Policy	Drug(s)	Brief Description of Policy Change
UM ONC_1219	Jevtana (cabazitaxel)	Add inclusion criteria: NOTE: The preferred dose of Jevtana for NCH Policy is 20 mg/m2, IV, every 3 weeks . This dose is associated with a LOW risk for febrile neutropenia.
UM ONC_1219	Jevtana (cabazitaxel)	Remove inclusion criteria:No prior history of hypersensitivity to Jevtana or to drugs formulated with polysorbate 80 AND d.The ANC (absolute neutrophil count) is >1500 AND e.Premedicate each dose of Jevtana with IV doses of an antihistamine, a corticosteroid, and a H2-antagonist.
UM ONC_1219	Jevtana (cabazitaxel)	Remove inclusion criteria: 1. The member has a total bilirubin greater than 3 times the ULN or neutrophil counts of ≤1,500/mm3. 2. Treatment exceeds a maximum duration of 10 cycles of Jevtana (cabazitaxel).
UM ONC_1222	Erivedge (vismodegib)	Add inclusion criteria: RCC- NOTE: The preferred agent, per NCH Policies, for first line, metastatic disease is Pazopanib for good risk disease and Cabozantinib for, and intermediate or poor risk disease
UM ONC_1222	Erivedge (vismodegib)	Remove exclusion criteria: Member did not have prior radiation (unless contraindicated or not appropriate) prior to Erivedge (vismodegib).
UM ONC_1223	Inlyta (axitinib)	Add inclusion criteria: NOTE: The preferred oral tyrosine kinase inhibitor (TKI) agent, per NCH Policies, for first line, metastatic disease is: i.Pazopanib for good risk disease ii.Cabozantinib for intermediate or poor risk disease.
UM ONC_1223	Inlyta (axitinib)	Add inclusion criteria: RCC- Inlyta (axitinib) is being usedas a single agent or in combination with pembrolizumab or avelumab as first-line or subsequent therapy.
UM ONC_1223	Inlyta (axitinib)	Add exclusion criteria: Off-label indications for Inlyta (axitinib) in thyroid cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
UM ONC_1224	Kyprolis (carfilzomib)	Add inclusion criteria: 1. In combination with cyclophosphamide and dexamethasone as primary chemotherapy 2. For relapse or refractory disease In combination with dexamethasone +/- daratumumab
UM ONC_1224	Kyprolis (carfilzomib)	Remove inclusion criteria: For relapse or refractory disease In combination with dexamethasone and cyclophosphamide +/- thalidomide 2. In combination with panobinostat - Member have demonstrated disease progression on or within 60 days of completion of the last therapy
UM ONC_1224	Kyprolis (carfilzomib)	Remove inclusion criteria: Used in combination with lenalidomide and dexamethasone for transplant candidates after 6 months following primary chemotherapy with the same regimen.
UM ONC_1224	Kyprolis (carfilzomib)	Remove exclusion criteria: Dosing exceeds single dose limit of Kyprolis (carfilzomib) 2756 mg/m2 twice weekly or 70 mg/m2 weekly; doses capped at a BSA of 2.2 m2 (59.4 mg IV).
UM ONC_1227	Zolinza (vorinostat)	Add inclusion criteria: The member has documented failure, contraindications, or intolerance to at least TWO of the following systemic therapies: systemic retinoids cytotoxic chemotherapy and, interferons AND Failure of at least one prior skin directed therapy including phototherapy, photopheresis, topical nitrogen mustard or carmustine (BCNU).
UM ONC_1227	Zolinza (vorinostat)	Add exclusion criteria: Member has disease progression while taking other histone deacetylase inhibitor (i.e. romidepsin).
UM ONC_1230	Istodax(romidepsin)	Add inclusion criteria: The member has failed Failure of at least two prior skin directed therapies including topical corticosteroids, carmustine, mechlorethamine hydrochloride, phototherapy, or total skin electron beam therapy, unless otherwise contraindicated or intolerance AND there was failure of at least one prior systemic therapy including vorinostat and/or interferon.

