Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
new	Pepaxto (melphalan flufenamide)	n/a	n/a
new	Fotivda (tivozanib)	n/a	n/a
new	Cosela (trilaciclib)	n/a	n/a
UM ONC_1089	Libtayo (cemiplimab-rwlc)	Negative change	Add inclusion criteria: NSCLC 2.Libtayo (cemiplimab) may be used as montherapy in members with locally advanced, recurrent/metastatic NSCLC, with PD-L1 ≥ 50%, negative for actionable molecular markers (ALK, EGFR, or ROS-1)
UM ONC_1133	Erbitux (Cetuximab)	Positive change	Add inclusion criteria: a.As a part of primary/definitive/curative-intent concurrent chemoradiation (Erbitux + Radiation) as a single agent for members with a contraindication and/or intolerance to cisplatin use OR B.Head and Neck Cancers - For recurrent/metastatic disease as a single agent, or in combination with chemotherapy.
UM ONC_1133	Erbitux (Cetuximab)	Negative change	Add inclusion criteria: NOTE: Erbitux (cetuximab) + Braftovi (encorafenib) is NCH preferred L1 pathway for second-line or subsequent therapy in the metastatic setting,for BRAFV600E positive colorectal cancer..
UM ONC_1134	Trastuzumab Products	Negative change	Add inclusion criteria: B.HER-2 Positive Breast Cancer i.Note #1: For adjuvant (post-operative) use in members who did not receive neoadjuvant therapy/received neoadjuvant therapy and did not have any residual disease in the breast and/or axillary lymph nodes, Perjeta (pertuzumab) use is restricted to node positive stage II and III disease only. ii.Note #2: Perjeta (pertuzumab) use in the neoadjuvant (pre-operative) setting requires radiographic (e.g., breast MRI, CT) and/or pathologic confirmation of ipsilateral (same side) axillary nodal involvement. iii. For curative-intent, neoadjuvant/adjuvant therapy, Pertuzumab + Trastuzumab is indicated only in patients with node positive disease. The combination may be used in the neoadjuvant setting if there is radiographic and/or pathologic confirmation of ipsilateral axillary/other regional nodal involvement. •Neoadjuvant therapy was given and there was no residual disease found in the breast/axillary nodes at surgery, and there was confirmation of ipsilateral axillary nodal involvement prior to starting neoadjuvant therapy.
UM ONC_1193	Revlimid (lenalidomide)	Negative change	Remove inclusion criteria: B.Multiple Myeloma (MM) ii.Lenalidomide is being used in combination with Darzalex/Darzalex Faspro (daratumumab)/dexamethasone with or without Velcade (bortezomib). ii.With Darzalex/Darzalex Faspro (daratumumab) +/- dexamethasone ~~+/- Velcade (bortezomib)~~ NOTE: This is a Preferred Regimen on NCH Pathway based on Level 1 evidence
UM ONC_1194	Revlimid (lenalidomide)	Positive change	Add inclusion criteria: MM a.Initial therapy: i.In combination with Velcade(bortezomib) +/- dexamethasone. ~~Combination with dexamethasone +/- Velcade (bortezomib).~~ MDS 2.Revlimid (lenalidomide) is being used as a single agent or in combination with hypomethylating agent (i.e. decitabine or azacitidine) in members with MDS/Myeloproliferative Overlap Neoplasms (MPN).

