Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
UM ONC_1192	Afinitor (everolimus)	Positive change	C.Renal Cell Carcinoma (RCC)	Per FDA labeling
UM ONC_1205	Halaven (eribulin)	Negative change	Add inclusion criteria: B.Breast Cancer 3.NOTE: Per NCH Pathway & NCH Policy, Halaven (eribulin) + Margenza (margetuximab-cmkb) is a non-Preferred regimen for recurrent or metastatic HER2 positive breast cancer. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior overall survival outcomes with Margenza (margetuximab-cmkb) + Chemotherapy compared to Trastuzumab/Trastuzumab Biosimilar + Chemotherapy. Please refer to NCH Pathway for the preferred treatments recommended for use in the above setting.	Per NCH Pathway exclusion
UM ONC_1205	Halaven (eribulin)	Negative change	Add exclusion criteria: B.Member has disease progression ~~while~~ on on or after receiving Halaven (eribulin).	Per Compendia Listing
UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Positive change	Remove inclusion criteria: B.Thyroid Cancer 1.NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for non-medullary, differentiated, thyroid cancers (e.g., papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). Above recommendation is based on the lack of Level 1 evidence to support the superiority of cabozantinib over either of the preferred drugs. C.Kidney Cancer 1.NOTE: First line therapy with [Cabometyx (cabozantinib) + Opdivo (nivolumab)] for advanced/metastatic clear cell Renal Cell Carcinoma is not recommended per NCH Policy or NCH Pathway. This position is based on the following: a.Our detailed review of the CheckMate9ER trial showed that the HR for OS for IMDC Favorable Risk disease was 0.84, with wide Confidence Intervals that crossed 1.0 (CI 0.35-1.97). The HR for PFS for IMDC Favorable Risk disease was 0.62, however, again the Confidence Intervals were wide and crossed 1.0 (CI 0.38-1.01) b.For IMDC Intermediate and Poor risk disease, there is a lack of Level 1 evidence (randomized trials and/or meta-analysis) to support the superiority of [Cabometyx (cabozantinib) + Opdivo (nivolumab)] over [Opdivo (nivolumab) + Yervoy (ipilimumab)], - the recommended regimen per NCH Policy and NCH Pathway c.Additionally, for IMDC Intermediate and Poor Risk disease, Cabometyx (cabozantinib) has already been shown to be superior to Sutent (sunitinib) per the CABOSUN trial. Therefore the control arm-in the CheckMate9ER trial- of single agent Sutent-(sunitinib) is a sub-optimal control arm. 1.NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway for advanced/metastatic RCC, is Cabometyx (cabozantinib) as a single agent, in the first line setting for IMDC Intermediate/Poor Risk disease, and for subsequent therapy for any risk disease. Platelets > ULN 2.CABOMETYX (cabozantinib) may be used as monotherapy in metastatic/inoperable renal cell carcinoma in the first line setting for Intermediate/Poor Risk disease (IMDC Criteria) OR 3.As monotherapy in subsequent line therapy regardless of IMDC Risk. D.Hepatocellular Carcinoma (HCC) 1.NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is Stivarga (regorafenib). This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of Cabometyx (cabozantinib) over Stivarga (regorafenib) in this clinical setting.	Per NCH Pathway expansion
UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Positive change	Add inclusion criteria: 1. ~~COMETRIQ (cabozantinib) is being used~~ Cometriq/Cabometyx (cabozantinib) may be used as monotherapy for members with any of the following: a. For Cometriq use only: Unresectable or metastatic medullary thyroid cancer OR b. For Cabometyx use only: In adult and pediatric patients 12 years of age and older with Uunresectable or metastatic papillary, follicular, or Hurthle cell thyroid cancer and the member is refractory to a VEGFR-targeted therapy (e.g., ~~lenvatinib, sunitinib,~~ sorafenib) AND the member is not a candidate for or is refractory to radioactive iodine treatment. D.Hepatocellular Carcinoma (HCC) 2.The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for subsequent therapy for unresectable or metastatic disease in members with Child-Pugh Class A only ~~and who have been previously treated with 2 prior systemic therapies including Nexavar (sorafenib)~~.	Per FDA labeling
UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Negative change	1.CABOMETYX (cabozantinib) may be used for relapsed/metastatic Clear Cell RCC for ANY of the following clinical setting: a.As first line treatment as a single agent or in combination with nivolumab for intermediate/poor risk disease b.As subsequent therapy as a single agent for any risk disease (for favorable/intermediate/poor risk). c.NOTE: Per NCH Policy and NCH Pathway, the use of CABOMETYX (cabozantinib) as monotherapy is non-preferred for favorable risk disease when used as first line treatment for Clear Cell RCC. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with CABOMETYX (cabozantinib) compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for use in the above setting.	Per NCH Pathway exclusion
UM ONC_1245	Xofigo (radium Ra 223 dichloride)	No Clinical Changes	N/A	N/A
UM ONC_1248	Ixempra (ixabepilone)	Negative change	Add inclusion criteria: A.Breast Cancer 1.The member has a diagnosis of recurrent or metastatic breast cancer and Ixempra (ixabepilone) is being used as subsequent therapy for any of the following: a.In combination with Xeloda (capecitabine) OR b.In combination with trastuzumab for human epidermal growth factor receptor 2-positive disease OR c.As a single agent.	Per FDA labeling
UM ONC_1273	Lynparza (olaparib)	Negative change	Add exclusion criteria: D.Use of Lynparza (olaparib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer.	Per Clinical Trial Analysis/Criteria
UM ONC_1276	Onivyde (irinotecan liposome injection)	Positive change	Add inclusion criteria: B.Metastatic Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma 1.Onyvide (irinotecan liposome) may be used for members with recurrent/metastatic ~~pancreas cancer~~ adenocarcinoma of the pancreas or ampullary adenocarcinoma who have progressed on prior therapy with both a gemcitabine-based regimen (e.g., gemcitabine +/- nab-paclitaxel) ~~AND FOLFIRINOX (except when patient was felt to be unfit for this regimen)~~ AND 2.Onyvide (I irinotecan liposome) will be used in combination with 5-FU (fluorouracil) and leucovorin.	Per Compendia Listing
UM ONC_1276	Onivyde (irinotecan liposome injection)	Negative change	Add exclusion criteria: A.Disease progression while taking Onivyde (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX)..	Per Compendia Listing
UM ONC_1277	Alecensa (Alectinib)	Positive change	Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+ NSCLC is Alecensa (alectinib).	Per NCH Pathway expansion
UM ONC_1282	Imlygic (Talimogene Laherparepvec)	Positive change	Remove inclusion criteria: B.Melanoma 1.NOTE 1: Imlygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2.NOTE 2: There are no randomized trials supporting the superiority of Checkpoint Inhibitors + Imlygic (talimogene laherparepvec) over either therapy given alone. Imlygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. ~~The member has stage IIIB, IIIC, or IVM1a melanoma and~~ Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery.	Per Clinical Trial Analysis/Criteria
UM ONC_1282	Imlygic (Talimogene Laherparepvec)	Negative change	Add inclusion criteria: 1. Imlygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below. 4.Imlygic may be used as a single agent as neo-adjuvant (preoperative) therapy for resectable stage IIIB-IVM1a melanoma	Per Clinical Trial Analysis/Criteria

UM ONC_1282	Imlygic (Talimogene Laherparepvec)	Negative change	Add exclusion criteria: B.Use of Imlygic (talimogene laherparepvec) for visceral lesions or for a lack of injectable lesions that are not visible and palpable. C.Concurrent use with other anti-cancer therapies or checkpoint inhibitors (e.g., ipilimumab, nivolumab, and pembrolizumab).	Per Clinical Trial Analysis/Criteria
UM ONC_1288	Fusilev (levoleucovorin)	Negative change	Add inclusion criteria: For all indications, J0642 Khapzory (levoleucovorin) is a non- Preferred drug, except when J9040 Leucovorin and J9041 Levoleucovorin are not available at the office and the drug shortage is	More Cost Effective Alternative(s)
