Policy	Drug(s)	Brief Description of Policy Change
UM ONC_1038	Emend (Aprepitant oral or Fosaprepitant), Cinvanti (aprepitant injection) and	Add exclusion criteria: 1. Varubi (rolapitant oral/injection) is being used with CYP2D6 substrates with a narrow therapeutic index such as thioridazine and pimozide 2. Emend or Cinvanti is being used concomitantly with thioridiazine.
UM ONC_1039	Faslodex (fulvestrant)	Add inclusion criteria: 1. Breast cancer: The member has recurrent or metastatic estrogen/progesterone receptor positive breast cancer and Faslodex (fulvestrant) is being used as In combination with ribociclib, or a non-steroidal aromatase inhibitor (anastrozole or letrozole) OR In combination with alpelisib, if PIK3CA mutation positive, as second line therapy 2. Ovarian Cancer a. The member has recurrent/metastatic ovarian cancer and Faslodex (fulvestrant) is being used, as a single agent, for low-grade serous carcinoma. 3. Endometrial Carcinoma a. The member has endometrioid adenocarcinoma and Faslodex (fulvestrant) is being used as a single agent for primary treatment.
UM ONC_1039	Faslodex (fulvestrant)	Remove exclusion criteria: Faslodex (fulvestrant) is being used concurrently with Novaldex, Fareston, Arimidex, Femara, OR Aromasin.
UM ONC_1042	Somatostatin Analog: Sandostatin (octreotide) and Somatuline (lanreotide)	Add inclusion criteria: 1. Unless contraindications, intolerance, or failure exist, the PREFERRED Somatostatin analog for all indiccations is Sandostatin (octreotide) over Somatuline (lanreotide).
UM ONC_1042	Somatostatin Analog: Sandostatin (octreotide) and Somatuline (lanreotide)	Add inclusion criteria: Meningiomas- a. Sandostatin SQ or LAR depot (octreotide) is being used for recurrent or progressive disease, when radiation is not possible and octreotide scan positive.
UM ONC_1042	Somatostatin Analog: Sandostatin (octreotide) and	Add exclusion criteria: Change max single dose of LAR depot from 30 mg to 40 mg
UM ONC_1043	Tarceva (Erlotinib)	Add inclusion criteria: NCH Policy Preferred Drug for first line therapy of recurrent/metastatic Non Small Cell Lung Cancer is Osimertinib
UM ONC_1043	Tarceva (Erlotinib)	Add inclusion criteria: Bone Cancer -Tarceva (Erlotinib) is being used as a single agent the treatment of recurrent chordoma
UM ONC_1043	Tarceva (Erlotinib)	Add exclusion criteria: Off-label indications for Tarceva (Erlotinib) in pancreatic and kidney cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.

UM ONC_1179	Abraxane (nab-paclitaxel)	Add inclusion criteria: 1. For all cancer types in which both Abraxane and Taxol are indicated- aside from pancreas cancer, and metastatic/recurrent triple negative breast cancer- NCH Policy prefers/recommends the use of solvent-based paclitaxel (Taxol) over the use of Abraxane. 2. Non-Small Cell Lung Cancer (NSCLC)- NOTE: In this setting NCH Policy recommends the use of solvent based paclitaxel (Taxol) because peer reviewed literature showed the both Abraxane and Taxol to be equally effective.
UM ONC_1179	Abraxane (nab-paclitaxel)	Add exclusion criteria: 1. Off-label indications for Taxanes in ovarian, melanoma, urothelial, and
UM ONC_1201	Yervoy (ipilimumab)	Add inclusion criteria: 1. Add the PREFERRED dose of Ipilimumab, whenever used in combination with nivolumab, is 1 mg/kg; 2. Melanoma-The PREFERRED drug for the adjuvant
UM ONC_1205	Havalen (eribulin)	Remove inclusion criteria: 1. Breast Cancer- Previously received at least 2 prior chemotherapy
UM ONC_1205	Havalen (eribulin)	Add exclusion criteria: 1.The member did not receive received prior anthracycline containing
UM ONC_1205	Havalen (eribulin)	Remove exclusion criteria: Used concurrently with other chemotherapy.
UM ONC_1206	Xalkori(crizitinib)	Add inclusion criteria: 1. Non-Small Cell Lung Cancer (NSCLC)- NOTE: The preferred agent, per NCH Policies, for first line therapy of metastatic , ALK+ NSCLC is ALECTINIB.
UM ONC_1220	Arzerra (ofatumumab)	Formatting Changes
UM ONC_1245	Xofigo (radium Ra 223 dichloride)	Formatting Changes
UM ONC_1247	Emcyt (estramustine)	Add to generic drug policy
UM ONC_1248	Ixempra (ixabepilone)	Remove inclusion criteria: Breast cancer 1. for combination with capecitabine- remove "for disease resistant to treatment with an anthracycline and a taxane OR whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated ; 2. for combination with trastuzumab- remove " for trastuzumab-exposed disease"; 3. As a single agent - remove "in members whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine"

