Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
NEW	Epkinly (epcoritamab-bysp)	Positive change	DLBCL: remove prior transplant trial criteria. Epkinly will be used following 2 systemic therapies as per FDA labeling.	FDA labeling
UM ONC_1227	Zolinza (vorinostat)	Positive change	CTCL: remove criteria for 2 prior systemic therapies. This is to align with NCCN recommendations for primary or subsequent therapy.	Compendia Listing
UM ONC_1228	Xtandi (enzalutamide)	No clinical change	N/A	N/A
UM ONC_1230	Istodax (romidepsin)	No clinical change	N/A	N/A
UM ONC_1245	Xofigo (radium Ra 223 dichloride)	No clinical change	N/A	N/A
UM ONC_1248	Ixempra (ixabepilone)	No clinical change	N/A	N/A
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	Inclusion criteria: 1. Endometrial cancer: 1. remove critieria for prior surgery or radiation when used in combination with lenvatinib for MSI stable disease. 2. Add off label use in combination with carboplatin + paclitaxel as first line therapy for recurrent/metastatic disease. 2. NSCLC: do not add criteria to restrict use of PD-L1 inhbitors followiing progression on TKI for EGFR-mutated metastatic nonsquamous NSCLC. KEYNOTE-789 is still an abstract, wait until article is published.	FDA labeling
~~UM ONC_1273~~	~~Lynparza (olaparib)~~	~~No clinical change~~	~~Prostate cancer: table for August UMC or until the PROpel trial is published to include criteria for use in combination with abiraterone.~~	~~Clinical trial analysis/criteria~~
UM ONC_1277	Alecensa (Alectinib)	No clinical change	N/A	N/A
UM ONC_1283	Lenvima (lenvatinib)	Positive change	Inclusion criteria: 1. Thyroid cancer: do not add preferred and nonpreferred TKI for DTC. 2. Endometrial cancer: remove criteria for prior surgery or radiation.	FDA labeling
~~UM ONC_1310~~	~~Kisqali (ribociclib)~~	~~No clinical change~~	~~Table review of adjuvant ribociclib (NATALEE trial) for September OSAB~~	~~Clinical trial analysis/criteria~~
UM ONC_1329	Yescarta (axicabtagene ciloleucel)	No clinical change	N/A	N/A
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Positive change	Exclusion criteria: remove 4 dose limit	FDA labeling
UM ONC_1350	Vitrakvi (larotrectinib)	No clinical change	N/A	N/A
UM ONC_1351	Xospata (Gilteritinib)	Positive change	Inclusion criteria: remove use as a single agent (may be used with low dose cytarabine) for r/r AML Exclusion criteria: remove criteria for concurrent use of other anticancer therapies.	FDA labeling
UM ONC_1353	Cablivi (caplacizumab-yhdp)	No clinical change	N/A	N/A
UM ONC_1354	Daurismo (glasdegib)	No clinical change	N/A	N/A
UM ONC_1363	Nubeqa (darolutamide)	No clinical change	N/A	N/A
UM ONC_1367	Rozlytrek (entrectinib)	No clinical change	N/A	N/A
UM ONC_1377	Brukinsa (zanubrutinib)	No clinical change	N/A	N/A
UM ONC_1378	Ayvakit (avapritinib)	Positive change	On May 23, 2023, the U.S. Food and Drug Administration (FDA) has approved avapritinib (Ayvakit) for the treatment of adults with indolent systemic mastocytosis (ISM), marking the first drug to be specifically approved to treat the disease.	FDA labeling
UM ONC_1380	Gamifant (emapalumab-lzsg)	No clinical change	N/A	N/A
UM ONC_1381	Padcev (enfortumab vedotin-ejfv)	No clinical change	Discussion prepared for UMC	FDA labeling

UM ONC_1383	Sylvant (siltuximab)	No clinical change	N/A	N/A
UM ONC_1387	Unituxin (dinutuximab)	Positive change	Inclusion criteria for neuroblastoma: remove the following criteria 1. Age less than 18 years of age 2. The member had at least a partial response to induction chemotherapy followed by autologous stem cell transplant (ASCT) and radiotherapy 3. Unituxin (dinutuximab) is being used in combination with 13-cis-retinoic acid (isotretinoin), with or without granulocyte-macrophage colony-stimulating factor (sargramostim) or interleukin-2 (aldesleukin).	FDA labeling
~~UM ONC_1392~~	~~Reblozyl (luspatercept-aamt)~~	~~No clinical change~~	~~Table for September OSAB before we add recommendations from the COMMANDS trial.~~	~~Clinical trial analysis/criteria~~
UM ONC_1396	Koselugo (selumetinib)	Positive change	Remove restriction to pediatric members 2 to 17 years of age with Plexiform Neurofibromas (PN)	FDA labeling
UM ONC_1398	Pemazyre (pemigatinib)	No clinical change	N/A	N/A
UM ONC_1413	Tecartus (brexucabtagene autoleucel)	No clinical change	N/A	N/A
UM ONC_1421	Breyanzi (lisocabtagene maraleucel)	Positive change	Add all 3 FDA labeled indicatons a.Refractory disease to first line chemoimmunotherapy or relapse within 12 months of first line chemoimmunotherapy OR b.Refractory disease to first line chemoimmunotherapy or relapse after first line chemoimmunotherapy AND are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age OR c.For chemotherapy-refractory disease after 2 or more lines of systemic chemotherapy.	FDA labeling
UM ONC_1440	Lumakras (sotorasib)	No clinical change	N/A	N/A
UM ONC_1447	Exkivity (mobocertinib)	No clinical change	N/A	N/A
UM ONC_1449	Tivdak (tisotumab vedotin-tftv)	No clinical change	N/A	N/A