

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Factor VIII (e.g., Advate, Adynovate, Afstyl, Alphanate, Altuviiiio, Elocrate, Esperoct, Jivi, Hemofil-M, Humate-P, Koate, Kovaltry, Novoeight, Nuwiq, Obizur, Recombinate, Wilate, Xyntha)	2024060	Product information and coverage for Kogenate was removed. This product has been discontinued by the manufacturer and removed from the FDA directory.	No	11/15/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024060">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024060</a>
Prademagene Zamikeracel (e.g., Zevaskyn)	2025028	New policy created. This is a policy of non-coverage for all indications.	No	11/15/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025028">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025028</a>