

Policy	Drug(s)	Brief Description of Policy Change
UM ONC_1192	Afinitor (everolimus)	Remove exclusion criteria: Remove Afinitor Disperz (everolimus) is available as 2 mg, 3 mg, and 5 mg tablets for oral suspension; Add inclusion criteria: 1. Subsequent therapy in combination with fulvestrant or tamoxifen for hormone receptor-positive, human epidermal growth factor receptor 2-negative in post-menopausal women with recurrent or metastatic breast cancer previously treated with a nonsteroidal aromatase inhibitor or tamoxifen; 2. Subsequent therapy everolimus + bevacizumab for relapsed or medically unresectable stage IV RCC in members who have progressed on prior tyrosine kinase inhibitor, including Sutent (sunitinib), Nexavar (sorafenib), or Votrient (pazopanib) therapy; 3. Soft Tissue Sarcoma – PEComa/Recurrent Angiomyolipoma/Lymphangiomyomatosis: remove single agent everolimus and add everolimus + imatinib, sunitinib, or regorafenib for disease progression after single-agent therapy with imatinib, sunitinib, and regorafenib.
UM ONC_1279	Cotellic (cobimetinib)	Remove exclusion criteria: 1. Malignant Melanoma- reinduction relapse > 3 months; ecog performance status Add inclusion criteria: Adjuvant therapy in combination with vemurafenib in members who have unacceptable toxicities to dabrafenib/trametinib.
UM ONC_1280	Darzalex (daratumumab)	Add inclusion criteria: Multiple Myeloma -Darzalex (daratumumab) is being used in combination with bortezomib, thalidomide and dexamethasone for transplant candidates; Darzalex (daratumumab) is being used in combination with carfilzomib and dexamethasone
UM ONC_1281	Empliciti (elotuzumab)	No Change
UM ONC_1282	Imlygic (Talimogene Laherparepvec)	No Change
UM ONC_1284	Ninlaro (ixazomib)	Add inclusion criteria: 1. Multiple Myeloma- Primary chemotherapy in combination with cyclophosphamide and dexamethasone for transplant candidates; Maintenance: as a single agent for transplant candidates, or for relapse, progressive, or refractory disease in combination with cyclophosphamide and dexamethasone Remove exclusion criteria: for relapse, progressive, or refractory disease in combination with dexamethasone with or without lenalidomide for members and remove " who have received at least one prior therapy".
UM ONC_1301	Rubraca (rucaparib)	Add inclusion criteria: 1. Ovarian Cancer- As as single-agent maintenance therapy who have completed two or more lines of platinum-based therapy and are in a complete or partial response
UM ONC_1350	Vitrakvi (larotrectinib)	Add inclusion criteria: change Soft Tissue Sarcoma and Thyroid Carcinoma Solid Tumors to Solid Tumors to include the following cancers: c. Central Nervous System Cancers d. Colorectal cancers e. Cutaneous Melanoma f. Esophageal and Esophagogastric Junction Cancers g. Gastric Cancer h. Head and Neck Cancers i. Hepatobiliary Cancers j. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer k. Pancreatic Adenocarcinoma l. Rectal Cancer
UM ONC_1259	Gazyva (obinutuzumab)	Add inclusion criteria: 1. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) -use in combination with chlorambucil/ acalabrutinib/ ibrutinib/venetoclax/bendamustine OR as a single agent for relapsed or refractory disease. Remove criteria with/without del 17p/TP53 mutation and age criteria. 2. Follicular and nodal marginal zone, splenic marginal zone, gastric malt, and primary cutaneous B cell - use with CHOP/CVP in any setting and as single agent maintenance/consolidation
UM ONC_1289	Vistogard (uridine triacetate)	No Change
UM ONC_1290	Yondelis (trabectedin)	No Change
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Add inclusion criteria: Gastroenteropancreatic neuroendocrine tumors- Lutathera (lutetium Lu 177 dotatete) is being used in members with progressive disease on a fixed dose of Octreotide LAR or Lanreotide was added.
UM ONC_1333	Lutathera (Lutetium Lu 177 dotatete)	Add exclusion criteria: concurrent use with other systemic therapies except lanreotide or telotristat was added
UM ONC_1028	Avastin (bevacizumab)/ Mvasi(bevacizumab-awwb)/ Zirabev (bevacizumab-bvzr)	Add inclusion criteria: For Medicaid cases, where there is no state Medicaid medication policy or a state Medicaid Preferred Drug List: Mvasi is the PREFERRED product whenever Bevacizumab is requested.
UM ONC_1072	Myeloid Growth Factors (Neupogen,	Add inclusion criteria: For Medicaid cases, where there is no state Medicaid medication policy or a state Medicaid Preferred Drug List:
UM ONC_1134	Herceptin/Ogivri/Herzuma/Ontruzant /Kanjinti/ Trazimera (trastuzumab/trastuzumab-dkst/ trastuzumab-pkrb/trastuzumab-dttb/trastuzumab-anns/trastuzumab-qyyp)	Add inclusion criteria: For Medicaid cases where there is no state Medicaid medication policy or a state Medicaid Preferred Drug List: Kanjinti OR Onzurant, are the PREFERRED products whenever Trastuzumab is requested

UM ONC_1377

Brukina (zanubrutinib)

New Policy