UM ONC_1230	Istodax(romidepsin)	Add exclusion criteria: 1. Peripheral T-cell lymphoma (PTCL) was approved under accelerated approval based on response rate and shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications. 2. Disease progression while taking other histone deacetylase inhibitor (i.e. vorinostat) 3. ~~Used as initial first line therapy for CTCL or PTCL.~~
UM ONC_1231	Marqibo (vincristine liposome)	Remove inclusion criteria:The member has Philadelphia chromosome-negative (Ph-) disease; progression on prior vincristine
UM ONC_1231	Marqibo (vincristine liposome)	Remove exclusion criteria: Marqibo is contraindicated by intrathecal administration.
UM ONC_1233	Tykerb (lapatinib)	Remove inclusion criteria: For combination with capecitabine or trastuzumab- in members who have received prior therapy including an anthracycline, a taxane, AND trastuzumab
UM ONC_1233	Tykerb (lapatinib)	Add inclusion criteria: for combination with aromatase inhibitors-premenopausal women treated with ovarian ablation/suppression
UM ONC_1233	Tykerb (lapatinib)	Remove exclusion criteria: 1.Member is HER-2 negative.2.Used as adjuvant therapy or concurrent use with anthracyclines. 3.Member with severe (Child-Pugh Class C) liver dysfunction, decline left ventricular ejection fraction, or prolonged QT interval.
UM ONC_1317	Rituxan Hycela (rituximab and hyaluronidase human)	Add inclusion criteria: NOTE: The preferred agent, per NCH Policies, is Rituxan and biosimilar Rituximab (Truxima) and Trazimera.
UM ONC_1317	Rituxan Hycela (rituximab and hyaluronidase human)	Add exclusion criteria: Rituxan Hycela (rituximab and hyaluronidase human) is being used after disease progression with Rituximab products.
UM ONC_1317	Rituxan Hycela (rituximab and hyaluronidase human)	Remove inclusion criteria: Rituxan (rituximab) is being used without pretreatment medications.
UM ONC_1333	Erleada (apalutamide)	Add inclusion criteria for Prostate cancer- NOTE: The preferred agent, per NCH Policies, for NON-metastatic castration-resistant prostate cancer is ENZALUTAMIDE or APALUTAMIDE; The preferred agent, per NCH Policies, for metastatic castration-resistant prostate cancer is ENZALUTAMIDE or ABIRATERONE.
UM ONC_1333	Erleada (apalutamide)	Add inclusion criteria:rleada (apalutamide) is being used as secondary hormone therapy in combination with an LHRH antagonist
UM ONC_1333	Erleada (apalutamide)	Remove inclusion criteria for Prostate cancer: remove having no or minimal symptoms
UM ONC_1216	Perjeta (pertuzumab)	Remove exclusion criteria: 1. The member has ECOG performance status 2 or greater OR a baseline LVEF of < 50%.
UM ONC_1216	Perjeta (pertuzumab)	Remove inclusion criteria: ECOG performance status of 0-1 AND baseline left ventricular ejection fraction (LVEF) of 50% or greater
UM ONC_1216	Perjeta (pertuzumab)	Remove inclusion criteria: ECOG performance status of 0-1 AND baseline left ventricular ejection fraction (LVEF) of 50% or greater
UM ONC_1216	Perjeta (pertuzumab)	Add inclusion criteria: For recurrent/metastatic breast cancer in combination with trastuzumab after prior therapy with a taxane + pertuzumab + trastuzumab; adjuvant/neoadjuvant- for ER/PR negative
UM ONC_1130	Alimta (Pemetrexed)	Remove inclusion criteria: First line therapy criteria PD-L1 <1%; Subsequent therapy - PD-L1 positive ≥1%
UM ONC_1130	Alimta (Pemetrexed)	Add inclusion criteria: Continuation maintenance therapy in combination with pembrolizumab following first-line therapy with pembrolizumab, pemetrexed and either cisplatin or carboplatin

UM ONC_1130	Alimta (Pemetrexed)	Add exclusion criteria: Off-label indications for Alimta (pemetrexed) in bladder and ovarian cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
UM ONC_1130	Alimta (Pemetrexed)	Remove exclusion criteria: Creatinine clearance less than 45 ml/min, In member with PS > 2, History of hemoptysis, As adjuvant therapy for IB NSCLC, Being used without pretreatment medications (i.e. oral dexamethasone, folic acid or a multivitamin, and vitamin B12 injection), being used as second line treatment after disease progression on Alimta (pemetrexed) constituting treatment failure, Alimta (pemetrexed) is being , used in bladder cancer as initial treatment, Alimta (pemetrexed) is being used in ovarian cancer without failure to first line platinum based therapy.
