Policy	Drug(s)	Type of Change	Brief Description of Policy Change
New	Onureg (azacitidine oral)	n/a	n/a
New	Gavreto (pralsetinib)	n/a	n/a
New	Jelmyto (mitomycin	n/a	n/a
UM ONC_1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: E. Prophylaxis/Treatment of Radiation Induced Neutropenia 1. The member has radiation induced neutropenia and MGF (except for Neulasta Onpro) is supported when the following criteria are met: a. The member is on radiation treatment (without chemotherapy) and are expected to have prolonged treatment delays secondary to neutropenia OR b. The member has been exposed to radiation and has radiation induced neutropenia.
UM ONC_1072	Myeloid Growth Factors	Negative change	Add exclusion criteria: D. For members receiving concurrent chemo-radiation, short acting MGFs are contraindicated and requests for long acting MGFs will be reviewed on a case-by case basis.
UM ONC_1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: B. Prophylaxis/Prevention of Febrile Neutropenia from Chemotherapy 3. MGF use is supported as Secondary Prophylaxis for members with solid tumors or non-myeloid malignancies who experienced any of the following: a. A prior episode of febrile neutropenia with the current chemotherapy OR b. A neutropenic event leading to chemotherapy dose delay or dose decrease in the curative intent setting.

UM ONC_1221	Bosulif (bosutinib)	Positive change	Remove inclusion criteria: 1. CML a. The member has chronic, accelerated or blast phase of CML AND all of the following: i. The member is Philadelphia chromosome or BCR-ABL positive AND ii. The member has failed or is intolerant to prior therapy with Gleevec (imatinib) AND Tasigna (nilotinib) if Gleevec was used as first line therapy OR iii. The member has failed or is intolerant to prior therapy with Tasigna (nilotinib) if used as first line therapy AND iv. Failure is defined as ONE of the following: A. BCR-ABL transcript levels greater than 10% at any response milestones OR B. BCR-ABL1 transcript levels ≤10% but >1% at 12 months or ≥15 months 2. Acute Lymphoblastic Leukemia (ALL) a. The member has ALL and Bosulif (bosutinib) is being used as therapy for relapsed/refractory Philadelphia chromosome-positive ALL: i. As a single agent OR ii. In combination with an induction regimen not previously given OR iii. In patients with E255K/V, F317L/V/I/C, F359V/C/I, T315A, or Y253H mutations

UM ONC_1221	Bosulif (bosutinib)	Positive change	2. Chronic Myelogenous Leukemia (CML) NOTE: Per NCH Policy & NCH L1 Pathway, generic imatinib is the preferred agent for first line therapy of BCR-ABL positive CML unless there is documented intolerance, contraindications, or disease progression on generic imatinib. Please refer to NCH policy # UM ONC_1177 Gleevec (imatinib mesylate)_policy and NCH L1 pathway for the preferred regimens. a. Bosulif (bosutinib) is supported for use in all phases of Ph or BCR-ABL positive CML, including before and after hematopoietic cell transplantation OR in members with Y253H, E255, F359 mutations.
UM ONC_1221	Bosulif (bosutinib)	Positive change	Remove exclusion criteria: : 1. Bosulif (bosutinib) is being used concurrently with Gleevec (imatinib), Sprycel (dasatinib), or Tasigna (nilotinib).
UM ONC_1221	Bosulif (bosutinib)	Negative change	Add exclusion criteria: 1. Member has not had a trial of generic imatinib for first line therapy of BCR/ABL+ or Philadelphia Chromosome + CML. 2. Bosulif (bosutinib) is being used on Ph or BCR-ABL negative CML. 5. Treatment exceeds the maximum duration limit of Bosulif (bosutinib) 30 (500 mg) or , 30 (400 mg), 30 (200 mg), or 30 (100 mg) tablets capsules/month.
UM ONC_1225	Voraxaze (glucarpidase)	Positive change	Remove inclusion criteria: iii. Administered with IV hydration, urinary alkalinization, and leucovorin therapy (not given within 2 hours before or after glucarpidase).

UM ONC_1225	Voraxaze (glucarpidase)	Positive change	Remove exclusion criteria: 2. Voraxaze (glucarpidase) is not used in members with expected clearance of methotrexate (i.e. the plasma methotrexate concentrations are within 2 standard deviations of the mean methotrexate excretion curve, specific for methotrexate dose). 3. The member does not have toxic levels of methotrexate of > 1 mcmol/L.
UM ONC_1348	Lumoxiti (moxetumomab pasudotox)	Positive change	Remove inclusion criteria: 1. Hairy Cell Leukemia a.ii. Following two lines of therapy with at least 2 prior purine analogs, or at least 1 course of purine analog AND 1 of either rituximab or BRAF inhibitor.
UM ONC_1348	Lumoxiti (moxetumomab pasudotox)	Positive change	Add inclusion criteria: 2. Hairy Cell Leukemia a. The member has relapsed/refractory hairy cell leukemia AND b. Lumoxiti (moxetumomab pasudotox) will be used as a single agent following two lines of therapy with at least 2 prior therapies, including a purine analog (e..g cladribine or pentostatin) AND rituximab
UM ONC_1348	Lumoxiti (moxetumomab pasudotox)	Positive change	Remove exclusion criteria: 3. Members with severe renal impairment (CrCl ≤ 29 mL/min).
UM ONC_1373	Endari (l-glutamine)	Positive change	Remove inclusion criteria: 1. Sickle Cell Disease i. Sickle cell crisis is defined as a visit to an emergency room/medical facility for sickle cell disease-related pain and the occurrence of chest syndrome, priapism, and splenic sequestration.
UM ONC_1373	Endari (l-glutamine)	Positive change	Remove exclusion criteria: 3. Member has uncontrolled liver disease or renal insufficiency.
UM ONC_1375	Adakveo (crizanlizumab)	No changes	n/a

UM ONC_1405	Retevmo (selpercatinib)	Negative change	Add inclusion criteria: 2. Non-Small Cell Lung Cancer a. NOTE: Per NCH L1 pathway and NCH policy, Retevmo (selpercatinib) is preferred over Gavreto (pralsetinib) for RET fusion positive advanced, recurrent, or metastatic NSCLC.
UM ONC_1405	Retevmo (selpercatinib)	Negative change	Add exclusion criteria: Disease progression while receiving Retevmo or another RET inhibitor (e.g, pralsetinib)/ MET inhibitor (e.g. vandetinib/cabozantinib).