| Policy | Drug(s) | Type of Change | Brief Description of Policy Change |
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| new drug | Tecartus (brexucabtagene autoleucel) | n/a | n/a |
| new drug | Monjuvi (tafasitamab-cxix) | n/a | n/a |
| new drug | Blenrep (belantamab mafodotin-blmf) | n/a | n/a |
| UM ONC_1067 | Proleukin (aldeskeukin) | Archive | Prefer safer alternatives. |
| UM ONC_1089 | Libtayo (cemiplimab-rwlc) | Negative change | Add inclusion criteria: 2.  Cutaneous Squamous Cell Carcinoma (CSCC)<br>NOTE: Libtayo (cemiplimab-rwlc) is preferred over Keytruda (pembrolizumab) for Cutaneous Squamous Cell Carcinoma. |

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| UM ONC_1207 | Zelboraf (vemurafenib) | Negative change | Add inclusion criteria:<br>2. Malignant Melanoma<br>NOTE: Per NCH Policy & NCH Pathway, Zelboraf (vemurafenib) in combination with a MEK inhibitor ( e.g. cobimetinib) is a non-preferred regimen/combination for use as adjuvant therapy in resected stage III melanoma; Opdivo(nivolumab) for 1 year is the preferred option in this clinical setting.<br>a. NOTE: Per NCH Pathway & NCH Policy, Zelboraf (vemurafenib) in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) is non-preferred for the treatment of metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma. Please refer to the NCH Pathway document for the preferred regimens/options in this disease, both in the initial and subsequent line settings |
| UM ONC_1207 | Zelboraf (vemurafenib) | Negative change | Add exclusion criteria:<br>1. Member has BRAF V600E negative ( wild type) melanoma<br>2. Use of Zelboraf (vemurafenib) as a single agent or in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) in metastatic/recurrent/unresectable BRAF V600 mutation positive E + malignant melanoma. |

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| | | | Add inclusion criteria: 1. NOTE: For iInitial therapy of newly diagnosed multiple myeloma, both transplant eligible and transplant ineligible, Kyrprolis( carfilzomib) based regimens are non-preferred per NCH Pathway & NCH Policy: Please refer to the NCH Pathway document for preferred/Level 1 recommended therapies for the initial treatment of Multiple Myeloma. |
| UM ONC_1224 | Kyprolis (carfilzomib) | Negative change | |
| UM ONC_1241 | Iclusig (ponatinib) | Negative change | Add inclusion criteria:<br>2. Chronic Myeloid Leukemia (CML)<br>Note: Per NCH Policy & NCH L1 Pathway, generic imatinib is the preferred agent for initial or subsequent treatment of Philadelphia chromosome/BCR-ABL positive CML.<br>a. Iclusig (ponatinib) may be used if there is documented intolerance, contraindications, or disease progression on generic imatinib, Tasigna (nilotinib), Sprycel (dasatinib), AND Bosulif (bosutinib) |

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| | | | Add inclusion criteria:<br>3. Acute Lymphoblastic Leukemia (ALL)<br>The member has Philadelphia chromosome/BCR-ABL positive ALL and Iclusig (ponatinib) will be used as a single agent or in combination with chemotherapy if there is documented intolerance, contraindications, or disease progression on generic imatinib, Tasigna (nilotinib), Sprycel (dasatinib), AND Bosulif (bosutinib). |
| UM ONC_1241 | Iclusig (ponatinib) | Negative change | |
| | | | Add exclusion criteria: 3. Use of Iclusig (ponatinib) in Philadelphia chromosome/BCR-ABL negative CML.<br>5. Treatment exceeds the maximum limit of 30 (45 mg) tablets/month, 30 (30 mg) tablets/month, or 90 (15 mg) tablets/month. |
| UM ONC_1241 | Iclusig (ponatinib) | Negative change | |
| UM ONC_1244 | Promacta (eltrombopag) | Positive change | Add inclusion critiera: C. Aplastic Anemia<br>1. The member has severe aplastic anemia defined as an ANC count <500 /microL, platelet count <20,000/micro, and an absolute reticulocyte count <60,000/microL AND<br>2. Promacta (eltrombopag) may be used as a single agent in members who have not received prior immunosuppressive therapy with Atgam (anti-thymocyte globulin), Campath (alemtuzumab), or high dose Cytoxan (cyclophosphamide). |

