PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Tocilizumab (e.g., Actemra) and Biosimilars	2020022	Preferred/Non-Preferred Products updated. Tocilizumab-anoh (e.g., Avtozma) added to preferred product list.	No	1/1/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2020022