UM ONC_1249	Mekinist (trametinib)	Add inclusion criteria: 1. Melanoma- As initial treatment for recurrent/metastatic disease, including satellite/in-transit recurrence or metastases ; 2. Non-Small Cell Lung Cancer (NSCLC) a. The member has recurrent, advanced, or metastatic BRAF V600E mutation-positive NSCLC and Mekinist (trametinib) is being used in combination with Tafinlar (dabrafenib) as any of the following: i. First line therapy OR ii. Subsequent therapy if targeted therapy not previously used. 3. Thyroid Carcinoma a. The member has locally advanced or metastatic BRAF V600E mutation-positive anaplastic thyroid cancer and Mekinist (trametinib) is being used in combination with Tafinlar (dabrafenib) as first or second-line therapy for metastatic disease. 4. Colorectal Cancer a. The member has unresectable, advanced, or metastatic BRAF V600E mutation positive colorectal cancer and Mekinist (trametinib) is being used in combination with dabrafenib and cetuximab/panitumumab as any of the following: i. Primary treatment OR ii. Subsequent therapy if targeted therapy not previously used. 5. Ovarian Cancer a. Mekinist (trametinib) is being used as recurrent therapy for low grade serous carcinoma.
UM ONC_1249	Mekinist (trametinib)	Add exclusion criteria: 1. The member has wild-type BRAF NSCLC, anaplastic thyroid cancer, or colorectal cancer .
UM ONC_1249	Mekinist (trametinib)	Remove exclusion criteria: Previous treatment with Yervoy (ipilimumab).
UM ONC_1265	Zykadia (ceritinib)	Add inclusion criteria: 1.Non-small cell lung cancer (NSCLC)- NOTE: The preferred agent, per NCH Policies, for first line therapy of metastatic , ALK+ NSCLC is ALECTINIB; Zykadia is being used for subsequent therapy following disease progression on first-line therapy with another ALK inhibitor, e.g alectinib or crizotinib.
UM ONC_1265	Zykadia (ceritinib)	Remove exclusion criteria: 1. Disease progression while taking Zykadia (ceritinib); 2. Concurrent use with Xalkori (crizotinib), Alecensa (alectinib), Alunbrig (brigatinib),
UM ONC_1265	Zykadia (ceritinib)	Add exclusion criteria: Treatment exceeds the maximum limit from 140 to 150 (150 mg) capsules permonth

