PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Dexmedetomidine (e.g., Igalmi)	2022037	Policy will be archived effective February 13, 2026.	Yes	January 13, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022037
Bezlotoxumab (e.g., Zinplava)	2017023	Policy will be archived effective January 13, 2026.	No	January 13, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017023
Remdesivir (e.g., Veklury)	2022006	Policy will be archived effective February 13, 2026.	Yes	January 13, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022006
Lyme Disease Intravenous Antibiotic Therapy and Associated Diagnostic Testing	2010035	Policy will be archived effective February 13, 2026.	Yes	January 13, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2010035
Omidubicel (e.g., Omisirge) as Adjunct Treatment for Hematologic Malignancies	2023026	Policy updated from non-covered to covered for hematologic malignancies. See policy for specific coverage criteria.	No	January 13, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023026