Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
New	Zynlonta (loncastuzimab tesirine-lpyl)	N/A	N/A	N/A
New	Jemperli (dostarlimab-gxly)	N/A	N/A	N/A
UM ONC_1063	Oncaspar (pegaspargase)	Positive change	Add inclusion criteria: 2.Acute Lymphocytic Leukemia (ALL) Including T-cell Lymphoma/Leukemia	Per Compendia Listing
UM ONC_1063	Oncaspar (pegaspargase)	Negative change	Remove inclusion criteria: Non-Hodgkin's Lymphoma a.The member has extra-nodal NK/T-cell lymphoma (nasal type) OR Adult T-cell Lymphoma/Leukemia AND b.Oncaspar (pegaspargase) is being used as part of a multi-agent chemotherapy regimen for either first line therapy/induction/consolidation and/or therapy for relapsed /refractory disease.	Per Compendia Listing
UM ONC_1136	Velcade (bortezomib)	N/A	Archive Policy	Other: Add bortezomib to UM ONC_1304 Generic Drug Policy
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	Add inclusion criteria: H.Gastric Cancer or Esophageal and Esophagogastric Junction Cancers: a.As first line therapy in combination with fluoropyrimidine and platinum containing chemotherapy +/- trastuzumab (if HER positive)	New FDA Indication
UM ONC_1304	Generic Drugs	N/A	Add bortezomib	Other: Available as generic
UM ONC_1342	Azedra (iobenguane I-131)	Positive change	Add inclusion criteria: 2.Pheochromocytoma/Paraganglioma: The member i s 12 years of age and older who has unresectable, locally advanced, or metastatic pheochromocytoma or paraganglioma	Per FDA labeling
UM ONC_1345	Tavalisse (fostamatinib)	Negative change	Add exclusion criteria: 3.Treatment exceeds the maximum limit of 60 (100 mg or 150 mg) tablets/month.	Per FDA labeling
UM ONC_1356	Elzonris (tagraxofusp)	N/A	No Changes	N/A
UM ONC_1359	Arranon (nelarabine)	Positive change	Add inclusion criteria: 2.T-cell Acute Lymphoblastic Leukemia (T-ALL)/T-cell Lymphoblastic Lymphoma (T-LBL) a.The member has T-ALL/T-LBL and Arranon (nelarabine) may be used in adult and pediatric members 1 year and older	Per FDA labeling
UM ONC_1364	Turalio (pexidartinib)	N/A	No Changes	N/A
UM ONC_1393	Sarclisa (isatuximab-irfc)	Positive change	Add inclusion criteria: MM Sarclisa (isatuximab-irfc) is being used in combination with Kyprolis (carfilzomib) and steroid following 1 prior line of therapy other than Kyprolis (carfilzomib).	New FDA Indication
UM ONC_1403	Elitek (rasburicase)	Positive change	Add inclusion criteria: 2.Tumor Lysis Syndrome (TLS) in adult or pediatric members	Per FDA labeling
UM ONC_1404	Qinlock (ripretinib)	N/A	No Changes	N/A
UM ONC_1406	Tabrecta (capmatinib)	N/A	No Changes	N/A
UM ONC_1407	Trodelvy (sacituzumab govitecan)	Negative change	Add inclusion criteria: b.NOTE: Risk of Febrile Neutropenia is 5 % which does not require the use of myeloid growth factors as primary prophylaxis.	Per Clinical Trial Analysis/Criteria
UM ONC_1407	Trodelvy (sacituzumab govitecan)	Negative change	Add inclusion criteria: Breast Cancer: ii.Member has received at least 2 prior lines of therapy, at least one of them for metastatic triple negative breast cancer	Per FDA labeling