Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
New	Imjudo (tremelimumab)	N/A	N/A	N/A
New	Tecvayli (teclistamab-cqyv)	N/A	N/A	N/A
			Remove inclusion criteria: F.Cervical Cancer	
			Incervical callicer  1.For members with metastatic/recurrent/unresectable cervical cancer and a tumor PD-L1 staining showing a CPS of ≥ 1%, the NCH preferred regimen, for initial/first line therapy, is cisplatin/carboplatin+ paclitaxel+	
UM ONC_1028	Bevacizumab Products	Positive change	pembrolizumab WITHOUT bevacizumab. This recommendation is based on the trial (referenced below) by Colombo et al, which showed no added clinical benefit with the addition of bevacizumab to the above regimen.	Per NCH Pathway expansion
0111 0110_1020	Devacination (Todaces	r ositive thange	Add inclusion criteria:	remember of the second
			I.Brain Necrosis	
			1.Bevacizumab/bevacizumab biosimilar may be used for members with brain necrosis or edema due to cranial irradiation and has failed to achieve symptomatic response to steroids (e.g., dexamethasone,	
UM ONC_1028	Bevacizumab Products	Positive change	methylprednisolone, prednisone). Use of bevacizumab is not recommended in members with intracranial hemorrhage.	Per Compendia Listing
			Add exclusion criteria:	
UM ONC_1028	Bevacizumab Products	Negative change	D.For Brain Necrosis: Treatment exceeds the maximum duration limit of 4 doses (dose range from 5 mg/kg every 2 weeks to 7.5 mg/kg every 3 weeks).	Per FDA labeling
UM ONC_1041	LHRH agonists and antagonist	Positive change	Add inclusion criteria: Add firmagon as preferred	More Cost Effective Alternative(s)
UM ONC_1041	LHRH agonists and antagonist	Negative change	Remove inclusion criteria: Remove Vantas, this is no longer on the market	No longer on the market
UM ONC 1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: Add all short acting MGF as preferred over long acting MGF	More Cost Effective Alternative(s)
UM ONC_1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: Add aintermediate risk table and updates to low and high risk tables	Per NCH Pathway expansion
OIVI OIVC_1072	INIVERSIGN GLOWELL PACTORS	Fositive change	And inclusion criteria:	rei NCH rathway expansion
			LiDosing exceeds single dose limit for a short acting MGF (filgrastim product) 5 mcg/kg/day (rounded down to the nearest vial size in doses of 300 mcg for ≤ 60 kg or 480 mcg for > 60 kg) , except when MGF is being	
UM ONC_1072	Myeloid Growth Factors	Positive change	used as a part of stem cell collection.	Per FDA labeling
_	,			
			Remove inclusion criteria:	
			C.Basal Cell Carcinoma	
			1.Libtayo (cemiplimab-rwlc) may be used as a single agent, in members with locally advanced/recurrent/metastatic basal cell carcinoma, who are not candidates for surgery and/or radiation therapy.	
UM ONC_1089	Libtayo (cemiplimab-rwlc)	Positive change	prior therapy with or are intolerant to therapy with a Hedge Hog Pathway inhibitor (HHI). The preferred HHI per NCH Policy is Erivedge (vismodegib). Please see UM ONC_1222 Erivedge (vismodegib) policy.	Per NCH Pathway expansion
			Add inclusion criteria:	
			D.Non-Small Cell Lung Cancer (NSCLC)	
			1. The member has locally advanced, recurrent, or metastatic NSCLC, negative for the following actionable molecular markers ALK, EGFR, and ROS-1, and has not experienced disease progression on prior Immune Checkpoint Inhibitor therapy, including Keytruda (pembrolizumab), Opdivo (nivolumab), OR Tecentriq (atezolizumab) AND the following criteria are met:	
UM ONC_1089	Libtayo (cemiplimab-rwlc)	Positive change	Checkpoint minior therapy, including keytroda (penitoriaziman), opavo (invointad), on recenting (atezonaria) and the rounding checha are met.  b. Libtayo (minipilmab-nvil) will be used as first line therapy in combination with platinum-based chemotherapy regardless of PD-L1 status.	New FDA Indication
OIVI OIVC_1089	Librayo (cempimab-rwic)	Fositive change	Discussory (Cernipininary-wick, win o sesse as miss in the circuity of the control of the control of the circuity of the control of the circuity of the circui	New FDA IIIuication
UM ONC_1196	Sprycel (dasatinib)	No Clinical Changes	agents/regimens/preferred drugs	Other: NCH prefer drug guidelines
			Add inclusion criteria:	
			C.Classical Hodgkin Lymphoma	
