

**PROVIDER NOTIFICATION OF POLICY CRITERIA  
CHANGE**

<b>POLICY TITLE</b>	<b>POLICY NUMBER</b>	<b>CRITERIA CHANGE</b>	<b>MATERIAL AMEDEMMENT</b>	<b>EFFECTIVE DATE</b>	<b>LINK TO FULL POLICY</b>
Zopapogene imadenovec-drba (e.g., Papzimeos)	2026007	New policy effective August 10, 2026.	No	August 10, 2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2026007">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2026007</a>
Narsoplimab (e.g., Yartemlea)	2026008	New policy effective August 10, 2026.	No	August 10, 2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2026008">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2026008</a>
Gemcitabine (e.g., Avyxa, Avgemsi)	2026009	New policy effective August 10, 2026.	No	August 10, 2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=206009">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=206009</a>