

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Treatment for Spinal Muscular Atrophy	2019011	Effective 11/15/2025, Nusinersen (2019011), Onasemnogene (2025026), and Risdiplam (2025027) will be separated into 3 policies.	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2019011
Onasemnogene abeparvovec-xioi (e.g., Zolgensma)	2025026	New policy effective 11/15/2025, due to separation from policy number 2019011. No change to coverage intent.	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025026
Risdiplam (e.g., Evrysdi)	2025027	New policy effective 11/15/2025, due to separation from policy number 2019011. No change to coverage intent.	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025027
Ublituximab-xiiy (e.g., Briumvi)	2023041	Policy guidelines added. <u>POLICY GUIDELINES</u> Prescribing provider responsible for ensuring individual does not have an active serious infection including Hepatitis B (Briumvi, 2022).	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023041
Caplacizumab-yhdp (e.g., Cablivi)	2019006	Policy guidelines added. <u>POLICY GUIDELINES</u> There should be an absence of unacceptable toxicity from the drug, including severe infusion reactions hemorrhage.	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2019006
Interferon Gamma-1B	1997105	Policy criteria revised. Criteria for CONTINUATION OF THERAPY added. 1. Individual continues to meet the initial approval criteria; AND 2. Individual experiences objective benefit from continued treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread.	No	11/15/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997105