UM ONC_1276	Onivyde (irinotecan liposome	Remove exclusion criteria: 3.Member with interstitial lung disease a.Withhold Onivyde (irinotecan liposome) in member with new or progressive dyspnea, cough,
UM ONC_1277	Alecensa (Alectinib)	Add inclusion criteria: 1.Non-small cell lung cancer (NSCLC)- NOTE: The preferred agent, per NCH Policies, for first line therapy of metastatic , ALK+ NSCLC is ALECTINIB;
UM ONC_1277	Alecensa (Alectinib)	Remove inclusion criteria: Non-Small Cell Lung Cancer (NSCLC)- ECOG 0-2; Continuation of therapy- remove "except in cases of asymptomatic progression with rapid radiologic progression or threatened organ function or symptomatic systemic progression with multiple lesions"
UM ONC_1288	Fusilev (levoleucovorin)	Add inclusion criteria: Name change to policy: Fusilev™/Khapzory™ (levoleucovorin); Osteosarcoma, Colorectal cancer, Overdosage of Folic Acid Antagonists- added Khapzory only if there are contraindications/intolerance/failure to Fusilev
UM ONC_1289	Vistogard (uridine triacetate)	Remove inclusion criteria: Treatment of Fluorouracil or Capecitabine Overdose / Treatment of Severe or Life-Threatening Toxicity Due to Chemotherapy- (within 96 hours following the end of fluorouracil or capecitabine administration)
UM ONC_1289	Vistogard (uridine triacetate)	Remove exclusion criteria: 1. Vistogard (uridine triacetate) treatment start date is more than 96 hours following the end of fluorouracil or capecitabine administration. 2. Over dose was not infusion or dose related.
UM ONC_1290	Yondelis (trabectedin)	Remove inclusion criteria: 1.Soft Tissue Sarcoma/Uterine Sarcoma- The member had disease progression with ifosfamide containing regimen OR an anthracycline and one additional cytotoxic chemotherapy regimen.
UM ONC_1290	Yondelis (trabectedin)	Remove exclusion criteria: Concurrent use with DTIC (dacarbazine) or other chemotherapy; Poorly controlled hypertension or diabetes; Symptomatic congestive heart failure or life threatening arrhythmias
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Add inclusion criteria: 1.Gastroenteropancreatic neuroendocrine tumors- addded "and/or Lanreotide and experienced disease progression on either of the above agent".
UM ONC_1332	Lutathera (Lutetium Lu 177 dotatete)	Remove exclusion criteria: 1.Lutathera (lutetium Lu 177 dotatate) is being used after disease progression with the same regimen; remove "not to exceed Octreotide 40 mg".
UM ONC_1353	Cablivi (caplacizumab-yhdp)	Remove inclusion criteria: 1. Initial symptoms that may include any of the following: weakness, bleeding or purpura, major neurologic findings (e.g., coma, stroke, seizure, transient focal abnormalities) ,or minor neurologic findiangs (e.g., headache, confusion).

UM ONC_1354	Daurismo (glasdegib)	Remove inclusion criteria: Acute Myeloid Leukemia (AML) induction therapy: Members who are 75 years or older ; Therapy for relapsed (≥ 12 months)
UM ONC_1354	Daurismo (glasdegib)	Remove exclusion criteria: 1. Members with ecog performance status of 3 or worse, or those with severe renal or hepatic impairment, studies did not include patients with these comorbidities. 2.Concurrent use with other hedgehog inhibitors.
UM ONC_1304	Generic Drugs	Add METHOXSALEN to list of generic drugs and remove dosage forms in generic name
UM ONC_1180	Immune Globulin (IG) (IVIG, SCIG, IMIG)	Add inclusion criteria: 1. Name change to policy to Intravenous Immune Globulin (IG) and remove SC IG products from the policy; 2. Chronic Lymphocytic Leukemia (CLL) and Multiple Myeloma- change IgG level from 500 to 600 mg/dL asked with initial request only. 3. Idiopathic Thrombocytopenic Purpura (ITP)- change PLT count from 20,000 to 30,000 cell/mL
UM ONC_1180	SCIG, IMIG)	myelosuppressive therapy or systemic reactions to human immunoglobulins.
UM ONC_1287	Tagrisso (osimertinib)	Add inclusion criteria: Non-Small Cell Lung Cancer (NSCLC)-NCH Policy PREFERRED Drug for first line therapy of recurrent/metastatic, EGFR mutation positive Non Small Cell Lung Cancer is OSIMERTINIB
UM ONC_1132	Rituxan (rituximab) and Biosimilars	Add inclusion criteria: 1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST: a. For Medicaid requests, in the absence of a State Medicaid Medication Policy and/or State Medicaid Preferred Drug List (PDL) OR b. For Commercial requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy OR c. For Exchange requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy: i. Truxima (rituximab-abbs) is the PREFERRED medications whenever Rituximab is requested. ii. Non-preferred Rituximab will be approved only if there is a contraindication/intolerance to the PREFERRED medication. d. Continuation requests of previously approved non-preferred medication are not subject to this provision.

