Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
New	Mozobil (plerixafor)	N/A	N/A	N/A
New	Topical and Intralesional Therapies	N/A	N/A	N/A
New	Rezurock (belumosudil)	N/A	N/A	N/A
New	Welireg (belzutifan)	N/A	N/A	N/A
UM ONC_1041	LHRH agonists and antagonist	Positive change	Add inclusion criteria: Add new FDA drug Camcevi SC C.Breast Cancer: 1.NOTE: Lupron Depot/Eligard (J9217 leuprolide 7.5 mg or 22.5 mg) are the preferred LHRH analogs in members with breast cancer for all curative and palliative settings. This recommendation is based on the lack of Level 1 evidence (randomized trial and or meta-analysis) showing superior outcomes of Trelstar (triptorelin) or J1950 leuprolide (e.g., 3.75 mg or 11.25 mg) over Lupron Depot/Eligard (J9217 leuprolide 7.5 mg or 22.5 mg). D.Fertility Preservation in Women Undergoing Cytotoxic Chemotherapy 1.NOTE: Lupron Depot/Eligard (J9217 leuprolide 7.5 mg or 22.5 mg) are the preferred LHRH analogs and may be used in female members who are receiving chemotherapy and desire fertility preservation. This recommendation is based on the lack of Level 1 evidence (randomized trial and or meta-analysis) showing superior outcomes of Trelstar (triptorelin) or J1950 leuprolide (e.g., 3.75 mg or 11.25 mg) over Lupron Depot/Eligard (J9217 leuprolide 7.5 mg or 22.5 mg).	More Cost Effective Alternative(s)
UM ONC_1041	LHRH agonists and antagonist	Negative change	Add exclusion criteria: D.Dosing exceeds single dose limit of Leuprolide IM depot 45 mg every 12 months, Leuprolide SC depot 42 mg every 6 months, Goserelin 10.8 mg every 3 months, Triptorelin 22.5 mg every 3 months, Histrelin 50 mg every 12 months, Degarelix 240 mg (for loading dose) or 80 mg every month (continuation dose), and Orgovyx 360 mg (for loading dose) or 120 mg (continuation dose)..	Per FDA labeling
UM ONC_1072	Myeloid Growth Factors	Negative change	Add inclusion criteria: Add NCH preferred is Zarxio or Granix	More Cost Effective Alternative(s)
UM ONC_1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: F.Peripheral Blood Stem Cell (PBSC) Mobilization 1.A short acting MGF (NCH Preferred is Zarxio or Granix) may be used for PBSC mobilization prior to and during leukapheresis in members undergoing an autologous PBSC collection and therapy.	Per FDA labeling
UM ONC_1072	Myeloid Growth Factors	Negative change	Add exclusion criteria: A.Primary prophylaxis for febrile neutropenia with MGF is not recommended for use with non-cytotoxic drugs, please refer to attachment A for a list of non-cytotoxic drugs. MGF use with these drugs will be reviewed on a case-by-case basis (e.g., when clinically indicated, in combination with chemotherapy, or as secondary prophylaxis). H.Dosing exceeds single dose limit for a long acting MGF (pegfilgrastim product) 6 mg. I.Dosing exceeds single dose limit for a short acting MGF (figrastim product) 5 mcg/kg/day (rounded down to the nearest vial size in doses of 300 mcg for ≤ 60 kg or 480 mcg for > 60 kg) Exception: for members undergoing an autologous PBSC collection, do not exceed filgrastim 10 mcg/kg/day. J.Dosing exceeds single dose limit for Leukine (sargramostim) 250 mcg/m2/day (SC) or 500 mg/m2/day (IV).	Per FDA labeling
UM ONC_1221	Bosulif (bosutinib)	Positive change	Add inclusion criteria: CML 1.Bosulif (bosutinib) is supported for use in all phases of Ph or BCR-ABL positive CML, including before and after hematopoietic cell transplantation OR in members with Y253H, E255K/V, F359C/I/V mutations	Per Compendia Listing
UM ONC_1221	Bosulif (bosutinib)	Positive change	Add inclusion criteria: CML 1.Bosulif (bosutinib) is supported for use in all phases of Ph or BCR-ABL positive CML, including before and after hematopoietic cell transplantation OR in members with Y253H, E255K/V, F359C/I/V mutations	Per Compendia Listing
UM ONC_1221	Bosulif (bosutinib)	Negative change	Add exclusion criteria: C.For CML: Contraindicated for use in patients members with the following mutations: T315I, V299L, ~~G250E,~~ or F317L. D.Dosing exceeds single dose limit of Bosulif (bosutinib) 600 mg. E.Treatment exceeds the maximum duration limit of Bosulif (bosutinib) 30 (500 mg), 30 (400 mg), or, 30 (100 mg) tablets/month.	Per Compendia Listing; Per FDA labeling
UM ONC_1225	Voraxaze (glucarpidase)_10302020	Negative change	Add inclusion criteria: b.Plasma concentration of methotrexate, 48 hours after start of Methotrexate, is > 1 micromole per liter prior to the first dose of Voraxaze (glucarpidase).	Per FDA labeling
UM ONC_1225	Voraxaze (glucarpidase)_10302020	Negative change	Add exclusion criteria: B.Dosing exceeds single dose limit of Voraxaze (glucarpidase) 50 units/kg (maximum treatment dose of 2000 units).	Per FDA labeling

