

Policy	Drug(s)	Type of Change	Brief Description of Policy Change
New	Danyelza (naxitamab)	New Policy	n/a
UM ONC_1041	LHRH agonists and antagonist	Positive change	Remove inclusion criteria: Remove Trelstar as preferred
UM ONC_1041	LHRH agonists and antagonist	Positive change	Add inclusion criteria: A. Infertility 1. The member is undergoing controlled ovarian hyperstimulation and subsequent in vitro fertilization (IVF) or other assisted reproductive technology (ART) for the treatment of infertility (Leuprolide and Triptorelin only).
UM ONC_1072	Myeloid Growth Factors (Neupogen, Granix, Leukine, Zarxio, Neulasta/Fulphila)	Positive change	Remove inclusion criteria: Remove Udenyca (pegfilgrastim-cbqv) as preferred
UM ONC_1072	Myeloid Growth Factors (Neupogen, Granix, Leukine, Zarxio, Neulasta/Fulphila)	Negative change	Add inclusion criteria: Fulphila (pegfilgrastim-jmdb) <del>and Udenyca (pegfilgrastim-cbqv) are</del> and Neulasta (pegfilgrastim) are the PREFERRED medications whenever a long acting myeloid growth factor (pegfilgrastim) is requested AND
UM ONC_1134	Trastuzumab Products and Phesgo	Negative change	Add inclusion criteria: 6. Kanjinti (trastuzumab-anns) and Ogivri (trastuzumab-dkst) <del>Trazimera (trastuzumab-qyyp)</del> are the PREFERRED medications whenever Herceptin (trastuzumab) or Herceptin Hylecta (trastuzumab hyaluronidase) is requested. Phesgo, [Kanjinti + Perjeta], and [Ogivri + Perjeta] are the PREFERRED options when a combination of trastuzumab and pertuzumab is used/indicated.
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Positive change	Remove inclusion criteria: C. Anemia of Chronic Kidney Disease (CKD) 2. ESA can be initiated when Hgb < 10 g/dL or HCT < 30 and continued when Hgb ≤ 11 g/dL or HCT ≤ 33 (levels are obtained within the last 4 weeks).
UM ONC_1190	Bone Modifying Agents (Aredia, Zometa, Xgeva/Prolia)	Positive change	Add inclusion criteria: add dose adjustment table for zoledronic acid for use in myeloma & solid tumors with skeletal metastases
UM ONC_1193	Revlimid	No Changes	n/a
UM ONC_1215	Treanda/Bendeka/Belrapzo (bendamustine)	Negative change	Add inclusion criteria: 2. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma and NHL a. Note: Unless there is prior history of hypersensitivity reactions or intolerance, the preferred bendamustine product is Bendeka over Belrapzo or Treanda for all indications and line of therapy.
UM ONC_1216	Perjeta (pertuzumab) and Phesgo	Positive change	Remove inclusion criteria: 5. Kanjinti (trastuzumab-anns) and Trazimera (trastuzumab-qyyp) are the PREFERRED medications whenever Herceptin (trastuzumab) or Herceptin Hylecta (trastuzumab hyaluronidase) is requested. 6. Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is the preferred product when a combination of pertuzumab and trastuzumab is indicated and supported by NCH Clinical Policies. B. Breast Cancer (HER-2 + defined by IHC 3+ or FISH positive) NOTE: Per NCH Policy, whenever [pertuzumab + trastuzumab] is requested, Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is the preferred product unless there is a contraindication/intolerance to Phesgo.
UM ONC_1216	Perjeta (pertuzumab) and Phesgo	Positive change	Add inclusion criteria: ii. Neoadjuvant <del>pertuzumab + trastuzumab + chemotherapy</del> therapy will be used either: • In combination with trastuzumab and paclitaxel or docetaxel <del>with or without previous or subsequent therapy with</del> following an anthracycline ( <del>epirubicin or doxorubicin</del> ) based regimen OR • In combination with TCH (docetaxel, carboplatin, and trastuzumab) regimen <del>following an anthracycline based regimen.</del>
UM ONC_1216	Perjeta (pertuzumab) and Phesgo	Negative change	Add inclusion criteria: 4. Phesgo, [Kanjinti + Perjeta], and [Ogivri + Perjeta] are the PREFERRED options when a combination of trastuzumab and pertuzumab is used/indicated.
UM ONC_1219	Jevtana (cabazitaxel)	Positive change	Remove exclusion criteria: 1. Jevtana (cabazitaxel) is being used concurrently with other chemotherapy.
UM ONC_1222	Erivedge (vismodegib)	No Changes	n/a
UM ONC_1223	Inlyta (axitinib)	Positive change	Remove inclusion criteria: b. Inlyta (axitinib) is being used in combination with pembrolizumab or avelumab as first-line or subsequent therapy.
UM ONC_1223	Inlyta (axitinib)	Negative change	Add inclusion criteria: a. NOTE#2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a Non-Preferred regimen for first line therapy of metastatic RCC
UM ONC_1227	Zolinza (vorinostat)	Positive change	Add inclusion criteria: c. The member has experienced disease progression on two prior systemic
UM ONC_1227	Zolinza (vorinostat)	Positive change	Remove inclusion criteria: c. The member has documented failure, contraindications, or intolerance to at least TWO of the following systemic therapies cytotoxic chemotherapy and interferons AND d. Failure of at least one prior skin directed therapy including phototherapy, photopheresis, topical nitrogen mustard or carmustine (BCNU).
UM ONC_1230	Istodax (romidepsin)	Positive change	Add inclusion criteria: Peripheral T-Cell Lymphomas a. The member has relapsed/refractory CTCL (including mycosis fungoides or Sezary syndrome) or Peripheral T-Cell Lymphoma AND c. The member has experienced disease progression on one prior systemic therapy
UM ONC_1230	Istodax (romidepsin)	Positive change	Remove inclusion criteria: c. The member has failed at least two prior skin directed therapies including topical corticosteroids, carmustine, mechlorethamine hydrochloride, phototherapy, or total skin electron beam therapy AND d. c. There was failure of at least one prior systemic therapy including vorinostat and/or interferon.
UM ONC_1231	Marqibo (vincristine liposome)	Formatting changes	2. Acute Lymphoblastic Leukemia a. The member has relapsed disease and has progressed after 2 or more lines of anti-leukemic therapy including a Tyrosine Kinase Inhibitor( for Philadelphia Chromosome + ALL only) <del>-AND</del> <del>b. If the member has Philadelphia chromosome positive disease, the member is refractory to tyrosine kinase inhibitor therapy.</del>
UM ONC_1233	Tykerb (lapatinib)	Negative change	Add inclusion criteria: 2. Breast Cancer 2. NOTE: Per NCH Policy and NCH Pathway, Tykerb (lapatinib) is preferred over tucatinib for metastatic HER-2 + breast cancer.
UM ONC_1272	Ibrance (palbociclib)	Negative change	Add inclusion criteria: d. Member has an intolerance/contraindication to Ribociclib and/or abemaciclib
UM ONC_1344	Poteligeo (mogamulizumab-kpkc)	No Changes	n/a
UM ONC_1391	Thalomid (thalidomide)	Formatting changes	a. P <del>Primary therapy or for relapsed disease with ONE of the following:-</del> 1. Combination with dexamethasone + bortezomib +/- daratumumab <del>as initial line therapy</del>
UM ONC_1414	Gavreto (pralsetinib)	Negative change	Remove : A. Grade 3 or 4 febrile neutropenia frequency was not defined. B. The frequency of emesis was not defined.