UM ONC_1132	Rituxan (rituximab) and Biosimilars	Add inclusion criteria: 1. Non-Hodgkin's Lymphoma (NHL)- change First-line (up to two years) or second-line extended dosing to Maintenance therapy after primary treatment up to two years with the exception of Mantle cell lymphoma. For Mantle cell lymphoma, maintenance therapy until disease progression is supported by policy.
UM ONC_1132	Rituxan (rituximab) and Biosimilars	Remove inclusion criteria: 1. Chronic Lymphocytic Leukemia (CLL)- remove del(17p)/TP53 mutation and age criteria; remove chemotherapy regimen examples and change to "with chemotherapy". 2. Hodgkin's Lymphoma- remove chemotherapy regimen examples and change to "with chemotherapy". 3. Idiopathic thrombocytopenic purpura (ITP)- remove "Active bleeding due to inadequate platelet function"'; remove "Member with no history of splenectomy but has failed or intolerant to at least 2 prior therapies including a corticosteroid AND intravenous immunoglobulins (IVIG)"; remove "Member has failed splenectomy AND post-splenectomy corticosteroids for four consecutive weeks within the last three months."
UM ONC_1132	Rituxan (rituximab) and Biosimilars	Remove exclusion criteria: 1. Truxima (rituximab-abbs) is not indicated for use in CLL, Hodgkin's lymphoma, or ITP. 2. Ruxience (rtuximab-pvvr) is not indicated for use, Hodgkin's lymphoma or ITP. 3. Rituxan (rituximab) is being used for indolent CLL or asymptomatic stage 0-II disease. 4. Rituxan (rituximab) is being used in members with severe, active infections. 5. Rituxan (rituximab) is being used without pretreatment medications.

UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Add inclusion criteria: 1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST: a. For Medicaid requests, in the absence of a State Medicaid Medication Policy and/or State Medicaid Preferred Drug List (PDL) OR b. For Commercial requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy OR c. For Exchange requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy AND d. Mvasi(bevacizumab-awwb) is the PREFERRED product whenever Bevacizumab is requested AND e. Non-preferred Bevacizumab will be approved only if there is a contraindication or intolerance to the PREFERRED medication AND f. Continuation requests of previously approved non-preferred medication are not subject to this provision.
UM ONC_1028	Avastin (bevacizumab) and Biosimilars	Add exclusion criteria: 1. Off-label indications for Bevacizumab in breast, ovarian, soft tissue saroma, and endometrial cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.

UM ONC_1134	Herceptin (trastuzumab) and Biosimilars	Add inclusion criteria: 1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST: a. For Medicaid requests, in the absence of a State Medicaid Medication Policy and/or State Medicaid Preferred Drug List (PDL) OR b. For Commercial requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy OR c. For Exchange requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy AND d. Kanjinti (trastuzumab-anns) OR Ogivri (trastuzumab-dkst) are the PREFERRED medications whenever Trastuzumab is requested AND e. Non-preferred Trastuzumab will be approved only if there is a contraindication/intolerance to the PREFERRED medication AND f. Continuation requests of previously approved non-preferred medication are not subject to this provision.
UM ONC_1134	Herceptin (trastuzumab) and Biosimilars	Remove inclusion criteria: Breast Cancer - 1. for neoadjuvant and adjuvantnode-remove "positive disease or node-negative with high-risk features (i.e. tumor size)"; 2. first line in combination with hormonal agents- remove "postmenopausal or premenopausal women treated with ovarian ablation/suppression" 3. as subsequent therapy - remove "In combination with paclitaxel, docetaxel, vinorelbine, capecitabine, carboplatin, cyclophosphamide, eribulin, gemcitabine, ixabepilone, lapatinib, or albumin-bound paclitaxel (if contraindication or failure to docetaxel/paclitaxel)" and change to with chemotherapy and/or pertuzumab.

