Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
UM ONC_1130	Alimta/Pemfexy (Pemetrexed)	Positive change	Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 2.NOTE: Per NCH Pathway & NCH Policy, [Bevacizumab + Carboplatin/Cisplatin + Pemetrexed] followed by maintenance [Bevacizumab + Pemetrexed] is a non-Preferred regimen. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens for the initial treatment of NSCLC. Please refer to NCH Pathway for the preferred treatments recommended for use in the above setting.	Per NCH Pathway expansion
UM ONC_1130	Alimta/Pemfexy (Pemetrexed)	Negative change	Add inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 3.NOTE 1: Per NCH Pathway & NCH Policy, the preferred drug is J9305 Alimta/generic pemetrexed over J9304 Pemfexy for all lines of therapy in the treatment of NSCLC. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Pemfexy over Alimta (pemetrexed) in the treatment of NSCLC. 2.4.NOTE 2: Per NCH Pathway & NCH Policy, the following regimens are non-Preferred based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) demonstrating superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for use in the first line treatment of recurrent, advanced, or metastatic NSCLC: a.Bevacizumab + Carboplatin/Cisplatin + Pemetrexed followed by maintenance Bevacizumab + Pemetrexed b.Nivolumab + Ipilimumab + Carboplatin/Cisplatin + Pemetrexed followed by maintenance Nivolumab + Ipilimumab. C.Malignant Pleural Mesothelioma 2.NOTE: Per NCH Pathway & NCH Policy, J9304 Pemfexy is a non-Preferred drug; the preferred drug is J9305 Alimta (pemetrexed) for the treatment of malignant pleural mesothelioma. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Pemfexy over Alimta (pemetrexed) in the treatment of malignant pleural mesothelioma.	Per NCH Pathway exclusion
UM ONC_1190	Bone Modifying Agents (Aredia, Zometa, Xgeva/Prolia)	Negative change	Add inclusion criteria: Clarified non-preferred note for all indications except Giant Cell Tumor of the bone: 2.NOTE: Per NCH Policy & NCH Pathway, Xgeva/Prolia (denosumab) are non-Preferred drugs. The Preferred drugs are Zometa/Reclast (zoledronic acid) or Aredia (pamidronate); this recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Xgeva/Prolia (denosumab) compared to Zometa/Reclast (zoledronic acid) or Aredia (pamidronate). Xgeva/Prolia (denosumab) is an acceptable alternative for members with documented failure /intolerance/contraindications to bisphosphonates, for example renal impairment and a CrCl of < 30 mL/min.	Per NCH Pathway exclusion
UM ONC_1201	Yervoy (ipilimumab)	Positive change	Add inclusion criteria: H.Esophageal Squamous Cell Carcinoma (ESCC) a.The member has advanced, recurrent, or metastatic esophageal squamous cell carcinoma (ESCC) AND b.Opdivo (nivolumab) may be used in combination with Yervoy (ipilimumab) OR in combination with fluoropyrimidine (e.g., fluorouracil or capecitabine) + platinum (e.g., cisplatin, carboplatin, or oxaliplatin) containing chemotherapy as first-line treatment, regardless of PD-L1 status.	New FDA Indication

UM ONC_1206	Xalkori (crizotinib)	Positive change	Add inclusion criteria: C.Soft Tissue Sarcoma – Inflammatory Myofibroblastic Tumor (IMT) with ALK Translocation 1.Xalkori (crizotinib) may be used as a single agent for adult and pediatric members 1 year of age and older with inflammatory myofibroblastic tumor (IMT) with ALK translocation.	New FDA Indication
UM ONC_1221	Bosulif (bosutinib)	Negative change	Remove inclusion criteria: B.Chronic Myelogenous Leukemia (CML) 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, E255K/V, F359C/I/V mutations.	Per NCH Pathway exclusion
