

Provider Notification of Policy Criteria Change					
Policy Title	Policy Number	Criteria Change	Material Amendment	Effective Date	Link to Full Policy
Antineoplaston Cancer Therapy	2003035	Policy will be archived effective April 9, 2026.	No	04/09/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003035
Phosphodiesterase -5 (PDE-5) Inhibitors for Benign Prostatic Hypertrophy (e.g., Tadalafil)	2014016	Policy will be archived effective April 9, 2026.	No	04/09/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2014016
Droxidopa (e.g., Northera)	2015029	Policy will be archived effective April 9, 2026.	No	04/09/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2015029