UM ONC_1072	Myeloid Growth Factors	Add inclusion criteria: 1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST: a. For Medicaid requests, in the absence of a State Medicaid Medication Policy and/or State Medicaid Preferred Drug List (PDL) OR b. For Commercial requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy OR c. For Exchange requests, that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria resource of the hierarchy AND d. Fulphila (pegfilgrastim-jmdb) OR Ziextenzo (pegfilgrastim-bmez) are the PREFERRED medications whenever a long acting myeloid growth factor (pegfilgrastim) is requested AND e. Zarxio (filgrastim-sndz) is the PREFERRED medication whenever a short acting myeloid growth factor (filgrastim) is requested AND f. Non-preferred myeloid growth factor agent will be approved only if there is a contraindication / intolerance to the PREFERRED medication AND g. Continuation requests of previously approved non-preferred medication are not subject to this provision.
UM ONC_1072	Myeloid Growth Factors	Add inclusion criteria: MGF is being used with chemotherapy with an intermediate-risk (10% to 20%) for febrile neutropenia AND the member has ONE or more of the following risk factors: Added : Age ≥ 65 years;
UM ONC_1072	Myeloid Growth Factors	Remove inclusion criteria: 1. MGF (Neupogen, Leukine, Zarxio, Nivestym, and Granix only) is being used as treatment of chemotherapy-induced febrile neutropenia in member with one of the following: i. Who has been receiving prophylactic MGF OR ii. Who has not received prophylactic MGF but who has risk factors for an infection-related complication with prior cycle of the same regimen and is on antibiotics 2. The member has MDS and MGF (Neupogen, Leukine, Zarxio, Nivestym, and Granix only) is being used in combination with epoetin alfa or darbopoetin alfa and ONE of the following: i. Initial treatment of symptomatic anemia in lower risk member with no del(5q) with without other cytogenetic abnormalities AND ALL of the following: 1. A serum erythropoietin levels less than or equal to 500 mU/Ml AND 2. Greater than or equal to 10% bone marrow blasts

UM ONC_1072	Myeloid Growth Factors	Remove exclusion criteria: MGF is not being used with ESA in member with MDS not on myelosuppressive chemotherapy; MGF is being administered with radiation therapy (except if RT is held for neutropenia); MGF is being used in member with an ANC > 10,000/cubic millimeter after the expected nadir; Pegfilgrastim is being administered in the period between 14 days before chemotherapy. Exceptions include dose dense chemotherapy; regimens; Pegfilgrastim is being used in member requiring < 10 days of MGFs (Neupogen, Leukine, Zarxio, Nivestym, or Granix should be used in these circumstances unless member is unable to self-inject or distance is a barrier).
UM ONC_1351	Xospata (Gilteritinib)	Add inclusion criteria: Acute Myeloid Leukemia (AML)- added FLT3-TKD mutation positive
UM ONC_1351	Xospata (Gilteritinib)	Remove exclusion criteria: 1. Xospata (Gilteritinib) is being used after disease progression with the same regimen or other FLT3 inhibitors (with the exception of sorafenib and midostaurin used in first-line therapy regimen as part of induction, consolidation, and/or maintenance); 2. Concurrent use with other chemotherapy; 3. Member is in second or later hematologic relapse or has received salvage therapy for refractory disease; 4. Member has ANY of the following: a. Acute promyelocytic leukemia (APL). b. BCR-ABL-positive leukemia (chronic myelogenous leukemia in blast crisis). c. AML secondary to prior chemotherapy for other neoplasms (except for MDS). d. Clinically active central nervous system leukemia
UM ONC_1351	Asparlas (calaspargase pegol-mknl)	Remove inclusion criteria: Acute Lymphoblastic Leukemia (ALL) -The member is an older adolescent or young adult (up to 30 years of age)
UM ONC_1351	Asparlas (calaspargase pegol-mknl)	Add inclusion criteria: Acute Lymphoblastic Leukemia (ALL) Unless contraindicated or not tolerated, Oncaspar is preferred over Asparlas for use in in combination with induction or consolidation chemotherapy.
UM ONC_1351	Asparlas (calaspargase pegol-mknl)	Add exclusion criteria: Serious hemorrhagic events or Severe hepatic impairment to asparaginase therapy

