Policy	Drug(s)	Type of Change	Brief Description of Policy Change
UM ONC_1041	LHRH agonists and antagonist	Formatting Changes	n/a
UM ONC_1133	Erbitux (Cetuximab)	Positive change	b.The member has unresectable, advanced, or metastatic KRAS/NRAS Wild-Type and BRAF V600E mutation positive colorectal cancer, r egardless of KRAS/NRAS status, and Erbitux (cetuximab) may be used in combination with Encorafenib after prior therapy in the metastatic setting
UM ONC_1203	Adcetris (brentiximab)	Negative change	3.Classical Hodgkin Lymphoma ii.Upon disease progression after ASCT (autologous stem cell transplant) OR iii. After failure of at least two prior multi-agent chemotherapy regimens in members who are not ASCT candidates OR v.Weight calculation, for dosage, not to exceed 100kg which translates to no more than 180mg per dose (as monotherapy) or 120 mg per dose (in combination with chemotherapy). 4.Non-Hodgkin Lymphoma a.Adcetris (brentuximab vedotin) is being used in members with Systemic Anaplastic Large Cell Lymphoma (sALCL) that is CD30 positive and after failure of at least one prior multiagent chemotherapy regimen OR b.Therapy for primary cutaneous anaplastic large cell lymphoma (pcALCL) as a single agent or in combination with chemotherapy for primary therapy or for therapy of relapsed/refractory disease. disease. 6.Breast Implant Associated Anaplastic Lymphoma a.Disease is documented to be CD-30 positive AND b.Adcetris (brentuximab vedotin) is being used as adjuvant therapy for localized disease to the capsule/implant/breast following incomplete excision or partial
UM ONC_1203	Adcetris (brentiximab)	Negative change	Add inclusion criteria: 3.Classical Hodgkin Lymphoma ii.As a single agent for subsequent lines of therapy 5. CD30 Positive T-Cell Lymphomas a.Adcetris (brentuximab vedotin) is being used for T-Cell Lymphomas (including anaplastic large cell lymphomas) that are CD30 positive and any of the following: i.First line therapy as a single agent or as a component of brentuximab vedotin + CHP (cyclophosphamide, doxorubicin, prednisone) OR ii.Second line or subsequent therapy as a single agent for relapsed/refractory disease.
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Positive change	DOTA scan or similar test
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Positive change	Remove exclusion criteria: 1.Concurrent use with other systemic therapies, except Octreotide or Lanreotide.
UM ONC_1335	Braftovi (encorafenib)	Positive change	Add inclusion criteria: Colorectal cancer a.The member has KRAS & NRAS wild-type and BRAF V600E mutation positive unresectable or metastatic colorectal cancer regardless of KRAS/NRAS status
UM ONC_1351	Xospata (Gilteritinib)	Positive change	Add reference: 6.Perl AE, et al. Gilteritinib or Chemotherapy for Relapsed or Refractory FLT3-Mutated AML. N Engl J Med. 2019 Oct 31;381(18):1728-1740.
UM ONC_1352	Asparlas (calaspargase pegol-mknl)	Negative change	Add inclusion criteria b.NOTE: Per NCH Policy & NCH Pathway, Unless contraindicated or not tolerated, Asparlas (calaspargase pegol-mknl) is preferred over Oncaspar (pegasparagase) for use in in ALL as a part of anti-leukemia therapy combination with induction or consolidation chemotherapy. Rationale: AALL07P4 clinical trial results demonstrated no
UM ONC_1352	Asparlas (calaspargase pegol-mknl)	Positive change	Remove inclusion criteria: b.Asparalas may be used for members with a confirmed diagnosis of ALL who are intolerant to or have a contraindication to Oncospar
UM ONC_1352	Asparlas (calaspargase pegol-mknl)	Negative change	Add exclusion criteria: 1.Asparlas (calaspargase pegol-mknl) is being used after disease progression with the same regimen, or Oncaspar (pegasparagase) or Erwinaze (Asparaginase Erwinia
UM ONC_1352	Asparlas (calaspargase pegol-mknl)	Positive change	Remove exclusion criteria: 2.Serious hypersensitivity reactions, pancreatis, or hemorrhagic events, serious thrombosis, or severe hepatic impairment to asparaginase therapy.