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1201	Yervoy (ipilimumab)	Negative change	Add inclusion criteria: C.Melanoma NOTE: The preferred drugs, per NCH Policies & NCH Pathway, for the adjuvant therapy of completely resected stage III melanoma are Opdivo (nivolumab) OR Keytruda (pembrolizumab). Please refer to UM ONC_1274 Opdivo (nivolumab) policy or UM ONC_1263 Keytruda (pembrolizumab) policy. Adjuvant ipilimumab is not recommended in this setting. This recommendation is based on randomized data showing inferior outcomes with ipilimumab compared to nivolumab. D.Renal Cell Carcinoma 2.Yervoy (ipilimumab) is being used in combination with Opdivo (nivolumab) for 4 cycles followed by single agent nivolumab for Intermediate or Poor risk disease (as defined by the IMDC criteria). The recommended dose of Yervoy (ipilimumab) in this setting is 1mg/kg iv every 3 weeks for a total of 4 cycles. G.Non-Small Cell Lung Cancer NOTE: The combination of [Yervoy (ipilimumab + Opdivo (nivolumab)] for metastatic Non-Small Cell Lung Cancer, in the first line/subsequent line setting, is Non-Preferred per NCH Policy and NCH Pathway. Please refer to the NCH Pathway document for the most current recommended regimens/agent for metastatic Non-Small Cell Lung Cancer. This recommendation is based on the lack of Level 1 evidence (randomized trials and/or metaanalyses) showing the superiority of the above combination over the recommended regimens for first line therapy of EGFR/ALK negative metastatic NSCLC: a. [carboplatin/cisplatin+pemetrexed+pembrolizumab] for non-squamous NSCLC and b. [carboplatin/cisplatin+paclitaxel+pembrolizumab] for squamous NSCLC H.Malignant Pleural Mesothelioma 1.Yervoy (ipilimumab) may be used in combination with Opdivo (nivolumab), as first line therapy for members with Non-epithelioid subtype (by histology) of metastatic/unresectable Malignant Pleural Mesothelioma. Yerovy (ipilimumab) is dosed at 1 mg/kg every 6 weeks until disease progression or unacceptable toxicities, in the above setting. NOTE: Yerovy (ipilimumab) + Opdivo (nivolumab) is not recommended for use in Epithelioid metastatic/unresectable Malignant Pleural Mesothelioma. This recommendation is based on the lack of a survival benefit of the above regimen compared to [platinum+pemetrexed] in the trial by Baas et al referenced below.
UM ONC_1216	Perjeta (pertuzumab)	Negative change	Add inclusion criteria: 2.Neoadjuvant or adjuvant therapy or HER-2+ breast cancer a.Note #1: For adjuvant (post-operative) use in members who did not receive neoadjuvant therapy/received neoadjuvant therapy and did not have any residual disease in the breast and/or axillary lymph nodes, Perjeta (pertuzumab) use is restricted to node positive stage II and III disease only. b.Note #2: Perjeta use in the neoadjuvant (pre-operative) setting requires radiographic (e.g., breast MRI, CT) and/or pathologic confirmation of ipsilateral (same side) axillary nodal involvement. c.Perjeta (pertuzumab) may be used in combination with trastuzumab for members with Stage II or III, locally advanced, inflammatory, or early-stage node positive breast cancer (recommendation based on the 6-year updated analysis of the APHINITY trial which showed a benefit only in node positive patients). •Member has axillary node positive disease (confirmed radiographically and or pathologically). • If neoadjuvant therapy was not given and member was found to have axillary node positive disease after surgery.
UM ONC_1224	Kyprolis (carfilzomib)	Negative change	Add inclusion criteria: 3.For relapsed or refractory disease, Kyprolis (carfilzomib) may be used for members who have had prior progression on Velcade(bortezomib)-based therapy d.In combination with daratumumab +/- dexamethasone, if the member has not received prior therapy with daratumumab.

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Negative change	Add inclusion criteria: B. Thyroid cancer NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for 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 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 sub-optimal control arm. 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.
UM ONC_1238	Kadcyla (ado-trastuzumab)	Positive change	Add inclusion criteria: B.HER-2 Positive Breast Cancer 1.For members with recurrent/metastatic HER-2 positive breast cancer: Kadcyla (ado-trastuzumab emtansine) may be used as a single agent for members who have experienced disease progression after prior therapy with ~~[a taxane +~~ trastuzumab + pertuzumab +/- chemotherapy (e.g. a taxane)].
UM ONC_1238	Kadcyla (ado-trastuzumab)	Negative change	Remove inclusion criteria: < 2 cm OR ER/PR positive
UM ONC_1238	Kadcyla (ado-trastuzumab)	Negative change	Add exclusion criteria: A.Concurrent use with trastuzumab, lapatinib, pertuzumab, fam-trastuzumab deruxtecan, or other chemotherapy; endocrine therapy may continue concurrently with Kadcyla if indicated.