			2.Adcetris (brentuximab vedotin) may be used in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) for members 2 years of age and older with previously untreated	
UM ONC_1203	Adcetris (brentuximab vedotin)	Positive change	high risk classical Hodgkin lymphoma. High risk was defined as Ann Arbor Stage IIB with bulk disease, Stage IIB, Stage IVB.	New FDA Indication
			Add exclusion criteria:	
			C.Treatment with Adcetris (brentusimab vedotin) exceeds the maximum duration limit of 5 doses (as part of AVEPC for use in pediatrics); 6 months cycles as a part of AAVD (12 doses for first line treatment of	
UM ONC_1203	Adcetris (brentuximab vedotin)	Negative change	Hodgkin's Disease) OR exceeds 16 cycles for refractory/relapsed disease/consolidation treatment after HSCT OR exceeds 8 doses for previously untreated CD-30+T Cell Lymphoma.	Per FDA labeling
UM ONC_1218	Decume (simulation T)	No Clinical Changes	Section IIA3 update: For Health Plans that utilize NCH UM Oncology Clinical Policies, and there is no Health Plan PDL applicable, the Preferred Drug Guidelines shall follow NCH recommended agents/regimens/preferred drugs	Other: NCH prefer drug guidelines
UIVI UNC_1218	Provenge (sipuleucel-T)	NO Clinical Changes	agents/regimens/precered origs Add inclusion oriteria:	Other: NCH prefer drug guidelines
			H.Gastric Cancer or Esophageal and Esophagogastric Junction Cancers	
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	c.As second line or subsequent therapy as a single for esophageal squamous cell carcinoma with PD-L1 expression by CPS of 10 or higher	Per Compendia Listing
	.,,		Add inclusion criteria:	, , , , , , , ,
			I.Cervical Cancer	
			1.Keytruda (pembrolizumab) + Carboplatin/Cisplatin + Taxol (paclitaxel) m ay be used as first line or subsequent therapy for members with advanced/recurrent/metastatic cervical carcinoma whose tumors express	
			PD-L1 CPS≥1% OR	
			2.Keytruda (pembrolizumab) will be used in members with advanced /recurrent/metastatic cervical carcinoma whose tumors express PD-L1 CPS ≥ 1% as a single agent as second line or subsequent therapy following	
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	disease progression on or after prior chemotherapy treatment, with no exposure to prior Keytruda (pembrolizumab) or another Immune Checkpoint Inhibitor.	Per FDA labeling
			Add inclusion criteria:	
			O.Cutaneous Squamous Cell Carcinoma (CSCC)	
	Karataraha (aranda 19	Decition of	1. Keytruda (pembrolizumab) may be used as monotherapy for the treatment of members with recurrent, advanced, or metastatic cutaneous squamous cell carcinoma and is not a candidate for curative surgery	Des 50A leb elle
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	and/or curative radiation.	Per FDA labeling
			Remove inclusion criteria:  O.Cutaneous Squamous Cell Carcinoma (CSCC)	
			Octuatiesus squaminus cent carcinomia (SEC).  2.NOTE: Per NCH Policy, Keytruda (pembrolizumab) is a non-preferred checkpoint inhibitor for the treatment of members with recurrent or metastatic cutaneous squamous cell carcinoma. The preferred agent in the	
			above setting is libitary (cemiplimab-rels). This position is based on the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda compared to Libitary of the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with the lack of Level 2 Evidence (randomized trials and or meta-analyses) to show superior outcomes with the lack of Level 2 Evidence (r	
UM ONC 1263	Keytruda (pembrolizumab)	Positive change	advice setting is cutary (terminimate with, in its position is dissection the lack of Level 1 Evidence (randomized that and of meta-analyses) to show superior ductiones with keycluda compared to Eurayu. Prease refer to UMF ONC 1989 for Libstoy (cerniplimate-wick) policy.	Per NCH Pathway expansion
	-,		Section IIA3 update: For Health Plans that utilize NCH UM Oncology Clinical Policies, and there is no Health Plan PDL applicable, the Preferred Drug Guidelines shall follow NCH recommended	
UM ONC_1279	Cotellic (cobimetinib)	No Clinical Changes	agents/regimens/preferred drugs	Other: NCH prefer drug guidelines
_	Darzalex and Darzalex Faspro	, and the second	Section IIA3 update: For Health Plans that utilize NCH UM Oncology Clinical Policies, and there is no Health Plan PDL applicable, the Preferred Drug Guidelines shall follow NCH recommended	