UM ONC_1353	Cablivi (caplacizumab-yhdp)	Positive change	Remove inclusion criteria: " the member has a platelet count < 30×109/L or there are other clinical indications for therapy. "
UM ONC_1353	Cablivi (caplacizumab-yhdp)	Positive change	(such immunosuppressive therapy may be tapered or discontinued at the physician/provider's discretion)
UM ONC_1353	Cablivi (caplacizumab-yhdp)	Positive change	Remove exclusion criteria: 2.Used without concurrent plasma exchange and immunosuppressives (i.e. glucocorticoids).
UM ONC_1354	Daurismo (glasdegib)	Negative change	Add inclusion criteria: a.NOTE: Per NCH Policy & NCH Pathway, Daurismo (glasdegib) is a non-preferred drug for AML in elderly/unfit patients. Daurismo (glasdegib) may be used for the treatment of AML in elderly/medically unfit members if there is a contraindication/intolerance to Venclexta (venetoclax) + Vidaza (azacitidine). Rationale: Venetoclax + Azacitdine is preferred based on clinically meaningful improvements in remission rate and OS over Azacitidine alone.
UM ONC_1354	Daurismo (glasdegib)	Positive change	Remove inclusion criteria: i.As induction therapy: 1.Members who have significant comorbid conditions (i.e., severe cardiac disease, ECOG performance status ≥2, or baseline creatinine >1.3 mg/dL) that preclude use of intensive induction chemotherapy. OR ii.Post remission therapy following response with the same regimen OR
UM ONC_1354	Daurismo (glasdegib)	Negative change	Add exclusion criteria: 2.Daurismo (glasdegib) is being used as a single agent. 3.Dosing exceeds single dose limit of Daurismo (glasdegib) 400 ~~100~~ mg. 4.Treatment exceeds the maximum limit of 120 ~~30~~ (100 mg) or 60 ~~120~~ (25 mg) tablets/month.
UM ONC_1378	Ayvakit (avapritinib)	Negative change	Add inclusion criteria: 2.Gastrointestinal Stromal Tumor (GIST) a.Note: Gleevec (imatinib) is the preferred NCH L1 pathway for PDGFRA mutation positive (except for D842V mutation) unresectable or metastatic GIST. For PDGFRA D842V mutation positive GIST, Qinlock (ripretinib) is the preferred treatment over Ayvakit (avapritinib) in this setting.

UM ONC_1378	Ayvakit (avapritinib)	Negative change	Remove inclusion criteria:. a.The member has unresectable or metastatic GIST and Ayvakit (avapritinib) is being used as a single agent with any of the following: i.Confirmed platelet-derived growth factor receptor alpha (PDGFRA) Exon 18 mutation (including PDGFRA D842V mutations): A.The member has contraindications, intolerance, or failure to standard first line therapy with imatinib AND one other tyrosine kinase inhibitor such as sunitinib, regorafenib, sorafenib, dasatinib, or pazopanib OR ii.If there is NO known PDGFRA D842V mutation:
UM ONC_1378	Ayvakit (avapritinib)	Negative change	Add exclusion criteria: 2.Use of Ayvakit (avapritinib) in PDGFRA wild type GIST.
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change	Add inclusion criteria: A. HER-2 positive, metastatic/recurrent Gastric, Esophageal and GE Junction adenocarcinoma 1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND 2.And the member has experienced disease progression on 2 or more prior regimens that included a fluoropyrimidine, a platinum agent, and trastuzumab eAND 3. Enhertu (fam-trastuzumab deruxtecan-nxki) will be used as a single agent.
UM ONC_1380	Gamifant (emapalumab-lzsg)	Formatting Changes	1. The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND
UM ONC_1381	Padcev (enfortumab vedotin-ejfv)	Positive change	2. And the member has experienced disease progression on 2 or more prior regimens that included a fluoropyrimidine, a platinum agent, and trastuzumab AND
UM ONC_1381	Padcev (enfortumab vedotin-ejfv)	Negative change	3. Enhertu (fam-trastuzumab deruxtecan-nxki) will be used as a single agent.
UM ONC_1382	Soliris (eculizumab)	Positive change	B.