UM ONC_1239	Pomalyst (pomalidomide)	Negative change	Add inclusion criteria: The preferred immunomodulatory agent, for first line therapy of newly diagnosed myeloma, and first line therapy for myeloma in first r elapse, per NCH policy and pathway, is Revlimid (lenalidomide) over Pomalyst (pomalidomide) or Thalomid (thalidomide). i.The member has relapsed or refractory multiple myeloma that has failed 2 prior therapies for myeloma including one proteasome inhibitor preferably Velcade (unless contraindication/intolerance) & one immunomodulatory agent,preferably Revlimid (unless intolerance/contraindication), and Pomalyst (pomalidomide) is being used as a single agent OR in combination with dexamethasone
UM ONC_1239	Pomalyst (pomalidomide)	Negative change	Remove inclusion criteria: B.In combination with dexamethasone and Ninlaro (ixazomib) D.In combination with dexamethasone and Velcade (bortezomib)
UM ONC_1242	Jakafi (ruxolitinib)	Negative change	Add inclusion criteria: B.Myelofibrosis 1.NOTE: The preferred agent, per NCH Policies, is Jakafi (ruxolitinib) over Inrebic (fedratinib). This recommendation is based on the lack of Level 1 evidence (randomized trial and or meta-analysis) showing superior outcomes with Inrebic (fedratinib) over Jakafi(ruxolitinib). akafi (ruxolitinib) may be used in a member with any of the following: primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis. D.Graft Versus Host Disease (GVHD) 1.Jakafi (ruxolitinib) may be used for members with GVHD with or without a corticosteroid in members 12 years or older who have acute GVHD, following an allogeneic hematopoietic stem cell transplantation, and the member is refractory to primary treatment with methylprednisolone (or a steroid equivalent).

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1249	Mekinist (trametinib)	Negative change	B.Malignant Melanoma NOTE #1: Per NCH Policy & NCH Pathway, the preferred combination for targeted therapy of metastatic, unresectable, or recurrent BRAF V600Eor V600K mutation positive malignant melanoma is Zelboraf (vemurafenib) + Cotellic (cobimetinib). This recommendation is based on the lack of Level 1 evidence(randomized trials and or meta-analyses) to show that one anti-BRAF combination is superior to another. 1.Furthermore, all randomized trials for such combination therapy have used a BRAF inhibitor (generally vemurafenib or encorafenib) as the control arm. 2. Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) as first line, second-line, or subsequent treatment for metastatic or unresectable BRAF V600E or V600K mutation positive disease if member is intolerant to/has a contraindication to the preferred combination Zelboraf (vemurafenib) + Cotellic (cobimetinib). 3.Mekinist (trametinib) + Tafinlar (dabrafenib) may be used in a member with BRAF V600E or V600K mutation positive malignant melanoma as adjuvant treatment after complete resection of the primary lesion and completion of a regional lymph node dissection- total duration of adjuvant therapy not to exceed 1 year. C.Non-Small Cell Lung Cancer (NSCLC) b. Subsequent therapy if anti- BRAF V600E targeted therapy was not previously used.
UM ONC_1263	Keytruda (pembrolizumab)	Negative change	Add inclusion criteria: Q.Triple Negative Breast Cancer (TNBC) 1.NOTE: The preferred regimen, per NCH Policy and Pathway,is [Tecentriq (atezolizumab) + Abraxane (nab-paclitaxel)] in members with PD-L1 positive unresectable, recurrent, or metastatic TNBC. This recommendation is based on the lack of long-term overall survival data from thet KEYNOTE-355 trial. R.Tumor Mutational Burden-High (TMB-H) Cancer iii. Keytruda (pembrolizumab) may be used as a single agent in members with unresectable or metastatic solid tumors with a , a high tumor mutational burden(high tmb with ≥10 mutations/megabase (mut/mb), that have progressed following prior treatment and have no satisfatactory alternative treatment options.
UM ONC_1264	Zydelig (idelalisib)	Negative change	Add exclusion criteria: III.NOT RECOMMENDED FOR USE PER NCH POLICY
UM ONC_1274	Opdivo (nivolumab)	Negative change	Add inclusion criteria: D.Renal Cell Carcinoma 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- with single agent Sutent (sunitinib) is not optimal/standard. L.Malignant Pleural Mesothelioma 1.Yerovy (Iipilimumab) may be used in combination with Opdivo (nivolumab), as first line therapy for members with Non-epithelioid subtype (by histology) of metastatic/unresectable Malignant Pleural Mesothelioma. Yervoy (Iipilimumab) is dosed at 1 mg/kg every 6 weeks until disease progression or unacceptable toxicities, in the above setting. NOTE: Yervoy (Iipilimumab + Opdivo (Nnivolumab) is not recommended for use in Epithelioid metastatic/unresectable Malignant Pleural Mesothelioma. This recommendation is based on the lack of a survival benefit of the above regimen compared to [platinum+pemetrexed] in the trial by Baas et al referenced below.