UM ONC_1133	Erbitux (Cetuximab)	Add inclusion criteria: 1.Head and Neck Cancers- The member has non-nasopharyngeal head and neck cancer
UM ONC_1133	Erbitux (Cetuximab)	Add inclusion criteria: Colorectal cancer - The member has unresectable, advanced, or metastatic BRAF V600E mutation positive colorectal cancer and Erbitux (cetuximab) is being used in combination with encorafenib.
UM ONC_1133	Erbitux (Cetuximab)	~~Remove inclusion criteria: Colorectal cancer- BRAF wild-type gene for all line of therapy.~~
UM ONC_1133	Erbitux (Cetuximab)	Remove inclusion criteria: dabrafenib and trametinib use in BRAF V600e mutation positive colorectal cancer
UM ONC_1133	Erbitux (Cetuximab)	Add exclusion criteria: Off-label indications for Erbitux (cetuximab) in NSCLC shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
UM ONC_1133	Erbitux (Cetuximab)	Remove inclusion criteria: Colorectal- Used in combination with FOLFOX as second line therapy
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Add inclusion criteria: for all indications, Retacrit (epoetin alfa-epbx) is the PREFERRED medication whenever Epoetin or Darbepoetin is requested AND Non-preferred ESA will be approved only if there is a contraindication/intolerance to the PREFERRED medication
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Add inclusion criteria: CIA- member meets any one or more (instead of ALL)
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Add inclusion criteria: 1. CIA- Prior to initiating ESA therapy concomitant iron deficiency has been ruled out ; Myelosuppressive chemotherapy should have been received within 3 months of the initial request for ESA; 2 MDS-For member with symptomatic anemia with serum erythropoietin level < 500 mU/mL; ESA can be continued when Hgb ≤ 10 g/dL or HCT ≤ 30 (levels are obtained within the last 4 weeks)
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Remove inclusion criteria: MDS- with no del(5q) based on bone marrow biopsy AND cytogenetic examinations
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Add exclusion criteria: Member completed myelosuppressive chemotherapy more than 3 months prior to initiation of ESA therapy for CIA
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Remove exclusion criteria:The member has uncontrolled hypertension or is at risk of thromboembolic events (i.e. history of thrombosis, prolonged periods of immobility or limited activity, surgery, member with multiple myeloma receiving thalidomide or lenalidomide); The member failed to respond to ESA defined as < 1-2 gm/dL rise in hemoglobin or no decrease in transfusion requirements after appropriate dose increase.
UM ONC_1136	Velcade (bortezomib)	Remove inclusion criteria: 1. MM primary- Bortezomib in combination with dexamethasone AND doxorubicin or thalidomide; remove all transplant verbiage 2. MM relapsed/refractory- Relapse/Salvage chemotherapy with the same regimen for disease relapse > 6 months following primary chemotherapy; removed criteria in combination with dexamethasone in subsequent regimens; removed pomalidomide based regimens criteria with demonstrated disease progression on or within 60 days of completion of the last therapy.