UM ONC_1382	Soliris (eculizumab)	Negative change	Add inclusion criteria: 2.Paroxysmal Nocturnal Hemoglobinuria (PNH) a.The member has hemolytic paroxysmal nocturnal hemoglobinuria (PNH) and Soliris (eculizumab) is being used to reduce hemolysis. Unless contraindications or intolerance exist, the member has had failure to/contraindication to prior treatment with Ultomiris (ravulizumab). 3.Atypical Hemolytic Uremic Syndrome (aHUS)
UM ONC_1383	Sylvant (siltuximab)	Positive change	Remove inclusion criteria: 2.Idiopathic Multicentric Castleman's Disease (iMCD) a.The member has active multicentric Castleman's disease ~~that has progressed following conventional/standard treatment for relapsed/refractory disease~~ AND b.a. ~~The criteria for active disease include any of the following in Attachment A AND~~ c.The member is human immunodeficiency virus-1 (HIV-1) or human herpes virus-8 (HHV-8) NEGATIVE AND d. ~~Sylvant (siltuximab)is being used as a single agent (except with corticosteroids not to exceed 1 mg/kg/day of prednisone).~~
UM ONC_1384	Targretin (bexarotene)	Positive change	Add inclusion criteria: 2.Cutaneous T-Cell Lymphoma (CTCL) a.The member has relapsed/refractory cutaneous T-cell lymphoma (all variants) or mycosis fungoides /Sezary syndrome
UM ONC_1384	Targretin (bexarotene)	Positive change	Remove exclusion criteria: 2.Concurrent use with topical nitrogen mustard/carmustine therapy, phototherapy, or photopheresis. 3.The member has history of or treatment related pancreatitis, hyperlipidemia, uncontrolled diabetes, or biliary tract disease. 5.Treatment exceeds the maximum limit of 360 (75 mg) tablets per month. (change to 300 quantity)
UM ONC_1386	Ultomiris (ravulizumab)	Positive change	Add inclusion criteria: 2.Paroxysmal Nocturnal Hemoglobinuria (PNH) a.The member has hemolytic paroxysmal nocturnal hemoglobinuria (PNH) and Ultomiris (ravulizumab) is being used in members with evidence of hemolysis (LDH above normal/Haptoglobin below normal/Schistocytes on peripheral blood smear) and evidence of impaired renal function (Serum Creatinine above normal).
UM ONC_1386	Ultomiris (ravulizumab)	Positive change	2.Paroxysmal Nocturnal Hemoglobinuria (PNH) a.The member has hemolytic paroxysmal nocturnal hemoglobinuria (PNH) and Ultomiris (ravulizumab) is being used for ALL of the following conditions: i.The member required no more than 3 blood transfusions within the past 12 months ii.Lactate dehydrogenase (LDH) >1.5 x upper limit of normal iii.Hemoglobin level < 10 gm/dl within the last 4 weeks (for initial and continuation requests). 3.Atypical Hemolytic Uremic Syndrome (aHUS) a.The member has aHUS and Ultomiris (ravulizumab) is being for ALL of the following conditions: i.The member is refractory and to at least 4 plasma therapy treatments ii.Has a platelet count ≤ 100 x109/L iii.Lactate dehydrogenase (LDH) level ≥ ULN iv.Creatinine level ≥ ULN.
UM ONC_1387	Unituxin (dinutuximab)	Positive change	Remove exclusion criteria: 2.The member has any of the following conditions: a.Active infection b.Neurological, pulmonary, or cardiovascular disorders. 3.Treatment related infusion reactions, neuropathic pain, peripheral neuropathy, hypokalemia, capillary leak syndrome and hypotension, or atypical hemolytic uremic
UM ONC_1396	Koselugo (selumetinib)	Negative change	Add inclusion criteria: 2.Plexiform Neurofibromas (PN) ii.Positive genetic testing for neurofibromatosis type 1 (NF1) mutation
UM ONC_1181	Parenteral Iron Products	Negative change	Add inclusion criteria: 1.Note: Per NCH policy, the preferred parenteral iron products for iron deficiency are Infed (iron dextran), Venofer (iron sucrose), or Ferrlecit (ferric gluconate) over Monoferric (ferric derisomaltose), Feraheme (ferumoxytol), or Injectafer (ferric carboxymaltose) unless there are hypersensitivity reactions or