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| | | | Add exclusion criteria: B.Dosing exceeds single dose limit of Promacta (eltrombopag) 75 mg (for ITP) and 150 mg (for aplastic anemia). |
| UM ONC_1244 | Promacta (eltrombopag) | Negative change | |
| | | | Add inclusion criteria: Cutaneous Squamous Cell Carcinoma (cSCC) 2.Note: The preferred agent, per NCH Policy, for the treatment of members with recurrent or metastatic cutaneous squamous cell carcinoma is Libtayo (cemiplimab-rwlc) over Keytruda (pembrolizumab). Please refer to UM ONC_1089 for Libtayo (cemiplimab-rwlc) policy. |
| UM ONC_1263 | Keytruda (pembrolizumab) | Negative change | |

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| | | | Add inclusion criteria: 2. Malignant Melanoma<br>NOTE: Per NCH Policy & NCH Pathway, Cobimetinib + Vemurafenib is the preferred combination therapy for BRAF V600E mutation positive melanoma, both in the first line and subsequent line settings<br>NOTE: Per NCH Policy & NCH Pathway, Zelboraf (vemurafenib) in combination with a MEK inhibitor ( e.g. cobimetinib) is a non-preferred regimen/combination for use as adjuvant therapy in resected stage III melanoma; Opdivo(nivolumab) for 1 year is the preferred option in this clinical setting.<br>NOTE: Per NCH Pathway & NCH Policy, Zelboraf (vemurafenib) in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) is non-preferred for the treatment of imetastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma. Please refer to the NCH Pathway document for the preferred regimens/options in this disease, both in the initial, and subsequent line settings<br> |
| UM ONC_1279 | Cotellic (cobimetinib) | Negative change | |
| | | | Remove inclusion criteria:<br>ii. Adjuvant therapy in combination with vemurafenib in members who have unacceptable toxicities to dabrafenib/trametinib. |
| UM ONC_1279 | Cotellic (cobimetinib) | Negative change | |

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| | | | Add exclusion criteria: 2. Use of Cotellic (cobimetinib) as a single agent or in combination with Zelboraf (vemurafenib) + Tecentriq (atezolizumab) in metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma. |
| UM ONC_1279 | Cotellic (cobimetinib) | Negative change | |
| | | | Remove exclusion criteria:<br>2. Concomitant use of another MEK or BRAF inhibitor such as Mekinist (trametinib) or Tafinlar (dabrafenib).<br>3. Disease progression while taking Cotellic (cobimetinib). |
| UM ONC_1279 | Cotellic (cobimetinib) | Positive change | |
| | | | Add inclusion criteria: 7. Malignant Melanoma<br>a. NOTE: Per NCH Policy & NCH Pathway, Cobimetinib + Vemurafenib is the preferred first line combination therapy for BRAF V600E mutation positive melanoma over Cotellic (cobimetinib) + Zelboraf (vemurafenib) + Tecentriq (atezolizumab). Please refer to NCH L1 pathway for the preferred treatment in this setting. |
| UM ONC_1299 | Tecentriq (atezolizumab) | Negative change | |

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| | | | Add exclusion criteria: 2. Use of Tecentriq (atezolizumab) in combination with Cotellic (cobimetinib) + Zelboraf (vemurafenib) in metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma. |
| UM ONC_1299 | Tecentriq (atezolizumab) | Negative change | |
| UM ONC_1303 | Xermelo (telotristat ethyl) | Positive change | Remove exclusion criteria:<br>1. Xermelo (telotristat ethyl) is being used in member with any of the following<br>a. History of short bowel syndrome<br>b. Chemotherapy induced diarrhea<br>c. Non-diarrhea carcinoid syndrome: symptoms such as flushing, valvular heart disease and abdominal pain<br>d. Severe constipation |