UM ONC_1290	Yondelis (trabectedin)	Positive change	Remove exclusion criteria: B.Yondelis (trabectedin) use in sarcomas other than leiomyosarcoma, liposarcoma and translocation-associated sarcomas. (In the phase III TSAR trial, patients with non-liposarcoma/LMS histotypes, trabectedin had no objective tumor responses relative to the liposarcoma/LMS group (0 versus 19 percent) and had similar PFS to those receiving best supportive care (median 1.8 versus 1.5 months). In contrast, for those with liposarcoma/LMS, trabectedin demonstrated improved PFS relative to best supportive care (median 5.1 versus 1.4 months)].	Per Clinical Trial Analysis/Criteria
UM ONC_1301	Rubraca (rucaparib)	Negative change	Add inclusion criteria: B.Ovarian Cancer 1.Rucaparib may be used as a single agent as maintenance treatment in a member with stage II-IV ovarian carcinoma, has ~~relapsed or progressive~~ recurrent platinum sensitive disease, regardless of BRCA mutation status, and after a complete or partial response to platinum-based therapy. ~~with a deleterious/suspected deleterious germline/somatic BRCA1/2 mutation, and the member has completed two or more lines of platinum-based therapy with a complete or partial response.~~ B.C.Prostate Cancer 1.Rucaparib may be used as a single agent in prostate cancer when ALL the following criteria are met: a.Member has metastatic Castration-Resistant Prostate Cancer AND b.Member has experienced disease progression on an Androgen Receptor Directed therapy (e.g., abiraterone and/or enzalutamide) and a taxane-based chemotherapy (e.g., docetaxel, cabazitaxel + steroid)	Per FDA labeling
UM ONC_1301	Rubraca (rucaparib)	Negative change	Add exclusion criteria: F.Use of Rubraca (rucaparib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer.	Per Clinical Trial Analysis/Criteria
UM ONC_1307	Zejula (niraparib)	Negative change	Remove inclusion criteria: B.Ovarian Cancer c.The member has a deleterious/suspected deleterious germline/somatic BRCA 1/2 mutation and/or homologous recombination deficiency (HRD) positive status with recurrent ovarian cancer (regardless of platinum sensitivity) and has had 2 or more prior lines of chemotherapy and Zejula (niraparib) is being used as a single agent.	FDA/NCCN Withdrawal
UM ONC_1307	Zejula (niraparib)	Negative change	Add exclusion criteria: D.Use of Zejula (niraparib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer.	Per Clinical Trial Analysis/Criteria
UM ONC_1314	Imfinzi (durvalumab)	Positive change	Add inclusion criteria: D.Biliary Tract Cancer (BTC) 1.Imfinzi (durvalumab) may be used in combination with cisplatin or carboplatin and gemcitabine as first line therapy in members who have not received therapy for unresectable or metastatic biliary tract cancer (e.g., extrahepatic/intrahepatic cholangiocarcinoma, gallbladder carcinoma.	New FDA Indication
UM ONC_1314	Imfinzi (durvalumab)	Negative change	Add exclusion criteria: D.Dosing exceeds single dose limit of Imfinzi (durvalumab) 10mg/kg (every 2 weeks), 20 mg/kg (every 3 weeks), 1500 mg (every 3 weeks when used in combination with chemotherapy for SCLC), or 1500 mg (every 4 weeks when used as a single agent), or maximum duration of 12 months for NSCLC consolidation therapy.	Per FDA labeling
UM ONC_1377	Brukinsa (zanubrutinib)	Negative change	Add inclusion criteria: B.B-Cell Lymphomas (Mantle Cell Lymphoma, Nodal/Extra-nodal/Splenic Marginal Zone Lymphoma 1.The member has mantle cell lymphoma or nodal/extra-nodal/splenic marginal zone lymphoma AND Brukinsa (zanubrutinib) will be used as monotherapy in members with disease progression on at least one prior treatment, including an anti-CD20 agent (e.g., rituximab/rituximab biosimilar).	Per Clinical Trial Analysis/Criteria
UM ONC_1377	Brukinsa (zanubrutinib)	Negative change	Remove inclusion criteria: C.Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma 1.Brukinsa (zanubrutinib) monotherapy is supported as follows: a.For first line therapy of CLL/SLL with del(17p) and or TP 53 mutations OR b.For second or subsequent line therapy for all patients with CLL/SLL.	Per Compendia Listing