UM ONC_1263	Keytruda (pembrolizumab)	Add inclusion criteria: 1. Melanoma -Adjuvant therapy for high-risk Stage III melanoma following complete a complete regional lymph node dissection; For unresectable or metastatic melanoma and the member had no prior disease progression on a PD-L1/PD-1 inhibitor. 2. NSCLC - In combination with pemetrexed and platinum chemotherapy/In combination with carboplatin and paclitaxel or nab-paclitaxel (if intolerant to paclitaxel)/single agent - change PD-L1 expression ≥1% to 1-49%. 2. Head and Neck unresectable, recurrent, or metastatic NON-nasopharyngeal cancer (tumor type added); add First line therapy for tumors with PD-L1 expression (either CPS- Combined Positive Score, or TPS- Tumor Proportion Score) ≥1% 3. Urothelial Carcinoma- NOTE: Per NCH policies for subsequent therapy, Ketyruda is preferred over other PD-1 or PD-L1 inhibitor (i.e. Opdivo, Tecentriq, Bavencio). 9. Hepatobiliary Cancers a.Keytruda (pembrolizumab) is being used in members with hepatocellular carcinoma who have disease progression on or after lenvatinib or regorafenib unless intolerance or contraindications exist
UM ONC_1263	Keytruda (pembrolizumab)	Add inclusion criteria: 1. Colorectal Cancer i.As primary treatment for locally unresectable or medically inoperable disease OR ii.For unresectable synchronous liver and/or lung metastases that remain unresectable after primary systemic therapy OR iii.As primary treatment for synchronous abdominal/peritoneal metastases that are nonobstructing, or following local therapy for patients with existing or imminent obstruction OR iv.For synchronous unresectable metastases of other sites OR v.As primary treatment for unresectable metachronous metastases in patients who have not received previous adjuvant FOLFOX or CapeOX within the past 12 months, who have received previous fluorouracil/leucovorin (5-FU/LV) or capecitabine therapy, or who have not received any previous chemotherapy 2. Endometrial Carcinoma a.Keytruda (pembrolizumab) is being used as a single agent as subsequent-line systemic therapy for unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumor that has progressed following prior treatment and no satisfactory alternative treatment options.

UM ONC_1263	Keytruda (pembrolizumab)	Add exclusion criteria: Off-label indications for Keytruda (pembrolizumab) in neuroendocrine and adrenal gland tumors, ovarian cancer, pancreatic adenocarcinoma, penile cancer, and testicular cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
New	Enhertu (fam-trastuzumab deruxtecan-nxki)	New Policy
New	Gamifant (emapalumab-lzsg)	New Policy
New	Padcev (enfortumab vedotin-ejfv)	New Policy
New	Soliris (eculizumab)	New Policy
New	Sylvant (siltuximab)	New Policy
New	Targretin (bexarotene)	New Policy
New	Tazverik (tazemetostat)	New Policy
New	Ultomiris (ravulizumab)	New Policy
New	Unituxin (dinutuximab)	New Policy
New	Ayvakit (avapritinib)	New Policy