

**PROVIDER NOTIFICATION OF POLICY CRITERIA
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Onasemnogene abeparvovec-xioi (e.g., Zolgensma)	2025026	<p>Coverage criteria updated.</p> <ol style="list-style-type: none"> 1. Individual is less than 2 years of age (Zolgensma, 2025); AND 2. individual has a diagnosis of spinal muscular atrophy is confirmed by genetic testing demonstrating bi-allelic mutations in the survival motor neuron 1 (SMN1) (Zolgensma, 2025) 3. Documentation of a genetic test confirms no more than 4 copies of SMN2 gene (Zolgensma 2025); AND 4. Individuals does not have advanced spinal muscular atrophy (e.g., complete paralysis of limbs, permanent ventilator dependence) (Limitation of Use, Zolgensma 2025); AND 5. Baseline anti-adenovirus serotype 9 (AAV9) antibody titers are less than or equal to 1:50 (Zolgensma, 2025); AND 6. Individual does not have ANY of the following: <ol style="list-style-type: none"> a. prior receipt of gene therapy for spinal muscular atrophy (Zolgensma, 2025); OR b. planned use of other survival motor neuron (SMN)-targeting therapies (for example nusinersen or risdiplam) <i>following</i> infusion of onasemnogene; AND 7. Onasemnogene is prescribed by a neurologist with expertise in treating spinal muscular atrophy. 	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025026
Antithrombin III Replacement	1997007	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997007
Interferon Gamma-1B	1997105	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997105

Intradialytic Parenteral Nutrition	1997112	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997112
Strontium 89 (e.g., Metastron)	1997137	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997137
Tumor Vaccines	2003029	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003029
Nesiritide (e.g., Natrecor) for Use in the Outpatient Setting	2005024	Effective June 3, 2026, this policy will be archived.	No	June 3, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=200524