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UM ONC_1270	Blincyto (blinatumomab)	Negative change	Add inclusion criteria: B.Acute Lymphoblastic Leukemia (ALL) (Both Philadelphia chromosome positive and negative subtypes) NOTE: NCH Pathway Preferred Regimen for MRD+ (measurable residual disease or minimal residual disease)/relapsed/refractory CD19 positive B-cell ALL is Blincyto (blinatumomab) over salvage chemotherapy and over Besponsa (inotuzumab ozogamicin). This recommendation is based on the trials that led to the approval of Blincyto (blinatumomab) which demonstrated improvements in OS and rates of remission in both Ph positive and negative ALL when compared to standard chemotherapy.	Per Clinical Trial Analysis/Criteria
UM ONC_1280	Darzalex and Darzalex Faspro (daratumumab)	Positive change	Add inclusion criteria: Multiple Myeloma 4.Daratumumab may be used in members with relapsed/refractory multiple myeloma as a part of the following regimens: •Daratumumab + Pomalidomide + Steroid (DRd) OR •Daratumumab + Lenalidomide + Steroid (DRd) OR •Daratumumab + Bortezomib + Steroid (DVd) •As a single agent.	Per FDA labeling
UM ONC_1341	Vizimpro (dacomitinib)	Negative change	Add inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: Per NCH Policy & NCH L1 Pathway, the preferred agent for first line therapy of recurrent/metastatic, EGFR mutation positive Non-Small Cell Lung Cancer, is Tagrisso (osimertinib). This recommendation is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) to support that Vizimpro (dacomitinib) is superior to Tagrisso (osimertinib) in the first line setting for the treatment of metastatic EGFR + (excluding Exon 20 mutation) NSCLC.	More Cost Effective Alternative(s)
UM ONC_1341	Vizimpro (dacomitinib)	Positive change	Add inclusion criteria: Vizimpro(dacomitinib) may be used in EGFR + metastatic/advanced/recurrent NSCLC if: a.The member has advanced or metastatic NSCLC and the presence of EGFR activating mutations with exon 19 deletion or the L858R mutation in exon 21 as detected by an FDA approved test AND b.d. If being used as As subsequent therapy , the member has experienced disease progression on ~~following disease progression~~ on chemotherapy AND/OR on another tyrosine kinase inhibitor [e.g., Tarceva (erlotinib), Gilotrif (afatinib), Iressa (gefitinib), or Tagrisso (osimertinib)].	Per Compendia Listing
UM ONC_1348	Lumoxiti (moxetumomab pasudotox)	Positive change	Add inclusion criteria: B.Hairy Cell Leukemia 1.The member has relapsed/refractory hairy cell leukemia AND 2.Lumoxiti (moxetumomab pasudotox) will be used as a single agent if the member has experienced disease progression ~~following two lines of therapy with~~ after~~at least~~ 2 prior therapies, including a purine analog (e.g. cladribine or pentostatin) AND rituximab.	Per FDA labeling
UM ONC_1411	Blenrep (belantamab mafodotin-blmf)	Positive change	Add inclusion criteria: Multiple myeloma B.Multiple Myeloma 2.The member is refractory to at least 4 prior lines of therapy including an anti-CD38 antibody (e.g., daratumumab or isatuximab), an Immunomodulatory drug (e.g., lenalidomide or pomalidomide), and a proteasome inhibitor (e.g., bortezomib, ixazomib or carfilzomib) AND	Per Compendia Listing
UM ONC_1412	Monjuvi (tafasitamab-cxix)	Negative change	Add inclusion criteria: B.Diffuse Large B Cell Lymphoma (DLBCL) NOTE: Per NCH Policy & NCH Pathway, this is a non-preferred agent for relapsed/refractory DLBCL.This recommendation is based on a lack of level 1 evidence (randomized trials and/or meta-analyses) comparing Monjuvi (tafasitamab-cxix) to other available therapies.	Per Clinical Trial Analysis/Criteria
UM ONC_1412	Monjuvi (tafasitamab-cxix)	Positive change	Remove inclusion criteria: 5.Monjuvi (tafasitamab-cxix) will be used in combination with lenalidomide up to 12 cycles.	Other: remove duplicate criteria found in exclusion criteria
UM ONC_1415	Jelmyto (mitomycin for pyelocalyceal installation)	Positive change	Remove exclusion criteria: A.Disease progression while taking Jelmyto (mitomycin for pyelocalyceal instillation) o ~~r prior regimens for intravascular administration.~~	Per Clinical Trial Analysis/Criteria

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UM ONC_1433	Jemperli (dostarlimab-gxly)	Negative change	Add inclusion criteria: C.Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Solid Tumors 1.NOTE: Per NCH policy, the preferred immunotherapy for recurrent, advanced, or metastatic MSI-H/dMMR solid tumors is Keytruda (pembrolizumab). This recommendation is based on a lack of level 1 evidence (randomized trials and/or meta-analyses) showing superior efficacy of Jemperli (dostarlimab-gxly) over Keytruda (pembrolizumab). Please see UM ONC_1263 Keytruda (pembrolizumab) policy.	Per Clinical Trial Analysis/Criteria
UM ONC_1433	Jemperli (dostarlimab-gxly)	Positive change	Add inclusion criteria: C.Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Solid Tumors 2.Jemperli (dostarlimab-gxly) may be used as monotherapy in members with recurrent, advanced, or metastatic solid tumors that have progressed following all satisfactory treatment alternatives and the solid tumor is positive for microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) as confirmed by any standard test..	Per FDA labeling