UM ONC_1221	Bosulif (bosutinib)	Negative change	Add inclusion criteria: B.Chronic Myelogenous Leukemia (CML) 1.Bosulif (bosutinib) may be used in all phases of Philadelphia chromosome positive or BCR-ABL positive CML, including before and after hematopoietic stem cell transplantation, AND the member has a documented history of disease progression, contraindications, or intolerance to NCH preferred agents recommended for use in CML. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) demonstrating superior outcomes with one TKI over another except in members with the applicable BCR-ABL1 mutational analysis outlined below. 2.NOTE 2: After failure of first line therapy, the preferred options are Sprycel (dasatinib) (e.g. in members with Y253H, E255K/V, F359C/I/V) OR Tasigna (nilotinib) (e.g., in members with F317L/V/I/C, T315A, V299L mutations). Please refer to NCH policy UM ONC_1196 Sprycel (dasatinib) or UM ONC_1199 Tasigna (nilotinib), respectively. 3.NOTE 3: After failure of 2 prior Tyrosine Kinase Inhibitors (TKIs), the preferred agent is Scemblix (asciminib). Please refer to NCH policy UM ONC_1455 Scemblix (asciminib)	Per NCH Pathway exclusion
UM ONC_1225	Voraxaze (glucarpidase)	Positive change	Add inclusion criteria: B.Methotrexate Toxicity 1.Voraxaze (glucarpidase) is being may be used in adult and pediatric members with ALL of the following conditions: a.Delayed methotrexate clearance due to renal impairment (i.e., creatinine clearance is 60 ml/min or less) b.Plasma concentration of methotrexate, 48 hours after start of Methotrexate, is > 1 micromole per liter prior to the first dose of Voraxaze (glucarpidase).	Per FDA labeling
UM ONC_1225	Voraxaze (glucarpidase)	Negative change	Add exclusion criteria: C.Treatment with Voraxaze (glucarpidase) exceeds the maximum duration limit of one dose (patients who received a second dose failed to achieve efficacy with the first dose, this is supported per policy).	Per Clinical Trial Analysis/Criteria

UM ONC_1228	Xtandi (enzalutamide)	Positive change	1.Non-Metastatic Castration Resistant Prostate Cancer (M0 disease with no visible metastases on conventional imaging AND a PSA Doubling Time of ≤ 10 months): 1.Xtandi (enzalutamide) may be used in this setting, in combination with an LHRH analog (ADT- Androgen Deprivation Therapy). 2.Xtandi (enzalutamide) may be used in this setting, in combination with an LHRH analog (ADT- Androgen Deprivation Therapy) Metastatic Castration Sensitive Prostate Cancer (M1 disease, castration-sensitive): 3.NOTE: Per NCH Policy & Pathway, the preferred Androgen Receptor Signaling Inhibitor, for metastatic castration-sensitive prostate cancer is generic abiraterone over Xtandi (enzalutamide) & Erleada (apalutamide), except when the member has experienced disease progression on generic abiraterone. Please refer to UM ONC_1208 for abiraterone policy. 4.Xtandi (enzalutamide) may be used in combination with an LH-RH analog (ADT-Androgen Deprivation Therapy) for members with castration-sensitive distant metastatic disease(M1, castration-sensitive) who experience disease progression on abiraterone, AND who have not been previously treated with Xtandi (enzalutamide) OR Erleada (apalutamide). 5.Metastatic Castration-Resistant Prostate Cancer: 6.NOTE: Per NCH Policy & Pathway, the preferred Androgen Receptor Signaling Inhibitor, for metastatic castration-resistant prostate cancer is generic abiraterone over Xtandi (enzalutamide) except when the member has experienced disease progression on generic abiraterone. Please refer to UM ONC_1208 for abiraterone policy. 7.2.Xtandi (enzalutamide) may be used in combination with an LH-RH analog (ADT-Androgen Deprivation Therapy) for members with castration-resistant distant metastatic (M1) disease who experience disease progression on abiraterone AND member has not previously received Xtandi (enzalutamide).	Per NCH Pathway expansion