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1279	Cotellic (cobimetinib)	Negative change	Add inclusion criteria: B.Malignant Melanoma 1.NOTE: Per NCH Policy & NCH Pathway, Cotellic (cobimetinib) + Zelboraf (vemurafenib) is the preferred combination therapy for BRAF V600E or V600K mutation positive melanoma, both in the first line and subsequent line settings. This recommendation is based on the lack of Level 1 evidence to show the superiority of any one combination of a BRAF inhibitor + a MET inhibitor to be superior than another similar combination. 2.NOTE: Per NCH Policy & NCH Pathway, Zelboraf (vemurafenib) in combination with a MEK inhibitor (e.g.e.g., cobimetinib) is a non-preferred regimen/combination for use as adjuvant therapy in BRAF V600E or V600K mutation positive resected stage III melanoma; Opdivo (nivolumab) for 1 year is the preferred option in this clinical setting. This recommendation is based on the lack of Level 1 evidence to support the superiority of the above combination over 1 year of adjuvant therapy with Opdivo (nivolumab) or Keytruda (pembrolizumab). 3.NOTE: Per NCH Pathway & NCH Policy, Zelboraf (vemurafenib) in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) is non-preferred for the treatment of metastatic/recurrent/unresectable BRAF V600Eor V600K mutation positive malignant melanoma. This recommendation is based on the lack of any Level 1 evidence (randomized trial and/or meta-analysis) to support superior outcomes with the above 3-drug combination compared to Zelboraf (vemurafenib) + Cotellic (cobimetinib). 3.Please refer to the NCH Pathway document for the preferred regimens/options in this disease, both in the initial, and subsequent line settings. 4.Cotellic (cobimetinib) may be used in combination with Zelboraf (vemurafenib) in The members with has BRAF V600E or V600K mutation positive metastatic, recurrent, or unresectable malignant melanoma in any of the following clinical scenarios.
UM ONC_1279	Cotellic (cobimetinib)	Positive change	Remove inclusion criteria: E.Treatment exceeds the maximum limit of 60 ~~3~~ (20 mg) tablets/month.
UM ONC_1280	Darzalex and Darzalex Faspro (daratumumab)	Negative change	Add inclusion criteria: Multiple myeloma 3.NOTE#3: First line daratumumab based regimens are non-preferred per NCH Policy and NCH Pathway, for both transplant eligible and transplant ineligible multiple myeloma. This position is based on the lack of Level 1 evidence (randomized trial) showing the superiority of daratumumab-based first line regimens compared to standard RVd- Revlimid Velcade Dexamethasone- and long term follow up of the RVd regimen showing excellent long term outcomes. 2.4.Daratumumab may be used in members with relapsed/refractory multiple myeloma as a single agent
UM ONC_1280	Darzalex and Darzalex Faspro (daratumumab)	Negative change	Remove inclusion criteria: 1.Daratumumab use is supported for multiple myeloma as follows: a.First line therapy for members with newly diagnosed, non-transplant eligible myeloma: •Daratumumab + Lenalidomide + Steroid (DRd) OR •Daratumumab + Bortezomib + Steroid (DVd) 1.Subsequent therapy for relapsed/refractory myeloma: a.Single agent Daratumumab therapy in members who have experienced disease progression on both a proteasome inhibitor and an immunomodulatory agent OR have experienced disease progression on 3 prior treatment regimens.
UM ONC_1281	Empliciti (elotuzumab)	Positive change	Add inclusion criteria: a.Empliciti (elotuzumab) may be used in combination with Pomalyst (pomalidomide) with/without dexamethasone in members with relapsed/refractory multiple myeloma that have received at least 2 prior regimens including and immunomodulatory agent, specifically Revlimid(unless intolerance/contraindication), and a proteasome inhibitor specifically Velcade (unless intolerance/contraindication).
