Guideline #	Guideline Name	Type of Change	Brief Description of Guideline Change	Reason for Changes
NEW	Revtorpyk (gedatolisib)	Positive	On July 14, 2026, the Food and Drug Administration approved gedatolisib (Revtorpyk, Celcuity Inc.) in combination with fulvestrant, with or without palbociclib, for adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer without a PIK3CA mutation detected following progression on or after treatment with at least one line of endocrine therapy in the metastatic setting.	New FDA Drug/Indication
NEW	Jideytro (zidesamtinib)	Positive	On July 22, 2026, the Food and Drug Administration approved zidesamtinib (Jideytro, Nuvalent, Inc.) for adults with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) who received at least one prior ROS1 tyrosine kinase inhibitor (TKI).	New FDA Drug/Indication
ECG 3154	Evolent Clinical Guideline 3154 for Bevacizumab Products	Positive	1) Updated ovarian cancer indication to include use with pembrolizumab + paclitaxel for platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma whose tumors express PD-L1 (CPS ≥1), and who have received 1 or 2 prior systemic treatment regimens (FDA label expansion 02/10/26) 2) Updated HCPC code 3) Updated references	Annual Review
ECG 3167	Evolent Clinical Guideline 3167 for Vizimpro (dacomitinib)	Positive	1) Added note to indication section regarding Pfizer permanently discontinuing the manufacturing and distribution of all strengths of the drug in the United States due to a combination of lackluster sales and shifting treatment guidelines 2) Will archive policy at 1-year mark of change (August 2027) 3) Updated references	Annual Review
ECG 3132	Evolent Clinical Guideline 3132 for Emrelis (telisotuzumab vedotin-tllv)	No clinical change	1) Updated HCPC code 2) Updated Lines of Business table 3) Updated references	Annual Review
ECG 3198	Sarclisa (isatuximab-irfc)	Positive	On July 9, 2026, the Food and Drug Administration approved isatuximab-irfc (Sarclisa Escena, Sanofi-Aventis U.S. LLC) for subcutaneous injection for multiple myeloma indications. The specific indications approved for Isatuximab-irfc are: 1) in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor, 2) in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy, and 3) in combination with bortezomib, lenalidomide and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for an autologous stem cell transplant. 1) Added new subcutaneous formulation (Sarclisa Escena [isatuximab-irfc]) to all relevant sections 2) Updated references	New FDA Drug/Indication
ECG 3159	Keytruda and Keytruda Qlex (pembrolizumab IV/SC)	Positive	On July 10, 2026, the Food and Drug Administration approved pembrolizumab (Keytruda, Merck) or pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex, Merck) each in combination with enfortumab vedotin-ejfv (Padcev, Astellas Pharma) as neoadjuvant treatment (before surgery) followed by adjuvant treatment after cystectomy (surgery to remove the bladder) for adults with muscle invasive bladder cancer (MIBC). This extends the prior approval for the regimen in this setting from patients who are cisplatin-ineligible to all patients with MIBC who are candidates for cystectomy. 1) Indication was updated in April 2026 2) Updated references	New FDA Drug/Indication
ECG 3121	Padcev (enfortumab vedotin-ejfv)	Positive	On July 10, 2026, the Food and Drug Administration approved pembrolizumab (Keytruda, Merck) or pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex, Merck) each in combination with enfortumab vedotin-ejfv (Padcev, Astellas Pharma) as neoadjuvant treatment (before surgery) followed by adjuvant treatment after cystectomy (surgery to remove the bladder) for adults with muscle invasive bladder cancer (MIBC). This extends the prior approval for the regimen in this setting from patients who are cisplatin-ineligible to all patients with MIBC who are candidates for cystectomy. 1) Indication was updated in April 2026 2) Updated references	New FDA Drug/Indication
ECG 3114	Ibrance (palbociclib)	Positive	On July 14, 2026, the Food and Drug Administration approved gedatolisib (Revtorpyk, Celcuity Inc.) in combination with fulvestrant, with or without palbociclib, for adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer without a PIK3CA mutation detected following progression on or after treatment with at least one line of endocrine therapy in the metastatic setting. 1) Updated indication section 2) Updated exclusion criteria 3) Updated references	New FDA Drug/Indication
ECG 3223	Retevmo (selpercatinib)	Positive	On July 14, 2026, the Food and Drug Administration granted traditional approval to selpercatinib (Retevmo, Eli Lilly and Company) for adult and pediatric patients two years of age and older with locally advanced or metastatic solid tumors with a RET gene fusion, as detected by an FDA-approved test, that have progressed on or following prior systemic treatment or who have no satisfactory alternative treatment options. Selpercatinib received accelerated approval for this indication for adult patients in 2022 and for pediatric patients two years of age and older in 2024. 1) Indication was added to policy due to accelerated approvals in 2022 and 2024 2) Updated references	New FDA Drug/Indication
ECG 3039	Generic Drugs	Positive	Added “Cligavyx (fulvestrant)” to the drug list in Attachment A	Other
UM ONC_1072	Myeloid Growth Factors (MGFs) – Ohio Medicaid	Positive	1) Added additional MGF products “Armlupeg” and “Ennumo” to all relevant sections	Annual Review
UM ONC_1138	Erythropoiesis Stimulating Agents – Ohio Medicaid	No clinical change	Updated references	Annual Review
ECG 3162	Evolent Clinical Guideline 3162 for Valstar (valrubicin)	No clinical change	Updated references	Annual Review
ECG 3164	Evolent Clinical Guideline 3164 for Halaven (eribulin)	No clinical change	Updated references	Annual Review
ECG 3165	Evolent Clinical Guideline 3165 for Treanda/Bendeka/Belrapzo/Vivimusta (bendamustine)	No clinical change	Updated references	Annual Review
ECG 3166	Evolent Clinical Guideline 3166 for Mylotarg (gemtuzumab ozogamicin)	No clinical change	Updated references	Annual Review
ECG 3168	Evolent Clinical Guideline 3168 for Tabrecta (capmatinib)	No clinical change	Updated references	Annual Review
ECG 3122	Evolent Clinical Guideline 3122 for Monjuvi (tafasitamab-cxix)	No clinical change	Updated references	Annual Review
ECG 3170	Evolent Clinical Guideline 3170 for Columvi (glofitamab-gxbm)	No clinical change	Updated references	Annual Review
ECG 3172	Evolent Clinical Guideline 3172 for Augtyro (repotrectinib)	No clinical change	Updated references	Annual Review
ECG 3173	Evolent Clinical Guideline 3173 for Piasky (crovalimab-akkz)	No clinical change	Updated references	Annual Review
ECG 3174	Evolent Clinical Guideline 3174 for Rytelo (imetelstat)	No clinical change	Updated references	Annual Review