UM ONC_1228	Xtandi (enzalutamide)	Positive change	Add inclusion criteria: B.Prostate Cancer 1.Xtandi (enzalutamide) may be used in combination with an LHRH analog or after orchiectomy (ADT- Androgen Deprivation Therapy) for ANY of the following clinical setting: a.In members with non-metastatic castration resistant prostate cancer, M0 disease with no visible metastases on conventional imaging, AND a PSA Doubling Time of ≤ 10 months OR b.In members with metastatic castration sensitive/resistant prostate cancer.	Per NCH Pathway expansion
UM ONC_1249	Mekinist (trametinib)	Positive change	Add inclusion criteria: E.Solid Tumors With BRAF V600E mutation (excluding colorectal cancer) 1.Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) in adult or pediatric members ≥ 6 years of age with unresectable or metastatic solid tumors with BRAF V600E mutation, as subsequent therapy. The use of Mekinist (trametinib) in combination with Tafinlar (dabrafenib) in colorectal cancer is not supported per NCH Policy or NCH Pathway. This recommendation is based on the lack of response to a BRAF inhibitor in RAS wild type colorectal cancer. To overcome this resistance, the recommended alternative therapy for RAS wild type and BRAF V600E mutation positive recurrent/metastatic colorectal cancer is [Erbitux (cetuximab) + Braftovi (encorafenib)]; this is Preferred over triplet therapy with [Erbitux (cetuximab) + Braftovi (encorafenib)] + Mektovi (binimetinb)].	New FDA Indication
UM ONC_1249	Mekinist (trametinib)	Positive change	Add inclusion criteria: B.Malignant Melanoma a.Mekinist (trametinib) may be used as adjuvant treatment, following complete resection, in combination with Tafinlar (dabrafenib) for melanoma with BRAF V600E or V600K mutations .	Per FDA labeling

UM ONC_1249	Mekinist (trametinib)	Negative change	Add exclusion criteria: A.The member has BRAF wild-type ~~melanoma, NSCLC, or anaplastic thyroid cancer~~ tumors. The use of Mekinist (trametinib) + Tafinlar (dabrafenib) in colorectal cancer is not supported per NCH policy and NCH pathway.	Per FDA labeling
UM ONC_1250	Tafinlar (dabrafenib)	Positive change	Add inclusion criteria: E.Solid Tumors With BRAF V600E mutation (excluding colorectal cancer) 1.Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) in adult or pediatric members ≥ 6 years of age with unresectable or metastatic solid tumors with BRAF V600E mutation, as subsequent therapy. The use of Mekinist (trametinib) in combination with Tafinlar (dabrafenib) in colorectal cancer is not supported per NCH Policy or NCH Pathway. This recommendation is based on the lack of response to a BRAF inhibitor in RAS wild type colorectal cancer. To overcome this resistance, the recommended alternative therapy for RAS wild type and BRAF V600E mutation positive recurrent/metastatic colorectal cancer is [Erbitux (cetuximab) + Braftovi (encorafenib)]; this is Preferred over triplet therapy with [Erbitux (cetuximab) + Braftovi (encorafenib)] + Mektovi (binimetinb)].	New FDA Indication
UM ONC_1250	Tafinlar (dabrafenib)	Positive change	Add inclusion criteria: B.BRAF V600E or V600K mutation positive Melanoma a.Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) as adjuvant treatment, following complete resection, for melanoma with BRAF V600E or V600K mutations.	Per FDA labeling
UM ONC_1250	Tafinlar (dabrafenib)	Negative change	Add exclusion criteria: A.The member has wild-type BRAF tumors ~~melanoma, NSCLC, anaplastic/non-anaplastic (all other histologies included) thyroid carcinoma.~~ The use of Tafinlar (dabrafenib) + Mekinist (trametinib) in colorectal cancer is not supported per NCH policy and NCH pathway. D.C.Treatment exceeds the maximum limit of 18 ~~9~~0 (50 mg) tablets/month or 60 (75 mg) tablets/month.	Per FDA labeling
UM ONC_1261	Cyramza (ramucirumab)	No Clinical Changes	N/A	N/A
