Former Policy #	New Policy #	Policy Name	Brief Description of Policy Change
NEW	ECG 3130	Penpulimab-kcqx (penpulimab-kcqx)	On April 23, 2025, the Food and Drug Administration approved penpulimab-kcqx (Akeso Biopharma Co., Ltd.) with cisplatin or carboplatin and gemcitabine for the first-line treatment of adults with recurrent or metastatic non-keratinizing nasopharyngeal carcinoma (NPC). FDA also approved penpulimab-kcqx as a single agent for adults with metastatic non-keratinizing NPC with disease progression on or after platinum-based chemotherapy and at least one other prior line of therapy.
NEW	ECG 3131	Avmapki Fakzynja Co-pack (avutometinib and defactinib)	On May 8, 2025, the Food and Drug Administration granted accelerated approval to the combination of avutometinib and defactinib (Avmapki Fakzynja Co-pack, Verastem, Inc.) for adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy.
NEW	ECG 3132	Emrelis (telisotuzumab vedotin-tllv)	On May 14, 2025, the Food and Drug Administration granted accelerated approval to telisotuzumab vedotin-tllv (Emrelis, AbbVie Inc.), a c-Met-directed antibody and microtubule inhibitor conjugate, for adults with locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [≥50% of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.
UM ONC_1180	ECG 3109	Immune Globulin (IG)	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1196	ECG 3110	Sprycel (dasatinib)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated references
UM ONC_1199	ECG 3111	Tasigna (nilotinib)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated exclusion criteria 5) Updated references
UM ONC_1225	ECG 3112	Voraxaze (glucarpidase)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references
UM ONC_1243	ECG 3113	Nplate (romiplostim)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references
UM ONC_1272	ECG 3114	Ibrance (palbocidib)	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references
UM ONC_1303	ECG 3115	Xermelo (telotristat ethyl)	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references
UM ONC_1316	ECG 3116	Nerlynx (meratinib)	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references
UM ONC_1323	ECG 3117	Idhifa (enasidenib)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated references
UM ONC_1333	ECG 3118	Erleada (apalutamide)	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references
UM ONC_1345	ECG 3119	Tavalisse (fostamatinib)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references
UM ONC_1362	ECG 3120	Polivy (polatuzumab vedotin)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references
UM ONC_1381	ECG 3121	Padcev (enfortumab vedotin-ejfv)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references
UM ONC_1412	ECG 3122	Monjuvi (tafasitamab-cxix)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references
UM ONC_1415	ECG 3123	Jelmyto (mitomycin for pyelocalyceal installation)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references

UM ONC_1434	ECG 3124	Zynlonta (loncastuzimab tesirine-lpyl)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references
UM ONC_1443	ECG 3125	Mozobil (plerixafor)	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references
UM ONC_1448	ECG 3126	Ferriprox (deferiprone)	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated exclusion criteria 4) Updated references
UM ONC_1501	ECG 3127	Fabhalta (iptacopan)	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated exclusion criteria 5) Updated references
UM ONC_1502	ECG 3128	Anktiva (nogapendekin alfa inbakicept-pmln)	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references
UM ONC_1503	ECG 3129	Ojemda (tovorafenib)	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated exclusion criteria 4) Updated references
ECG 3018	ECG 3018	Opdivo and Opdivo Qvantig (nivolumab IV/SC)	1) On April 8, 2025, the Food and Drug Administration approved nivolumab (Opdivo, Bristol Myers Squibb Company) with ipilimumab (Yervoy, Bristol Myers Squibb Company) for adult and pediatric patients 12 years of age and older with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC). The FDA also converted the accelerated approval to regular approval for single agent nivolumab for adult and pediatric patients 12 years of age and older with MSI-H or dMMR metastatic CRC, that has progressed following fluoropyrimidine, oxaliplatin, and irinotecan. 2) On April 11, 2025, the Food and Drug Administration approved nivolumab (Opdivo, Bristol Myers Squibb Company) with ipilimumab (Yervoy, Bristol Myers Squibb Company) for the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC).
ECG 3076	ECG 3076	Erythropoiesis Stimulating Agents	Removed “not” from the following statement in exclusion criteria: “Erythropoiesis Stimulating Agent (ESA) is not used for myeloid malignancies (e.g., acute, and chronic myeloid leukemia, myelofibrosis, polycythemia vera, or essential thrombocytopenia) or intermediate risk and high risk MDS OR MDS with a bone marrow blast count of greater than or equal to 10%.”
ECG 3105	ECG 3105	Imfinzi (durvalumab)	Updated NSCLC indication to allow maintenance therapy with tremelimumab +/- pemetrexed after first-line therapy for recurrent, advanced, or metastatic disease with platinum-based chemotherapy, tremelimumab, and durvalumab if restaging shows stability or response
UM ONC_1469	ECG 3133	Imjudo (tremelimumab)	1) Converted to new Evolent policy template 2) Updated NSCLC indication to allow maintenance therapy with durvalumab +/- pemetrexed after first-line therapy for recurrent, advanced, or metastatic disease with platinum-based chemotherapy, tremelimumab, and durvalumab if restaging shows stability or response 3) Updated references