UM ONC_1299	Tecentriq (atezolizumab)	Negative change	Remove inclusion criteria: B.Urothelial carcinoma of the bladder, and other urothelial carcinomas NOTE: Per NCH Policy & NCH Pathway, Keytruda (pembrolizumab) is the preferred agent over other PD-1 or PD-L1 inhibitors [i.e. Opdivo (nivolumab), Tecentriq (atezolizumab), Bavencio (avelumab), Imfinzi (durvalumab)], for initial and subsequent therapy in the recurrent/metastatic setting. 1.For members with locally advanced, metastatic, or recurrent urothelial cancer Tecentriq (atezolizumab) may be used as a single agent in ANY of the following: a.First line treatment in members who are ineligible for cisplatin chemotherapy AND whose tumors express PD-L1 (CPS or TPS of >/=1%) OR b.As subsequent therapy after progression on previous platinum-based chemotherapy.

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1299	Tecentriq (atezolizumab)	Negative change	Add inclusion criteria: F.Malignant Melanoma 1. ~~NOTE: Per NCH Policy & NCH Pathway, Cobimetinib + Vemurafenib is the preferred therapy for BRAF V600E mutation positive melanoma over Cotellic (cobimetinib) + Zelboraf (vemurafenib) + Tecentriq (atezolizumab). Please refer to NCH L1 pathway for the preferred treatment in this setting.~~ NOTE: The combination of [Cotellic (cobimetinib) + Zelboraf (vemurafenib) + Tecentriq (atezolizumab)] is not recommended for metastatic malignant melanoma. This position is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) showing the superiority of the above 3-drug combination over the recommended regimen [Opdivo (nivolumab) + Yervoy (ipilimumab)].
UM ONC_1308	Folotyn (pralatrexate)	Positive change	Add inclusion criteria: 2.Peripheral T-Cell Lymphoma (PTCL) a.The member has relapsed or refractory PTCL (including anaplastic large cell lymphoma, primary systemic type, transformed mycosis fungoides, blastic NK cell lymphoma, HTLV1+ lymphoma, extranodal peripheral T.NK-cell lymphoma) i.e. angioimmunoblastic T-cell lymphoma, peripheral T-cell lymphoma not otherwise specified, anaplastic large cell lymphoma, enteropathy-associated T-cell lymphoma, or monomorphic epitheliotropic intestinal T-cell lymphoma).
UM ONC_1309	Iressa (gefitinib)	Negative change	Add inclusion criteria:NSCLC: Iressa (gefitinib) may be used as a single agent in members with a known EGFR exon 19 deletions or exon 21 (L858R) sensitizing mutation as subsequent line therapy; may be used as first line therapy in a member who has a contraindication/intolerance to Tagrisso (oOsimertinib).
UM ONC_1311	Lonsurf (trifluridine_tipiracil)	Negative change	Add exclusion criteria: Treatment exceeds the maximum limit of 80 (20 mg) or 60 (15 mg) tablets/month.
UM ONC_1314	Imfinzi (durvalumab)	Negative change	Add inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 1.Imfinzi (durvalumab) will may be used as a single agent for consolidation therapy (for a total of 1 year), after completion of definitive chemoradiation, in members with unresectable (not amendable to surgical treatment) stage II or stage III disease C.Small Cell Lung Cancer (Extensive Stage) 2.Imfinzi (durvalumab) may be used in combination with [carboplatin + etoposide], for members with extensive stage small cell lung cancer, if there is a history of intolerance to Tecentriq (atezolizumab).
UM ONC_1316	Nerlynx (neratinib)	Negative change	Add inclusion criteria: 2.Breast Cancer a.The member has early stage (stages I, II, and III) hormone receptor positive, HER2 positive breast cancer, and Nerlynx (neratinib) is being used as a single agent following completion of adjuvant trastuzumab .of ONE year or less OR b.NOTE: For members with metastatic HER-2 + breast cancer, with disease progression on ≥ prior therapies, Tykerb(lapatinib) + chemotherapy/endocrine therapy, is the preferred anti-HER-2 TKI- Tyrosine Kinase Inhibitor. This recommendation is based on our analysis of the NALA trial which showed no significant Overall Survival benefit for the use of Nerlynx (neratinib) when compared to Tykerb (lapatinib) b. ~~Nerlynx(neratinib) may be used in a The member with has metastatic HER2 positive metastatic breast cancer with disease progression on≥ 2 prior regimens for metastatic disease, if the member has an intolerance to Tykerb(lapatinib), and Nerlynx (neratinib) is being used in combination with capecitabine and the member has received two or more prior anti-HER-2 based regimens except lapatinib in the metastatic setting~~.