UM ONC_1270	Blincyto (blinatumomab)	Positive change	Remove inclusion criteria: B.Acute Lymphoblastic Leukemia (ALL) (Both Philadelphia chromosome positive and negative subtypes) 6.NOTE: NCH Pathway Preferred Regimen for MRD+ (measurable residual disease or minimal residual disease)/relapsed/refractory CD19 positive B-cell ALL is Blincyto (blinatumomab) over salvage chemotherapy and over Besponsa (inotuzumab ozogamicin). This recommendation is based on the trials that led to the approval of Blincyto (blinatumomab) which demonstrated improvements in OS and rates of remission in both Ph positive and negative ALL when compared to standard chemotherapy. Furthermore, there is no Level 1 evidence (randomized trials and or meta-analyses) to show that Besponsa (Inotuzumab Ozogamicin) is superior in terms of efficacy over Blincyto. 7.Blincyto (blinatumomab) may be used as a single agent for members with relapsed/refractory CD19 positive B-cell ALL	Per NCH Pathway expansion
UM ONC_1270	Blincyto (blinatumomab)	Positive change	Add inclusion criteria: B.Acute Lymphoblastic Leukemia (ALL) (Both Philadelphia chromosome positive and negative subtypes) 7.Blincyto (blinatumomab) may be used as a single agent for members with relapsed/refractory CD19 positive B-cell ALL OR 1.Blincyto (blinatumomab) may be used as a single agent as consolidation therapy for members with CD 19 positive B- cell ALL that is minimal residual disease positive (MRD+) following a complete response to induction therapy OR. 2.Blincyto (blinatumomab) may be used as a single agent for members with relapsed/refractory CD19 positive B-cell ALL	Per FDA labeling

UM ONC_1270	Blincyto (blinatumomab)	Negative change	Add inclusion criteria: B.Acute Lymphoblastic Leukemia (ALL) (Both Philadelphia chromosome positive and negative subtypes) NOTE: Per NCH Pathway & NCH Policy, Blincyto (blinatumomab) ± TKI (e.g., imatinib, dasatinib, nilotinib, ponatinib, bosutinib) is a non-Preferred regimen for induction/consolidation treatment of Philadelphia Chromosome Positive B cell ALL. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Blincyto (blinatumomab) ± TKI compared to standard induction/consolidation chemotherapy +/- TKI. Please refer to NCH Pathway for the preferred treatments recommended for use in ALL.	Per NCH Pathway exclusion
UM ONC_1271	Farydak (panobinostat)	N/A	N/A	Archive policy: FDA withdrew from the market on
UM ONC_1272	Ibrance (palbocidib)	Positive change	Add inclusion criteria: B.Breast Cancer 1.Ibrance (palbociclib) may be used in members with ER/PR positive and HER2 negative recurrent or metastatic breast cancer as follows: a.In combination with an aromatase inhibitor [i.e., Arimidex (anastrozole), Femara (letrozole), Aromasin (exemestane)], (in postmenopausal/premenopausal women treated with ovarian oblation/suppression women)	Per Compendia Listing
UM ONC_1274	Opdivo (nivolumab)	Positive change	Add inclusion criteria: I.Esophageal Carcinoma 1.Squamous Cell Carcinoma of Esophagus a.The member has advanced, recurrent, or metastatic esophageal squamous cell carcinoma (ESCC), regardless of PD-L1 status AND i. Opdivo (nivolumab) may be used as monotherapy in a member who has experienced disease progression on or after prior fluoropyrimidine based chemotherapy (e.g., fluorouracil or capecitabine) and platinum-based chemotherapy (e.g., cisplatin, carboplatin, or oxaliplatin) ~~AND~~ OR i.ii. Opdivo (nivolumab) may be used in combination with Yervoy (ipilimumab) OR in combination with fluoropyrimidine (e.g., fluorouracil or capecitabine) + platinum (e.g., cisplatin, carboplatin, or oxaliplatin) containing chemotherapy as first-line treatment.	New FDA Indication