UM ONC_1280	(daratumumab)	No Clinical Changes	agents/regimens/preferred drugs	Other: NCH prefer drug guidelines
			Remove inclusion criteria:	
			B.Multiple Myeloma	
	L		1.Ninlaro (kazomib) may be used for members who have experienced disease progression on, contraindications, or intolerance to NCH Preferred Velcade (bortezomib) based regimens in ANY of the following:	
UM ONC_1284	Ninlaro (ixazomib)	Negative change	a.As first line or subsequent therapy: <del>lxazomib +/- Dexamethasone +/- Lenalidomide; - l</del> xazomib + Cyclosphosphamide +/- Dexamethasone	NCCN Withdrawal
			Add inclusion criteria:	
			B.Muttiple Myeloma  2. Muttip in a special deviated days methodologic in a page professed profes	
UM ONC 1284	Ninlaro (ixazomib)	Negative change	3.NOTE: txazomib/lenalidomide/dexamethasone is a non-preferred regimen for initial/primary treatment of multiple myeloma. 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 recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.	Per NCH Pathway exclusion
OIVI OIVC_1204	Intiliaro (ixazoitilo)	iregative trialige	anayor meta-anaryosay to show superior outcomes compared to nem recommended attendances agency regimens, including but not immed to regimens at http://pathways.newtenturyneatth.com.	i ci ivcii rattiway exclusion

			Add inclusion criteria:	
			C.Hepatocellular Carcinoma	
			1. The member has unresectable hepatocellular carcinoma with no prior systemic treatment, including prior checkpoint inhibitor (e.g., dostarlimab-gxly, atezolizumab, nivolumab, pembrolizumab, ipilimumab) AND	
			2.Imfinzi (durvalumab) will be used as first line therapy in combination with Imjudo (tremelimumab) [Imjudo is given for one cycle] followed by single agent Imfinzi (durvalumab).	
			D.Non-Small Cell Lung Cancer (NSCLC)	
	1C ( / / / / )	Davids and a second	2.Imfinzi (durvalumab) will be used in combination with Imjudo (tremelimumab) and platinum-based chemotherapy for members who have not received prior systemic therapy for metastatic or Stage IV NSCLC and	No. 504 to disertion
UM ONC_1314	Imfinzi (durvalumab)	Positive change	the tumor is negative for EGFR and ALK, regardless of PD-L1 expression.	New FDA Indication
			Add exclusion criteria:	
			D.Dosing exceeds single dose limit of Imfinzi (durvalumab) 10mg/kg (every 2 weeks as a single agent), 20 mg/kg (every 3 weeks when used in combination with chemotherapy), 1500 mg (every 3 weeks when used in	
			combination with chemotherapy), or 1500 mg (every 4 weeks when used as a single agent), or maximum duration of 12 months for NSCLC consolidation therapy.	
			E. For used in combination with Imjudo (tremelimumab): If weight is less than 30 kg, the maximum single dose limit is 20 mg/kg every 4 weeks; for weight 30 kg or more, the maximum single dose limit is 1500 mg	
UM ONC_1314	Imfinzi (durvalumab)	Negative change	every 4 weeks.	Per FDA labeling
			Section IIA3 update: For Health Plans that utilize NCH UM Oncology Clinical Policies, and there is no Health Plan PDL applicable, the Preferred Drug Guidelines shall follow NCH recommended	
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	No Clinical Changes	agents/regimens/preferred drugs	Other: NCH prefer drug guidelines
			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, with one of the following 5 subtypes of newly diagnosed AM L:	
	Vyxeos (daunorubicin and cytarabine		therapy-related AML, AML with a history of MDS (myelodysplastic syndrome) with or without prior hypomethylating agent therapy (decitabine or azacitidine), AML with a history of CMML(chronic myelomonocytic	
UM ONC_1326	liposomal)	Positive change	leukemia), and de novo AML with MDS-related cytogenetic abnormalities <del>. who have newly diagnosed, therapy related AML or AML with MDS-associated cytogenetic abnormalities.</del>	Per Compendia Listing
			Add inclusion criteria:	
			B.Acute Myeloid Leukemia (AML)	
	Marsas (damaga hida and a tana)		NOTE: Per NCH Policy, Vyxcos (daunorubicin and cytarabine liposomal) is non-Preferred as induction treatment in adult members less than 60 years of age with newly diagnosed AML except for members with one of	
