PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure	2013021	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2013021
Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease	2009008	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2009008
Microwave Thermotherapy for Breast Cancer	2006014	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2006014
Fetal Fibronectin Enzyme Immunoassay	1998052	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998052
Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	2003031	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003031
Allergy Testing, Metal	2011075	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011075
Biomarker, Methotrexate Polyglutamates to Predict Response to Methotrexate in Patients with Rheumatoid Arthritis (Avise PG)	2011073	Policy will be archived effective January 1, 2026	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011073

Biomarker testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer	2022040	Policy/coverage statement reformatted. Restricted coverage added for liquid (ctDNA) based testing for breast cancer. Liquid (ctDNA) based testing (Foundation One Liquid CDx 0239U or Guardant360 CDx, 0242U), to include PIK3CA, AKT1, PTEN and/or ESR1 somatic tumor testing to identify individuals who may benefit from the use of alpelisib, capivasertib plus fulvestrant or elacestrant (or other FDA approved agents targeting these same pathways) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness when **ALL** of the following criteria are met: • The individual is either an adult man OR postmenopausal woman • The individual has ER-positive and HER2-negative metastatic breast cancer • The individual is a candidate for use per drug label of an applicable FDA approved targeted agent • The individual has not had prior testing for the targeted gene(s) of interest in the metastatic setting • There is insufficient tumor tissue available for NGS-based somatic profiling or tissue biopsy is unsafe or considered infeasible due to the individual's clinical condition	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022040
Genetic Test: Biomarker testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Prostate Cancer	2022043	Description, rationale, and references updated. Policy/coverage statement reformatted. Restricted coverage added for liquid (ctDNA) based testing for adenocarcinoma of the prostate. BRCA1/2 and ATM variant analysis using ctDNA (liquid biopsy) (FoundationOne Liquid CDx, 0239U) for individuals with mCRPC to select treatment with FDA-approved targeted therapies meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness. Liquid (ctDNA) (FoundationOne Liquid CDx, 0239U) based testing meets member benefit certificate Primary Coverage Criteria that there be scientific	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022043

		evidence of effectiveness for individuals with metastatic adenocarcinoma when **ALL** of the following criteria are met:
		
		• The individual has biopsy-proven adenocarcinoma of the prostate
		• The individual has not had prior NGS testing in the metastatic setting
		• The individual is a candidate for **ONE** of the following therapies:
		  ○ FDA approved PARP inhibitor (olaparib, rucaparib, or other approved PARP inhibitor)
		  ○ FDA approved PD-1 inhibitor (pembrolizumab or other approved checkpoint inhibitor)
		• There is insufficient tumor tissue available for NGS-based somatic profiling or tissue biopsy is unsafe or considered infeasible due to the individual's clinical condition			