UM ONC_1316	Nerlynx (neratinib)	Negative change	Add exclusion criteria: 1.Nerlynx (neratinib) use after disease progression on a Nerlynx (neratinib) based regimen, or disease progression on another anti-HER-2 TKI (either as a single agent or in combination with chemotherapy/endocrine therapy- specifically Tykerb (lapatinib) or Tukysa (tucatinib)
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Negative change	Add inclusion criteria: B.Acute Myeloid Leukemia (AML) 1. ~~NOTE: Per NCH Policy and NCH Pathway, Vyxeos (daunorubicin and cytarabine liposomal) is a non-preferred drug for the treatment of AML for any line of therapy. Generic daunorubicin and cytarabine are the preferred agents in this setting~~. 1.Vyxeos may be used for induction and consolidation therapy for members aged 60 years or older, who have newly diagnosed, therapy-related AML or de novo AML with MDS-associated cytogenetic abnormalities.

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Negative change	Add exclusion criteria: A.Members do not have either therapy-related AML (related to previous cytotoxic chemotherapy and or radiotherapy e.g. doxorubicin, etoposide) or AML with MDS-related cytogenetic abnormalities. B.Members with Acute Promyelocytic Leukemia C.Members with t(8;21) + or inversion 16 + (Core Binding Factor positive) AML D.CNS Leukemia
UM ONC_1329	Yescarta (axicabtagene ciloleucel)	Positive change	Add inclusion criteria: C.Follicular Lymphoma 1.Yescarta (axicabtagene ciloleucel) may be used in adult members with CD19 positive relapsed or refractory follicular lymphoma (FL) with at least two or more lines of chemoimmunotherapies, including the combination of an anti-CD20 monoclonal antibody and an alkylating agent (e.g., R-bendamustine, R-CHOP, R-CVP).
UM ONC_1347	Lorbrena (lorlatinib)	Negative change	Add inclusion criteria: ii.Subsequent-line therapy: ~~Crizotinib~~ Lorbrena (lorlatinib) or Alunbrig (Bbrigatinib) ~~(if failed Crizotinib).~~ b.Lorbrena (lorlatinib) may be used as monotherapy in members with recurrent or metastatic ALK positive NSCLC as subsequent therapy. This recommendation is based on an improved median PFS, ORR, and DOR with Lorbrena (lorlatinib) when compared to Xalkori (crizotinib).
UM ONC_1349	Talzenna (talazoparib)	Negative change	Add inclusion criteria: Talzenna (talazoparib) is not recommended for use when a PARP inhibitor is indicated for use in BRCA1/2 + metastatic breast cancer. This recommendation is based on data from the phase III EMBRACA trial, reported April 2020, in which Talzenna (talazoparib) did not show a statistically significant overall survival benefit for patient with metastatic breast cancer with a germline BRCA 1/2 mutation.
UM ONC_1349	Talzenna (talazoparib)	Positive change	Remove inclusion criteria:2.Breast Cancer a.NOTE #1: The preferred PARP inhibitor, per NCH policy and NCH pathway, is OLAPARIB for recurrent or metastatic, germline BRCA 1/2 mutation positive ~~HER2 negative~~ breast cancer.
UM ONC_1349	Talzenna (talazoparib)	Negative change	Add exclusion criteria: III.NOT RECOMMENDED FOR USE PER NCH POLICY
UM ONC_1349	Talzenna (talazoparib)	Positive change	Remove exclusion criteria: 1.No history of intolerance to/contraindications to Olaparib. 2.Dosing exceeds single dose limit of Talzenna (talazoparib) 1 mg. 3.Treatment exceeds the maximum limit of 120 (0.25 mg) or 30 (1mg) capsules/month.
UM ONC_1366	Inrebic (fedratinib)	Negative change	Add inclusion criteria: 2.Myelofibrosis (MF) a.NOTE: The preferred agent, per NCH Policies, is Jakafi (ruxolitinib) over Inrebic (fedratinib). This recommendation is based on the lack of Ldue to level 1 evidence (randomized trial and/or meta-analyses) showing auperior outcomes with Inrebic (fedratinib) over Jakafi (ruxolitinib).