LIMA ONIC 422C	Vyxeos (daunorubicin and cytarabine	Magative share-	the 5 subtypes of AML described in paragraph 1 above. This position is based on the lack of Level 1 evidence ( randomized phase III trials and/or meta-analyses) to show superior outcomes with Vyxeos compared to NCH recommended alternatives.	Des MCII Dethuses and a fee
UM ONC_1326	liposomal)	Negative change	NCH recommended alternatives. Add exclusion riteria:	Per NCH Pathway exclusion
	Vyxeos (daunorubicin and cytarabine		Add exclusion criteria:  Admenters without one of the 5 types of AML described in Section B, paragraph 1 above .do not have either therapy-related AML (related to previous cytotoxic chemotherapy and/or radiotherapy, for example	
UM ONC_1326	liposomal)	Negative change	A when the switch and the state of the switch and t	Per Clinical Trial Analysis/Criteria
UNI UNC_1326	iiposomai)	Negative change	Section IIA3 years: For Health Plans that utilize NCH UM Oncology Clinical Policies, and there is no Health Plan PDL applicable, the Preferred Drug Guidelines shall follow NCH recommended	Per Clinical Trial Analysis/Criteria
UM ONC_1341	Vizimpro (dacomitinib)	No Clinical Changes	Section in Suppose, for negative facilities that under the original pointers, and there is no readitive and pointers from the original pointers and the original pointers are original p	Other: NCH prefer drug guidelines
OW ONC_1341	Vizimpro (daconitanto)	No cillical changes	ogenia regimental preference usugs	other. Nerr prefer drug guidelines
			B.Multiple Myeloma	
			The member has relapsed or refractory multiple myeloma and Blenrep (belantamab mafodotin-blmf) will be used as a single agent AND	
			1. The member is refractory to at least 4 prior lines of therapy including an anti-CD38 antibody (e.g., daratumumab or isatuximab), an Immunomodulatory drug (e.g., lenalidomide or pomalidomide), and a proteasome	
			inhibitor (e.g., bortezomib, ixazomib, or carfilzomib) AND	
UM ONC 1411	Blenrep (belantamab mafodotin-blmf)	Negative change	Blenrep (belantamab mafodotin-blmf) is supported upon documentation of an ophthalmic exam prior to and following the administrations of Blenrep (belantamab mafodotin-blmf).	Per GSK announcement
_			Add inclusion criteria:	
			2.NOTE: Per NCH policy, Blenrep (belantamab mafodotin-blmf) is non-preferred for the treatment of relapsed or refractory multiple myeloma. This recommendation is based on the announcement made by the	
			manufacturer, on November 7, 2022: In the FDA-required confirmatory trial, Blenrep failed to show a significant progression-free survival (PFS) and overall survival (OS) benefit in comparison to pomalidomide and	
			dexamethasone (GSK corporate announcement on theDREAMM-3 clinical trial as referenced below). Please refer to NCH recommended alternatives agents/regimens, including but not limited to regimens at	
UM ONC_1411	Blenrep (belantamab mafodotin-blmf)	Negative change	http://pathways.newcenturyhealth.com.	Per GSK announcement
			Remove inclusion criteria:	
			B.Cholangiocarcinoma	
			2.NOTE: Per NCH Pathway & NCH Policy, Truseltiq (infigratinib) is a non-Preferred drug, the preferred treatment is Pemazyre (pemigatinib) as second line/subsequent therapy for FGFR2 gene fusion or rearrangement	
			positive unresectable/metastatic cholangiocarcinoma. This recommendation is based on the lack of Level 1 evidence (randomized trial and or meta-analyses) to show superior outcomes with Trusetiq (infigratinib) over	
UM ONC_1442	Truseltiq (infigratinib)	Positive change	Pemazyre (pemigatinib). Please refer to UM ONC_1398 Pemazyre (pemigatinib) policy.  Add exclusion criteria:	Per NCH Pathway expansion
UM ONC_1442	To analytic (In Company) (In )	N	Add exclusion criteria:  A.B.Lack of molecular testing confirming the presence of an FGFR2 fusion/other rearrangement in the member's cancer	Des FDA leb eller
UM ONC_1442 UM ONC_1465	Truseltiq (infigratinib)  Zynteglo (betibeglogene autotemcel)	Negative change N/A	A.B.Lack or molecular testing confirming the presence of an FGFK2 fusion/other rearrangement in the member's cancer  N/A  N/A	Per FDA labeling Archive policy- OOS
UIVI UNC_1465	zyntegio (betibegiogene autotemcei)	N/A	N/A	Archive policy- OOS
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