UM ONC_1136	Velcade (bortezomib)	Remove inclusion criteria: 1. MM R/R- Bortezomib in combination with dexamethasone AND doxorubicin or thalidomide
UM ONC_1136	Velcade (bortezomib)	Add inclusion criteria: NHL: in relapsed or refractory mantle cell lymphoma used in any line of therapy
UM ONC_1136	Velcade (bortezomib)	Remove inclusion criteria: NHL: As less aggressive induction therapy with VR-CAP (bortezomib, rituximab, cyclophosphamide, doxorubicin, and prednisone) regimen.
UM ONC_1136	Velcade (bortezomib)	Add exclusion criteria: Velcade (bortezomib) is being used after disease progression on a Velcade-based regimen
UM ONC_1136	Velcade (bortezomib)	Remove inclusion criteria: Maintenance dosing exceeds 6.4 mg/m2 every 35 day cycle or 1.3 mg/m2 every 2 weeks.
UM ONC_1035	5HT3 Receptor Antagonists	Add inclusion criteria: Antiemesis- Treatment for nausea/vomiting induced by chemotherapy, immunotherapy, oral oncolytic therapy, targeted therapy, and radiation therapy
UM ONC_1035	5HT3 Receptor Antagonists	Remove inclusion criteria: all Anzemet indications.
UM ONC_1035	5HT3 Receptor Antagonists	Remove exclusion criteria: 1. Anzemet (dolasetron) injectable is being used as prophylaxis for chemotherapy-induced nausea/vomiting. 2.Aloxi, Akynzeo, Sancuso (granisetron PATCH), or Sustol (granisetron extended release) is not to be used for the treatment of established nausea and vomiting. 3.5HT3 receptor antagonist is being used concomitantly with Aloxi/Akynzeo/Sancuso/Sustol or within 2 days with any other drug in its class. 4.Aloxi, Akynzeo, Sancuso, or Sustol is being used more frequent than every 7 days. 5.Use of Sustol for more than 6 months. 6. Anzemet is being used for prevention of radiation induced nausea and vomiting
UM ONC_1314	Imfinzi (durvalumab)	Add inclusion criteria: 1.Urothelial Carcinoma- NOTE: Per NCH policies for subsequent therapy for in the recurrent or metastatic urothelial carcinoma setting, Ketyruda (pembrolizumab) is preferred over other PD-1 or PD-L1 inhibitor (i.e. Opdivo, Tecentriq, Bavencio, Imfinzi).
UM ONC_1314	Imfinzi (durvalumab)	Add inclusion criteria: 1. Non-Small Cell Lung Cancer (NSCLC)- Imfinzi (durvalumab) is being used as consolidation therapy, after completion of definitive chemoradiation, in members with unresectable stage II or III disease AND Appropriate imaging studies (e.g. CT or PET/CT) performed after the completion of chemoradiation should have documented a complete response/partial response/stable disease.
UM ONC_1314	Imfinzi (durvalumab)	Add exclusion criteria: 1. Off-label indications for Imfinzi (durvalumab) in small cell lung cancer shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications. 2. Members with locally advanced non-small cell lung cancer (NSCLC) with disease progression while receiving concurrent chemoradiotherapy. 3. Creatinine clearance less than 30 mL/min or bilirubin >1.5 times the ULN and any AST.

UM ONC_1299	Tecentriq (atezolizumab)	Add inclusion criteria: Bladder cancer- 1. NOTE: Per NCH policies for initial and subsequent therapy in the recurrent/metastatic setting, Ketyruda (pembrolizumab) is preferred over other PD-1 or PD-L1 inhibitor (i.e. Opdivo, Tecentriq, Bavencio, Imfinzi). 2. First line treatment in members who are ineligible for cisplatin chemotherapy AND whose tumors express PD-L1(CPS or TPS of >/=1%). NSCLC- 1. NOTE: Per NCH policies for initial and subsequent therapy in the recurrent/metastatic setting, Ketyruda (pembrolizumab) is preferred over other PD-1 or PD-L1 inhibitor (i.e. Opdivo, Tecentriq). 2. Tecentriq (atezolizumab) is being used as a single agent as subsequent therapy (if pembrolizumab/nivolumab/durvalumab/other checkpoint inhibitor not previously given) in members who have progressed during or following platinum-based chemotherapy or with an EGFR or ALK inhibitorfor EGFR/ALK positive disease 3. SCLC- Tecentriq (atezolizumab) is being used as initial treatment in combination with etoposide andcisplatin followed by atezolizumab maintenance in members who have a complete response/partial response/stable diseasetumor response or stable disease following after completion of atezolizumab + etoposide + cisplatin.