UM ONC_1377	Brukinsa (zanubrutinib)	Positive change	Add inclusion criteria: C.Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma 1.Burkinsa(zanubrutinib) may be used as monotherapy for initial line or subsequent line therapy.	Per Compendia Listing
UM ONC_1392	Reblozyl (luspatercept-aamt)	Negative change	Add inclusion criteria: C.Beta Thalassemia Anemia 1.Reblozyl (luspatercept-aamt) is being used for ALL of the following conditions: a.The member has beta thalassemia anemia who require regular red blood cell (RBC) transfusions defined as 6-20 RBC units within the last 6 months, including the last 30 days b.Initiate if hemoglobin (Hgb) is ≤ 11 gm/dL c.Continue if Hgb is ≤ 11 gm/dL OR ~~transfusion burden~~ the total number of RBC transfused is not reduced after at least 2 consecutive doses	Per Clinical Trial Analysis/Criteria
UM ONC_1398	Pemazyre (pemigatinib)	Positive change	Add inclusion criteria: C.Myeloid/Lymphoid Neoplasms (MLNs) 1.Pemazyre (pemigatinib) may be used as monotherapy in a member who has relapsed after stem cell transplantation and/or after disease modifying therapies (e.g., chemotherapy) for the treatment of MLNs and the tumor is positive for fibroblast growth factor receptor-1 (FGFR-1) rearrangement.	New FDA Indication
UM ONC_1398	Pemazyre (pemigatinib)	Negative change	Add exclusion criteria: B.No confirmatory test available to confirm the presence of an FGFR-2 (for cholangiocarcinoma) or FGFR-1 (for MLNs) gene fusion/gene rearrangement. C.Dosing exceeds single dose limit of Pemazyre (pemigatinib) 13.5 mg. D. For Cholangiocarcinoma: Treatment exceeds the maximum limit of 42 (4.5 mg), 28 (9 mg), 14 (13.5 mg) tablets/month. E. For MLNs: Treatment exceeds the maximum limit of 90 (4.5 mg), 60 (9 mg), 30 (13.5 mg) tablets/month.	Per FDA labeling
UM ONC_1447	Exkivity (mobocertinib)	Negative change	Add inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 1.Exkivity (mobocertinib) may be used as monotherapy, in members with advanced or metastatic (staged IIIB or IV) EGFR exon 20 insertion mutation positive NSCLC who have had disease progression on or after platinum based chemotherapy, with or without prior tyrosine kinase inhibitors/immunotherapy. Confirmation of the presence of the above mutation in tumor tissue is required (anyFDA approved test).	Per FDA labeling
UM ONC_1448	Ferriprox (deferiprone)	Positive change	Remove inclusion criteria: B.Transfusional Iron Overload 1.NOTE: Per NCH policy, Ferriprox (deferiprone) is a non-preferred drug, the preferred products for transfusional iron overload are deferoxamine for continuous SQ administration or Exjade/Jadenu (deferasirox) available as products generic deferasirox for oral administration. This recommendation is based on the lack of Level 1 evidence (randomized trials and or meta-analyses) to show superior outcomes with Ferriprox (deferiprone) over the preferred products.	More Cost Effective Alternative(s)
UM ONC_1448	Ferriprox (deferiprone)	Negative change	Add inclusion criteria: 2.Ferriprox (deferiprone) may used as monotherapy, or in combination with SQ deferoxamine, as an oral iron chelating agent, in adult or pediatric members 8 years and older with iron overload due to transfusion dependent thalassemia (or other anemias with iron overload) if the member has a documented contraindication, intolerance, or failure to ~~Exjade/Jadenu (deferasirox)~~ generic deferasirox. ~~and/or difficulties with SC administration of Deferoxamine.~~	More Cost Effective Alternative(s)
UM ONC_1448	Ferriprox (deferiprone)	Positive change	Remove exclusion criteria: A.The member is naïve to chelation therapy prior to start of treatment ~~or continues to require packed red blood cells transfusion on reorders.~~	Per FDA labeling
UM ONC_1448	Ferriprox (deferiprone)	Negative change	Add exclusion criteria: B.A lack of response following treatment with Ferriprox (deferiprone). This is defined as a lack in decline in serum ferritin levels at the maximum tolerated dose of 99 mg/kg/day.	Per FDA labeling