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| UM ONC_1327 | Aliqopa (copanlisib) | Negative change | Add inclusion criteria:<br>2. Follicular B-cell Non-Hodgkin Lymphoma (NHL)<br>NOTE: Per NCH Pathway & NCH Policy Aliqopa ( copanlisib) is a non-preferred agent in any setting for the treatment of Follicular B-cell lymphoma. Please refer to the NCH Pathway document for a list of recommended agents/regimens for this disease.<br>3.Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (CLL/SLL)<br>a.The member has a diagnosis of relapsed or refractory CLL/SLL AND<br>b.Copiktra (duvelisib) will be used as a single agent following disease progression on at least two prior therapies, including BFCR/bendaendamustine + Rituximab and ibrutinib mustine/ibrutinib AND rituximab. |
| UM ONC_1327 | Aliqopa (copanlisib) | Negative change | Remove inclusion criteria:<br>b.Aliqopa (copanlisib) is being used as a single-agent as subsequent therapy for relapsed/refractory disease after 2 prior therapies for one of the following:<br>i.Nodal marginal zone lymphoma<br>ii.Gastric MALT lymphoma<br>iii.Non-gastric MALT lymphoma<br>iv.i.Splenic marginal zone lymphoma |

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| | | | Add inclusion criteria: Breast cancer<br>b. In combination with fulvestrant for disease progression following one line of endocrine therapy( that did not include a CDK4/6 inhibitor) OR<br>c. As a single agent for disease progression following endocrine therapy (that did not include a CDK4/6 inhibitor) AND chemotherapy for metastatic disease. |
| UM ONC_1328 | Verzenio (abemaciclib) | Negative change | |
| | | | Add exclusion criteria: 1. Disease progression on or after prior therapy with Abemaciclib,pablociclib, ribociclib, or [fulvestrant + Abemaciclib] |
| UM ONC_1328 | Verzenio (abemaciclib) | Negative change | |

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| UM ONC_1341 | Vizimpro (dacomitinib) | Negative Change | Add inclusion criteria:<br>2. Non-Small Cell Lung Cancer (NSCLC)<br>Note: Per NCH Policy & NCH L1 Pathway, the preferred agent for first line therapy of recurrent/metastatic, EGFR mutation positive Non-Small Cell Lung Cancer, is Tagrisso (osimertinib). Please refer to UM ONC_1287 for the Tagrisso (osimertinib) policy.<br>a. The member has advanced NSCLC and the presence of EGFR activating mutations with exon 19 deletion or the L858R mutation in exon 21 as detected by an FDA approved test AND Vizimpro (dacomitinib) will be used as a single agent with the following criteria:<br>i. As first line therapy in members with intolerance/contraindications to Tagrisso(osimertinib) OR<br>ii. As subsequent therapy following disease progression on chemotherapy OR on another tyrosine kinase inhibitor [e.g. Tarceva (erlotinib), Gilotrif (afatinib), Iressa (gefitinib), or Tagrisso (osimertinib)] |
| UM ONC_1346 | Copiktra (duvelisib) | Negative change | Remove inclusion criteria:<br>1. B-Cell Lymphomas<br>a. The member has a diagnosis of active follicular, gastric and non-gastric MALT, splenic marginal zone, and nodal marginal zone lymphoma AND<br>b. Copiktra (duvelisib) is being used as second line or subsequent therapy for refractory or progressive disease after at least 2 prior therapies.<br>2. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (CLL/SLL)<br>a. The member has a diagnosis of active CLL/SLL AND<br>b. Copiktra (duvelisib) is being used as a single agent for relapsed or refractory disease with or without del(17p)/TP53 mutation. |

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| | | | Add inclusion critiera: 2. Follicular Non-Hodgkin Lymphoma (NHL)<br>a. The member has a diagnosis of relapsed or refractory follicular NHL AND<br>b. Copiktra (duvelisib) will be used as a single agent as second line or subsequent therapy following disease progression on at least two prior therapies, including following R-CVP/R-CHOP/bendamustine AND rituximab.<br>3. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (CLL/SLL)<br>a. The member has a diagnosis of relapsed or refractory CLL/SLL AND<br>b. Copiktra (duvelisib) will be used as a single agent following disease progression on at least two prior therapies, including bendaendamustine + Rituximab and ibrutinib. |
| UM ONC_1346 | Copiktra (duvelisib) | Positive change | |
| | | | Remove exclusion criteria: 2. Concurrent use with chronic immunosuppressants (e.g., cyclosporine) or systemic steroids > 20 mg prednisone (or equivalent) daily.<br>3. History of Richter's transformation or prolymphocytic leukemia, chronic liver disease, prior allogeneic transplant, known central nervous system lymphoma or leukemia, or active infection. |
| UM ONC_1346 | Copiktra (duvelisib) | Positive change | |

Vistogard is out of scope

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| UM ONC_1289 | Vistogard (uridine triacetate) | | Archive |