UM ONC_1299	Tecentriq (atezolizumab)	Add inclusion criteria: SCLC- Tecentriq (atezolizumab) is being used as initial treatment in combination with etoposide andcisplatin followed by atezolizumab maintenance in members who have a complete response/partial response/stable disease tumor response or stable disease following after completion of atezolizumab + etoposide + cisplatin.
UM ONC_1299	Tecentriq (atezolizumab)	Add inclusion criteria:Breast Cancer- PD-L1 testing on patient's breast cancer shows a score (TPS or CPS) of >/=1%
UM ONC_1299	Tecentriq (atezolizumab)	Add exclusion criteria: Tecentriq (atezolizumab) is being used after disease progression with prior an anti-PD-1, OR and anti-PD-L1 therapy.
UM ONC_1299	Tecentriq (atezolizumab)	Remove exclusion criteria: 1. Concurrent use with other chemotherapy or prior use of immune checkpoint blockade therapies, including anti-CTLA-4, anti-PD-1, and anti-PD-L1 therapeutic antibodies. 2. Concurrent active infections, autoimmune diseases, or central nervous system metastases requiring therapy.
UM ONC_1274	Opdivo (nivolumab)	Add inclusion criteria: 1. For adjuvant high-risk Stage III melanoma: nivolumab can be dosed at 240 mg q 2 weeks x 24 cycles , or 480 mg every 4 weeks x 12 cycles- 1year maximum duration of therapy 2. Note: When nivolumab is used in combination with ipilimumab, the recommended dose of ipilimumab should not exceed 1 mg/kg every 3 weeks for a maximum of 4 cycles with Nivolumab dosed at 3 mg/kg every 3 weeks.
UM ONC_1274	Opdivo (nivolumab)	Add inclusion criteria: RCC- 1. first line - When usedin combination with ipilimumab(dosed at 1 mg/kg x 4 cycles only) for 4 cycles followed by single agent nivolumab for intermediate or poor risk disease as defined by the IMDC (International Metastatic Renal Cell Carcinoma Database Consortium)
UM ONC_1274	Opdivo (nivolumab)	Add inclusion criteria: 1. Head and Neck cancer for NON-nasopharyngeal, squamous cell carcinoma 2. Urothelial Carcinoma- NOTE: Unless contraindicated or not tolerated, Keytruda (pembrolizumab) is preferred over Opdivo (nivolumab) for use in urothelial cancer
UM ONC_1274	Opdivo (nivolumab)	Add inclusion criteria: 1. Colorectal Cancer- Nivolumab is being used as a single agent.
UM ONC_1274	Opdivo (nivolumab)	Remove inclusion criteria: 1. Hepatocellular Carcinoma (HCC)- in members with Child-Pugh Class A or B7
UM ONC_1274	Opdivo (nivolumab)	Add inclusion criteria: 1. Hepatocellular Carcinoma (HCC)- Member has experienced disease progression on or after therapy with sorafenib/ lenvatinib, /regorafenib, 2. SCLC- NOTE: When nivolumab is used in combination with ipilimumab, the recommended dose of ipilimumab should not exceed 1 mg/kg every 3 weeks for a maximum of 4 cycles with Nivolumab dosed at 3 mg/kg every 3 weeks.

