-style-type: none"> <li>Indicated for locally advanced (&gt; T2) tumors when standard imaging cannot be performed or is nondiagnostic for metastatic disease</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2011074">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2011074</a>
<b>PET or PET/CT for Ovarian, Fallopian Tube, and Primary Peritoneal Cancer</b>	2001037	<p>Coverage criteria updated:</p> <p><u>Management</u></p> <p>Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> <li>Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease</li> <li>Rising CA-125 with negative standard imaging</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001037">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001037</a>
<b>PET or PET/CT for Prostate Cancer, FDG and non-FDG</b>	2001035	<p>Coverage criteria updated:</p> <p><u>Management of Recurrent/Persistent disease</u></p> <p>Indicated in EITHER of the following scenarios:</p> <p>When ALL of the following criteria are met:</p> <ul style="list-style-type: none"> <li>Original clinical stage T1-T3 and NX or N0 treated with prostatectomy and/or radiation therapy, with biochemically recurrent/persistent disease (see note #1 for definition); and</li> <li>Negative or nondiagnostic conventional imaging (see note #2 for imaging list) within past 60 days if PSA &gt; 10 ng/ml</li> <li>Patient is a candidate for curative intent salvage therapy (see note #3 for definition); and</li> <li>PET/CT has not been performed within the past 3 months</li> </ul> <p><b>OR</b></p> <p>Evaluation of metastatic castrate-resistant disease for radioligand therapy when previously treated with ANY of the following androgen-receptor pathway inhibitors:</p> <ul style="list-style-type: none"> <li>Abiaterone</li> <li>Apalutamide</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001035">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001035</a>

		<ul style="list-style-type: none"> <li>• Enzalutamide</li> <li>• Darolutamide</li> </ul>			
<b>PET or PET/CT for Bone Cancer</b>	2018012	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u></p> <p>Indicated in ANY of the following scenarios (all tumor types):</p> <ul style="list-style-type: none"> <li>• Initial work-up of Ewing sarcoma and osteosarcoma</li> <li>• Standard imaging* cannot be performed or is nondiagnostic or metastatic disease</li> <li>• Standard imaging* suggests a resectable solitary metastasis</li> <li>• Baseline study prior to neoadjuvant chemotherapy</li> </ul>	YES	04/04/2026	<a href="https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2018012">https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2018012</a>