UM ONC_1366	Inrebic (fedratinib)	Positive change	Remove inclusion criteria: d.The member has failed prior therapy with Jakafi (ruxolitinib).
UM ONC_1366	Inrebic (fedratinib)	Negative change	Add exclusion criteria: 1.Inrebic (fedratinib) use after disease progression with the same regimen ~~or another JAK2 inhibitor [e.g., Jakafi (ruxolitinib)].~~
UM ONC_1366	Inrebic (fedratinib)	Positive change	Remove exclusion criteria: 2.Concurrent use with another Janus Kinase 2 (JAK2) inhibitor (e.g., Ruxolitinib).

Policy #	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1374	Balversa (erdafitinib)	Negative change	Add inclusion criteria: 2.Urothelial Carcinoma i.Documented FGFR3 mutation or FGFR2/3 fusion genomic alterations in tumor tissue (using the FDA approved companion diagnostic: therascreen or another appropriate genomic test) ii.Disease progression on/intolerance to on platinum-based chemotherapy AND disease progression on/intolerance to Immune Check Point Inhibitor therapy (e.g., ~~atezolizumab~~, avelumab, ~~durvalumab~~, nivolumab, or pembrolizumab) OR iii.If ineligible for platinum containing therapy, the member had disease progression on/intolerance toon Immune Check Point Inhibitor therapy (e.g., ~~atezolizumab~~, avelumab, ~~durvalumab~~, nivolumab, or pembrolizumab). iii.NOTE: Above recommendations are based on the lack of Level 1 evidence (randomized trial and/or meta-analysis) showing superiority of Balversa (erdafetinib) over Immune Checkpoint Inhibitor therapy in the second line setting.
UM ONC_1374	Balversa (erdafitinib)	Positive change	Add exclusion criteria: 5.Treatment exceeds the maximum limit of ~~3~~60 (4 mg), 30 (5mg), 90 (3mg) tablets/month.
UM ONC_1395	Clolar (clofarabine)	Positive change	Add inclusion criteria: Clolar(clofarabine) is being used as a single agent or as part of a multi-agent regimen.
UM ONC_1397	Mektovi (binimetinib)	Negative change	Add inclusion criteria: 2.Melanoma a.NOTE: The preferred BRAF and MEK inhibitor combination regimen, per NCH policy and NCH pathway, for unresectable/metastatic BRAF mutation positive melanoma is the combination of Cotellic (cCobimetinib) + Zelboraf (vVemurafenib) over Mektovi (bBinimetinib) + Braftovi (eEncorafenib). Rationale: Lack of Level 1 evidence (randomized trial and/or meta-analysis) showing superior outcomes with binemetinib + encorafenib over cobimetinib + vemurafenib b.The member has BRAF V600E or V600K activating mutation and unresectable or metastatic melanoma
UM ONC_1397	Mektovi (binimetinib)	Positive change	Remove exclusion criteria: 3.Treatment exceeds the maximum limit of Mektovi 180 ~~90~~ (15 mg) tablets per month.
UM ONC_1397	Mektovi (binimetinib)	Positive change	Add exclusion criteria: 1.Disease progression with another combination of a BRAF (i.e. vemurafenib, dabrafenib) inhibitor + MEK inhibitors (i.e. trametinib or cobimetinib).
UM ONC_1398	Pemazyre (pemigatinib)	Negative change	Add exclusion criteria: 2.No confirmatory test available to confirm the presence of an FGFR-2 gene fusion/gene rearrangement
UM ONC_1416	Onureg (azacitidine oral)	Positive change	Add inclusion criteria: Acute Myeloid Leukemia 1.Onureg (azacitidine) may be used as a single agent as maintenance therapy in a member with AML in first complete remission following induction therapy (with or without consolidation therapy).
UM ONC_1416	Onureg (azacitidine oral)	Positive change	Remove inclusion criteria: B.Acute Myeloid Leukemia Note: Vidaza (azacitidine) + Venclexta (venetoclax) is the preferred induction and consolidation regimen in members who are newly diagnosed and who are not candidates for intensive therapy in treatment of AML.
UM ONC_1416	Onureg (azacitidine oral)	Negative change	Add exclusion criteria: C.Treatment exceeds the maximum limit of 14 (300 mg) or 14 (200 mg) tablets/month.