UM ONC_1297	Venclexta (venetoclax)	Positive change	Add inclusion criteria: B.Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) 1.Venclexta (venetoclax) may be used in combination with Gazyva (obinutuzumab) as first line therapy OR as a single agent with or without rituximab/rituximab biosimilar product as ~~first or~~ subsequent line therapy for the treatment of CLL/SLL .	Per Compendia Listing
UM ONC_1297	Venclexta (venetoclax)	Negative change	Remove inclusion criteria: 2.Venclexta (venetoclax) may be used with Imbruvica (ibrutinib) in members with CLL and any one of the following: age 65 years or greater, del(17p), del(11q), TP53 mutation, unmutated IGHV (immunoglobulin heavy chain).	Per FDA labeling
UM ONC_1297	Venclexta (venetoclax)	Negative change	Add inclusion criteria: E.Acute Lymphoblastic Leukemia (ALL) 2.1. NOTE: Per NCH Pathway & NCH Policy, Venclexta (venetoclax) + Chemotherapy (e.g., decitabine, hyper-CVAD, nelarabine, mini-hyper-CVD) is a non-Preferred regimen for the treatment of relapsed/refractory ALL. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Venclexta (venetoclax) + Chemotherapy compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for use in relapsed/refractory ALL.	Per NCH Pathway exclusion

UM ONC_1297	Venclexta (venetoclax)	Positive change	Remove exclusion criteria: D.Treatment exceeds the maximum months duration limit of 12 months when used in combination with Gazyva (obinutuzumab) ~~or with Imbruvica (ibrutinib) for the treatment of CLL (unless the the member is MRD+ at the end of 12 months)~~. Venclexta (venetoclax) + rituximab may be used up to 2 years duration limit.	Per FDA labeling
UM ONC_1310	Kisqal (ribociclib)	Positive change	Add inclusion criteria: B.Breast Cancer b.Member is postmenopausal OR if member is premenopausal, the member is also receiving ovarian ablation/suppression, e.g., with leuprolide.	Per Compendia Listing
UM ONC_1310	Kisqal (ribociclib)	Negative change	Add exclusion criteria: D.Treatment exceeds the maximum limit of ~~90~~ 63 (200 mg) tablets/month.	Per FDA labeling
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Positive change	Add inclusion criteria: B.Acute Myeloid Leukemia (AML) 1.The member has CD33-positive AML and Mylotarg (gemtuzumab ozogamicin) is being used as a single agent OR in combination with chemotherapy for members with newly diagnosed AML (age 1 month and older)/relapsed/refractory AML (age 2 years and older) who have not received Mylotarg previously.	Per FDA labeling
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Negative change	Add inclusion criteria: 2.NOTE: Per NCH Pathway & NCH Policy, the following regimens are Non-Preferred ba sed on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred alternative regimens for the following: a.Induction therapy, <60 years of age: Fludarabine + HiDAC + idarubicin + G-CSF + gemtuzumab ozogamicin b.Induction/Consolidation therapy, ≥ 60 years of age: Single agent Mylotarg (gemtuzumab ozogamicin).	Per NCH Pathway exclusion
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Positive change	Remove exclusion criteria: A.Lack of confirmation that the AML cells are CD-33 +	Per Clinical Trial Analysis/Criteria
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Negative change	Add inclusion criteria: B.Acute Myeloid Leukemia (AML) 1.Vyxeos (daunorubicin and cytarabine liposomal) may be used for induction and consolidation therapy for adult members aged 60 years or older, who have newly diagnosed, therapy-related AML or AML with MDS-associated cytogenetic abnormalities. NOTE: Per NCH Pathway & NCH Policy, Vyxeos (daunorubicin and cytarabine liposomal) is non-Preferred as induction treatment in adult members aged 60 years or older with newly diagnosed AML, except for members with therapy-related AML or AML with MDS-associated cytogenetic abnormalities. The preferred induction treatment for the above clinical setting is cytarabine + daunorubicin/idarubicin. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Vyxeos (daunorubicin and cytarabine liposomal) compared to cytarabine + daunorubicin/idarubicin as induction treatment in newly diagnosed AML.	Per NCH Pathway exclusion