UM ONC_1274	Opdivo (nivolumab)	Remove exclusion criteria: 1. Concurrent central nervous system metastases requiring therapy 2. Dosing exceeds single dose limit of Opdivo (nivolumab) 240 mg (if 67 kg or more) or 3mg/kg (if less than 67 kg). Based on dose/exposure efficacy and safety relationships, there are no clinically significant differences in safety and efficacy between a nivolumab dose of 240 mg or 3mg/kg every 2 weeks in patients with melanoma, NSCLC, SCLC, RCC, urothelial cancer, colorectal cancer, hepatocellular cancer, classical Hodgkin Lymphoma, and head and neck cancer.
UM ONC_1263	Keytruda (pembrolizumab)	Add inclusion criteria: 1. NSCLC- ~~NCH Pathway preferred regimen for 1st line as a single agent, In combination with pemetrexed and platinum chemotherapy, In combination with carboplatin and paclitaxel and applicable maintenance~~ NOTE: The preferred agent, per NCH Policies and NCH Pathways, for first line and maintenance treatment of recurrent/metastatic NSCLC is Keytruda (prembrolizumab) over other PD-1 or PD-L1 inhibitors (i.e. Opdivo, Tecentriq). a. As a single agent if EGFR, ALK, or ROS1 negative or both tissue biopsy and liquid biopsy are unsuccessful in providing sufficient diagnostic material AND PD-L1 expression(either CPS- Combined Positive Score, or TPS- Tumor Proportion Score) is >/= 50% b. As a single agent in cases where the PDL1 is ≥ 1% and concurrent chemotherapy cannot be given or is contraindicated OR c. In combination with pemetrexed and platinum chemotherapy in members with non-squamous histology if EGFR, ALK, or ROS1 genomic alterations are negative or unknown, regardless of the PD-L1 level OR d. In combination with carboplatin and paclitaxel or nab-paclitaxel (if there is a history of anaphylaxis or intolerance to paclitaxel or if paclitaxel is contraindicated) in members with squamous cell histology. ~~2. for subsequent line as a single agent and PD-L1 expression levels >/=1% iii. As~~ subsequent therapy as a single agent for tumors with PD-L1 expression levels ≥1% and the member had no prior progression on a PD-L1/PD-1 inhibitor. 2. H&N The member has unresectable, recurrent, or metastatic NON-nasopharyngeal squamous cell carcinoma of the head and neck AND Keytruda (pembrolizumab) is being used as the following: i. First line therapy 1. As a single agent for tumors express PD-L1 (either CPS- Combined Positive Score or TPS- Tumor Proportion Score) ≥1% 2. In combination with fluorouracil and platinum based chemotherapy, for tumors with PD-L1 expression (either CPS- Combined Positive Score, or TPS- Tumor Proportion Score) ≥1% OR 3. In combination with fluorouracil and platinum chemotherapy, regardless of the PD-L1 expression score. ii. Subequent therapy as a signle agent for disease progression on or after platinum based chemotherapy. 3. Urothelial Carcinoma- NOTE: Per NCH Pathways policies for subsequent therapy of metastatic/recurrent urothelial carcinoma, Ketyruda is the preferred checkpoint inhibitor rather than Opdivo, Tecentriq, Bavencio or Imfinzi 4. Gastric cancer- as second line therapy if PD-1 is >/-1% and third line therapy regardless of PD-L1 status. 5. Cervical Cancer- PD-L1 positive (CPS or TPS >/=1%) 6. Endometrial Carcinoma- Keytruda is being used with Lenvatinib as subsequent therapy after disease progression on prior chemotherapy
UM ONC_1263	Keytruda (pembrolizumab)	Remove exclusion criteria: Length of treatment is greater than 24 months (except for Melanoma up to 12 months without disease recurrence).
UM ONC_1272	Ibrance (palbocidib)	Add inclusion criteria: breast cancer - 1. NOTE: The preferred agent, per NCH Policies, for first and subsequent line of therapy of recurrent/metastatic breast cancer is Palbociclib + Aromatase Inhibitor.
