Former Policy #	New Policy #	Policy Name	Type of Change	Brief Description of Policy Change
UM ONC_1181	3077	Iron Products	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1200	3078	Torisel (temsrolimus)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references
UM ONC_1207	3079	Zelboraf (vemurafenib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1235	3080	Doxil (liposomal doxorubicin)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1249	3081	Mekinist (trametinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated solid tumor indication section to include use in pediatric members ≥ 1 year of age 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated exclusion criteria 5) Updated references
UM ONC_1250	3082	Tafinlar (dabrafenib)	No Clinical Change	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_1262	3083	Imbruvica (ibrutinib)	No Clinical Change	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_1264	3084	Zydelig (idelalisib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references
UM ONC_1277	3085	Alecensa (Alectinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references
UM ONC_1279	3086	Cotellic (cobimetinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1306	3087	Bavencio™ (avelumab)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references
UM ONC_1313	3088	Alunbrig (brigatinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references
UM ONC_1315	3089	Rydapt (midostaurin)	No Clinical Change	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_1356	3090	Elzonris (tagraxofusp)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1364	3091	Turalio (pexidartinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references
UM ONC_1366	3092	Inrebic (fedratinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1385	3093	Tazverik (tazemetostat)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1386	3094	Ultomiris (ravulizumab)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1403	3095	Elitek (rasburicase)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1404	3096	Qinlock (ripretinib)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1429	3097	Abecma (idecabtagene vicleucel)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references

UM ONC_1439	3098	Empaveli (pegcetacoplan)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1460	3099	Carvykti (ciltacabtagene autoleucel)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1464	3100	Pyrukynd (mitapivat)	No Clinical Change	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_1498	3101	Hicon (sodium iodide I131)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references
UM ONC_1500	3102	Voydeya (danicopan)	No Clinical Change	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_1237	3103	Cometriq/Cabometyx (cabozantinib)	Positive	On March 26, 2025, the Food and Drug Administration approved cabozantinib (Cabometyx, Exelixis, Inc.) for adult and pediatric patients 12 years of age and older with previously treated, unresectable, locally advanced or metastatic, well-differentiated pancreatic neuroendocrine tumors (pNET) and well-differentiated extra-pancreatic neuroendocrine tumors (epNET). 1) Converted to new Evolent policy template 2) Added new indication 3) Updated maximum dosage form quantities in exclusion criteria 4) Updated references
UM ONC_1515	3104	Radiopharmaceuticals	Positive	On March 28, 2025, the Food and Drug Administration expanded the indication for lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) to include adults with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor pathway inhibitor (ARPI) therapy and are considered appropriate to delay taxane-based chemotherapy. 1) Converted to new Evolent policy template 2) Updated indication 3) Updated references
UM ONC_1314	3105	Imfinzi (durvalumab)	Positive	On March 28, 2025, the Food and Drug Administration approved durvalumab (Imfinzi, AstraZeneca) with gemcitabine and cisplatin as neoadjuvant treatment, followed by single agent durvalumab as adjuvant treatment following radical cystectomy, for adults with muscle invasive bladder cancer (MIBC). 1) Converted to new Evolent policy template 2) Added new indication 3) Updated references
UM ONC_1072	3106	Myeloid Growth Factors	Positive	1) Under “Prophylaxis/Prevention of Febrile Neutropenia from Chemotherapy” in indication section, removed statement “Long-acting MGF may be used only if the member is unable to self-administer due to limitations, and the member is unable to travel to the office for daily injections.” 2) For Centene, the redirection to short acting products were removed on the corporate level because financially, the cost difference between the short-acting and long-acting MGF products is not that large as it used to be in the past. Plus redirecting to short-acting adds additional burden on the member and the provider. 3) Converted to new Evolent policy template 4) Updated references
UM ONC_1517	3107	Ziihera (zanidatamab-hrii)	Positive	1) Added note under indication section to highlight low-value regimen for previously treated, unresectable, or metastatic HER2-positive biliary tract cancer 2) FDA accelerated approval; greater than 25% cost over alternative (WAC monthly cost of $42,660 and an annual cost of $554,580). 3) OSAB recommended Enhertu (trastuzumab deruxtecan) as the alternative treatment, which costs ~$250,000 annually. 4) Converted to new Evolent policy template
UM ONC_1516	3108	Unloxcyt (cosibelimab-ipdl)	Positive	1) Added note under indication section to highlight low-value regimen for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation 2) Regular FDA approval was based on phase 1 trial data. 3) Converted to new Evolent policy template
UM ONC_1442	ARCHIVED GUIDELINE	Truseltiq (infigratinib)	Positive	On May 16, 2024, the FDA announced the final withdrawal of the approval of infigratinib (Truseltiq) for previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement. The accelerated approval of infigratinib required the sponsor to conduct postmarketing trials to verify the clinical benefit of the drug. The sponsor voluntarily requested withdrawal of infigratinib.