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Positive change	Add inclusion criteria: B.Acute Myeloid Leukemia (AML) 2.Vyxeos (daunorubicin and cytarabine liposomal) may be used for induction and consolidation therapy for pediatric members 1-17 years of age, who have therapy-related AML or AML with MDS-associated cytogenetic abnormalities.	Per FDA labeling

UM ONC_1328	Verzenio (abemaciclib)	Positive change	Add inclusion criteria: B.Breast Cancer b. The member is postmenopausal OR is premenopausal treated with ovarian oblation/suppression (e.g. LHRH agonist) AND Verzenio (abemaciclib) will be used for any of the following criteria: i.In combination with an aromatase inhibitor as first line therapy OR ii.In combination with fulvestrant as first line or subsequent therapy OR iii.As a single agent for disease progression following endocrine therapy (that did not include a CDK4/6 inhibitor) AND chemotherapy for metastatic disease.	Per FDA labeling
UM ONC_1333	Erleada (apalutamide)	Positive change	Add inclusion criteria: B.Prostate Cancer 1.Erleada (apalutamide)may be used in combination with an LHRH analog or after orchiectomy (ADT- Androgen Deprivation Therapy) for ANY of the following clinical setting: a.In members with non-metastatic castration resistant prostate cancer, M0 disease with no visible metastases on conventional imaging, AND a PSA Doubling Time of ≤ 10 months OR b.In members with metastatic castration sensitive prostate cancer.	Per Compendia Listing
UM ONC_1333	Erleada (apalutamide)	Positive change	Remove inclusion criteria: B.Prostate Cancer 1.Non-Metastatic Castration Resistant Prostate Cancer (M0 disease with no visible metastases on conventional imaging AND a PSA Doubling Time of ≤ 10 months): a.Erleada (apalutamide) may be used in this setting, in combination with an LH-RH analog (ADT- Androgen Deprivation Therapy). 2.Metastatic Castration-Sensitive Prostate Cancer (M1 disease, castration-sensitive): NOTE: Per NCH Policy & Pathway, the preferred Androgen Receptor Signaling Inhibitor, for metastatic castration-sensitive prostate cancer is generic abiraterone over Xtandi (enzalutamide) & Erleada (apalutamide). Please refer to UM ONC_1208 for abiraterone policy. a.Erleada (apalutamide) may be used in combination with an LH-RH analog (ADT-Androgen Deprivation Therapy) for members with castration-sensitive distant metastatic disease (M1, castration-sensitive) who experienced disease progression on abiraterone, AND who have not been previously treated with Xtandi (enzalutamide) OR Erleada (apalutamide).	Per NCH Pathway expansion
UM ONC_1341	Vizimpro (dacomitinib)	Positive change	Add inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 2.Vizimpro (dacomitinib) may be used as monotherapy as first line therapy for the treatment of advanced/recurrent/metastatic NSCLC with EGFR exon 19 deletion or the L858R mutation in exon 21 as detected by an FDA approved test.	Per FDA labeling
UM ONC_1341	Vizimpro (dacomitinib)	Negative change	Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 2.Vizimpro (dacomitinib) may be used in EGFR + metastatic/advanced/recurrent NSCLC if: a.The member has advanced or metastatic 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 b.Vizimpro (dacomitinib) will be used as a single agent AND c.If being used as first line therapy, use would be restricted to members with intolerance/contraindications to Tagrisso (osimertinib) OR d.If being used as subsequent therapy, the member has experienced disease progression on chemotherapy AND/OR on another tyrosine kinase inhibitor [e.g., Tarceva (erlotinib), Gilotrif (afatinib), Iressa (gefitinib), or Tagrisso (osimertinib)].	Per Compendia Listing