UM ONC_1272	Ibrance (palbocidib)	Remove inclusion criteria: combination with Faslodex (fulvestrant) in members with disease progression following endocrine therapy.

UM ONC_1272	Ibrance (palbocidib)	Add exclusion criteria: 1. Off-label indications for Ibrance (palbociclib) in soft tissue sarcoma shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications. 2.Disease progression while taking Ibrance (palbociclib), OR another CDK4/6 inhibitor (e.g. Ribociclib or Abemaciclib)
UM ONC_1273	Lynparza (olaparib)	Remove inclusion criteria: 1.Prior treatment with fulvestrant or everolimus. 2.HER2 positive or symptomatic or life threatening visceral disease. 3.Prior neoadjuvant or adjuvant treatment with aromatase inhibitors (i.e., letrozole or anastrozole) within 1 year from completion of treatment.
UM ONC_1307	Zejula (niraparib)	Add inclusion criteria: 1. The member has newly diagnosed stage III/IV ovarian carcinoma, and has undergone surgery (with or without optimal debulking) and has completed first line platinum-based chemotherapy, and Niraparib is being used as a single agent for maintenance therapy (regardless of BRCA mutation test results). NOTE: NCH Pathway Preferred Agent in this setting. 2. The member has recurrent, platinum-sensitive ovarian cancer, and Niraparib is being used as a single agent for maintenance therapy, after completion of chemotherapy. NOTE: NCH Pathway Preferred agent in this setting. 3. The member has recurrent ovarian cancer (regardless of platinum sensitivity) and has had 3 or more prior lines of therapy, and Niraparib is being used as a single
UM ONC_1307	Zejula (niraparib)	Remove inclusion criteria: Radiologic imaging at 8 weeks shows stable disease, complete response (CR) or partial response (PR).
UM ONC_1193	Revlimid (lenalidomide) previously under IMIDS Thalomid and Revlimid	Add inclusion criteria: MM- Initial therapy: Combination with dexamethasone +/- bortezomib. NOTE: This is the preferred regimen for NCH Pathways; R/R- With daratumumab + dexamethasone NOTE: This is a Preferred Regimen on NCH Pathway
UM ONC_1193	Revlimid (lenalidomide) previously under IMIDS Thalomid and Revlimid	Add inclusion criteria: 1. MM- Maintenance therapy as a single agent After completion of autologous stem cell transplant; R/R- With panobinostat in patients who have progressed on 2 prior regimenson 2. MDS- add with or without ESA for all indications; NHL- Revlimid (lenalidomide) is being used as second-line or subsequent therapy for recurrent or progressive disease, with or without Rituximab
UM ONC_1193	Revlimid (lenalidomide) previously under IMIDS Thalomid and Revlimid	Remove inclusion criteria: R/R MM- with or without dexamethasone added to applicable regimens;
UM ONC_1193	Revlimid (lenalidomide) previously under IMIDS Thalomid and Revlimid	Add exclusion criteria: Off-label indications for Revlimid (lenalidomide) in other NHL subtypes, Hodgkin Lymphoma, and Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
UM ONC_1193	Revlimid (lenalidomide) previously under IMIDS Thalomid and Revlimid	Remove exclusion criteria: 1.Thalomid (Thalidomide) is being used concurrently with Revlimid. 2.Thalomid (thalidomide) or Revlimid (lenalidomide) is being used in pregnancy. 3.Members of childbearing age without completing the S.T.E.P.S. (for Thalomid) or Rev Assist (for Revlimid) program. 4.The member has untreated thromboembolic disease. 5.The member has significant thrombocytopenia or neutropenia
UM ONC_1239	Pomalyst (pomalidomide)	Add inclusion criteria: The member has failed a proteasome inhibitor and an immunomodulatory agent
UM ONC_1239	Pomalyst (pomalidomide)	Remove inclusion criteria: The member demonstrated disease progression on or within 60 days of completion of the last therapy regimen.

UM ONC_1234	Zevalin(ibritumomab tiuxetan)	Archived
~~UM ONC_1193~~	Thalomid (thalidomide) previously under IMIDS Thalomid and Revlimid	New Policy
UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Add inclusion criteria: Zirabev biosimilar to NCH PDL
UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Remove inclusion criteria: Colorectal: initial therapy with 5fu based regimen for members who can tolerate intensive therapy; subsequent therapy if oxaliplatin or irinotecan not given as initial therapy; NSCLC-Continuation maintenance therapy following first line chemotherapy and bevacizumab in member with tumor response OR stable disease ; RCC- In combination with erlotinib for non-clear cell histology advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell cancer (HLRCC) , In combination with everolimus therapy for non-clear cell histology.
UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Add inclusion criteria: Colorectal Subsequent therapy: add XELIRI; NSCLC 2ND line - If ROS1 rearrangement positive tumors and member has received a ROS-1 inhibitor
UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Remove exclusion criteria: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) should not be used for ANY of the following: i. Stage I-III tumors, except in NSCLC stage IIIB ii. Small cell or squamous cell NSCLC iii. A history of hemoptysis, blood clots, heart disease, high blood pressure, infection, kidney disease, lung disease, recent surgery, or stroke.
UM ONC_1273	Lynparza (olaparib)	Remove inclusion criteria: 1. Prior treatment with fulvestrant or everolimus. 2. HER2 positive or symptomatic or life threatening visceral disease. 3. Prior neoadjuvant or adjuvant treatment with aromatase inhibitors (i.e., letrozole or anastrozole) within 1 year from completion of treatment.

UM ONC_1273	Lynparza (olaparib)	Add inclusion criteria: I. Ovarian -NOTE: The Peferred PARP inhibitor, per NCH Policies and NCH Pathways, for maintenance therapy-either first line or after a platinum-sensitive relapse-in ovarian cancer is NIRAPARIB. 1.First line maintenance therapy: For members with stage III/IV ovarian cancer with a deleterious/suspetcted deleterious germline BRCA 1/2 mutation , who have completed platinum-based chemotherapy, and Lynparza is being given as a single agent in the maintenance setting. 2.For members with recurrent/metastatic ovarian cancer with a deleterious/suspected deleterious germline BRCA 1/2 mutation, who have completed platinum-based therapy for platinum-sensitive relapse 3.Members with recurrent/metastatic ovarian cancer, with a deleterious/suspected deleterious germline BRCA mutation, who have disease progression after 3 or more lines of prior therapy. 2.Breast Cancer a.Member is positive for a deleterious/suspected deleterious germline BRCA1/2 mutation and has metastatic/recurrent HER2-negative breast cancer AND b.Member has previously received chemotherapy in the neoadjuvant, adjuvant, or metastatic setting AND c.Member with hormone receptor-positive disease should have received prior endocrine therapy or be considered an inappropriate candidate for endocrine therapy. 3.Pancreas adenocarcinoma a.Member has a deleterious/suspected deleterious germline BRCA 1/2 mutation and has metastatic pancreatic adenocarcinoma with stable/responding disease after platinum-based chemotherapy (including cisplatin + gemcitabine or an oxaliplatin-based regimen).
UM ONC_1134	Herceptin, Ogivri, Herzuma, Ontruzant, Kanjinti, Trazimera	Add inclusion criteria: Kanjinti (trastuzumab-anns), Ogivri (trastuzumab-dkst), and Trazimera (trastuzumab-qyyp) are the PREFERRED medications whenever Trastuzumab is requested
UM ONC_1132	Rituxan (rituximab) and Truxim (rituximab-abbs)_	Add inclusion criteria: Truxima (rituximab-abbs) and Ruxience (rituximab-pvvr) are the PREFERRED medications whenever Rituximab is requested
UM ONC_1133	Rituxan (rituximab) and Truxim (rituximab-abbs)_	Remove inclusion criteria: CLL- In combination with idelalisib.