UM ONC_1341	Vizimpro (dacomitinib)	Negative change	Add exclusion criteria: A.Disease progression on prior treatment with Tagrisso (osimertinib).	Per Clinical Trial Analysis/Criteria

UM ONC_1348	Lumoxiti (moxetumomab pasudotox)	Negative change	Add inclusion criteria: B.Hairy Cell Leukemia 1.The member has relapsed/refractory hairy cell leukemia that is positive for CD22 on any standard test	Per FDA labeling
UM ONC_1363	Nubeqa (darolutamide)	Positive change	Add inclusion criteria: B.Prostate Cancer b.Nubeqa (darolutamide) will be used in combination with an LHRH analog or following orchiectomy (ADT- Androgen Deprivation Therapy).	Per Compendia Listing
UM ONC_1411	Blenrep (belantamab mafodotin-blmf)	No Clinical Changes	N/A	N/A
UM ONC_1415	Jelmyto (mitomycin for pyelocalyceal installation)	Positive change	Add inclusion criteria: B.Upper Tract Urothelial Carcinoma (UTUC) 1.The member has non-metastatic, low-grade, upper tract urothelial cancer AND 2.Jelmyto (mitomycin for pyelocalyceal instillation) may be used as a single agent following endoscopic resection or ablation or in members who are not candidates for endoscopic/surgical intervention as primary treatment or for treatment of recurrent disease.	Per FDA labeling
UM ONC_1423	Ukoniq (umbralisib)	N/A	N/A	Communication
UM ONC_1443	Mozobil (plerixafor)	No Clinical Changes	N/A	N/A
UM ONC_1445	Topical and Intralesional Therapies	Negative change	B.Basal Cell Carcinoma (BCC) d.Photofrin (porfimer sodium): for use as photodynamic therapy for superficial BCC. C.Cutaneous Squamous Cell Carcinoma (cSCC) a.Picato (ingenol mebutate): for use as topical therapy for actinic keratoses. c.Photofrin (porfimer sodium): for use as photodynamic therapy for actinic keratoses OR for cSCC in situ (Bowen's disease). d.Lactic acid/Salicylic acid: use as topical therapy for pre-treatment of hyperkeratotic actinic keratoses. e.Tazorac (tazarotene): use as topical therapy for pre-treatment of hyperkeratotic actinic keratoses. f.Urea: use as topical therapy for pre-treatment of hyperkeratotic actinic keratoses. D.Primary Cutaneous Lymphomas E.NOTE: Per NCH policy, ~~Tazorac (topical tazarotene)~~ Valchlor (topical mechlorethamine) is the preferred treatment option over Targretin (topical bexarotene) ~~other topical/intralesional therapies (e.g., Targretin, Valchlor, Aldara, Clobestasol, Kenalog, Rituxan) for the treatment of primary cutaneous lymphomas~~. This recommendation is based on the lack of level 1 evidence (randomized trial and/or meta-analysis) to show superior outcomes ~~over Tazorac (topical tazarotene).~~ with Targretin (topical bexarotene) over Valchlor (topical mechlorethamine). a.For members with primary cutaneous T-cell lymphoma (including mycosis fungoides, Sezary syndrome, primary cutaneous CD30+ T-cell lymphoproliferative disorders): iii.Tazorac (topical tazarotene) iv.Aldara (topical imiquimod) b.For members with primary cutaneous B-cell lymphoma (including marginal zone or follicle center lymphoma): iii.Aldara (topical imiquimod) iv.Clobetasol propionate (topical corticosteroid)	Per FDA labeling
UM ONC_1445	Topical and Intralesional Therapies	Positive change	Remove exclusion criteria: B.Dosing exceeds the available topical package size per single treatment: Levulan Kerastick 20% solution (1 applicator), Carac 0.5% cream (30 gm), Efudex 5% cream (40 gm), Fluoroplex 1% cream (30 gm), Aldara 5% cream (12 pack), ~~Picato 0.05% gel (2 tubes),~~ Targretin 1% gel (60 gm), and Valchlor 0.016% gel (60 gm), ~~and Tazorac 0.05% or 0.1% cream/gel (30/60/100 gm), and Clobetasol Propionate 0.05% cream/ointment (15/30/45/60 gm).~~	Per FDA labeling
UM ONC_1446	Welireg (belzutifan)	Negative change	Add exclusion criteria: B.The member has metastatic disease.	Per FDA labeling