Former Policy #	New Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
ECG 3039	ECG 3039	Generic Drugs		Adding "Endari (I-glutamine)" to list of drugs on policy	Other
UM ONC_1239	ECG 3055	Pomalyst (pomalidomide)		 Converted to new Evolent policy template Updated maximum dosage form quantities in exclusion criteria Updated references 	Annual Review
UM ONC_1241	ECG 3056	Iclusig (ponatinib)		1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references	Annual Review
UM ONC_1258	ECG 3057	Gilotrif (afatinib)		1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references	Annual Review
UM ONC_1288	ECG 3058	Fusilev (levoleucovorin)	No Clinical Change	Converted to new Evolent policy template	Annual Review
UM ONC_1309	ECG 3059	Iressa (gefitinib)	No Clinical Change	Converted to new Evolent policy template	Annual Review
UM ONC_1312	ECG 3060	Odomzo (sonidegib)	-	1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1330	ECG 3061	Besponsa (inotuzumab ozogamicin)		1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1334	ECG 3062	Doptelet (avatrombopag)		1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1343	ECG 3063	Mulpleta (lusutrombopag)		1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1346	ECG 3064	Copiktra (duvelisib)		1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references	Annual Review
UM ONC_1360	ECG 3065	Piqray (alpelisib)		1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references	Annual Review
UM ONC_1410	ECG 3066	Inqovi (decitabine and cedazuridine)		1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1416	ECG 3067	Onureg (azacitidine oral)		1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references	Annual Review
UM ONC_1445	ECG 3068	Topical and Intralesional Therapies		1) Converted to new Evolent policy template 2) Updated policy numbers in indication section	Annual Review
UM ONC_1457	ECG 3069	Fyarro (intravenous sirolimus)	No Clinical Change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1461	ECG 3070	Vonjo (pacritinib)		1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1496	ECG 3071	Amtagvi (lifileucel)	No Clinical Change	Converted to new Evolent policy template	Annual Review
UM ONC_1497		Pegasys (peginterferon alfa-2a)		Converted to new Evolent policy template	Annual Review
UM ONC_1134		Trastuzumab Products, Pertuzumab, and Phesgo	Positive	 Updated breast cancer indication to allow for "T1, N0" stage to receive trastuzumab/trastuzumab biosimilar +/- pertuzumab containing regimens Updated exclusion criteria Updated references 	Other

UM ONC_1190	ECG 3074	Bone Modifying Agents [Pamidronate, Zoledronic Acid, Denosumab Products: Xgeva/Prolia (denosumab), Wyost/Jubbonti (denosumab-bbdz)]	Positive	 On February 13, 2025, the FDA approved Samsung Bioepis' Ospomyv (denosumab-dssb) and Xbryk (denosumab-dssb) for all indications of the reference products, Prolia (denosumab) and Xgeva (denosumab), respectively. 2) On February 28, 2025, the FDA approved Celltrion's Stoboclo (denosumab- bmwo) and Osenvelt (denosumab-bmwo) to treat all indications of the reference products, Amgen's Prolia and Xgeva, respectively. 3) On March 26, 2025, the FDA approved Fresenius' Conexxence (denosumab- bnht) and Bomyntra (denosumab-bnht) for all indications of the reference products, Prolia (denosumab) and Xgeva (denosumab), respectively. 4) Converted to new Evolent policy template 5) Added new biosimilars to policy 6) Updated exclusion criteria 	Other
UM ONC_1471	ECG 3075	Elahere (mirvetuximab soravtansine-gynx)	Positive	 Will remove verbiage regarding disease progression on Avastin (bevacizumab/bevacizumab biosimilar) containing regimen as a requirement NCCN does not require this, and is a category 1 	Other
UM ONC_1138	ECG 3076	Erythropoiesis Stimulating Agents (ESAs)	No Clinical Change	Converted to new Evolent guideline template This guideline replaces UM ONC_1138 Erythropoiesis Stimulating Agents (ESAs) Updated references	Annual Review
ECG 3009	Policy will be Archived 04/25/2025	Endari (l-glutamine)	Positive	 Will move medication to generic policy - Drug is available as a generic in tablet and capsule formulations Low volume – 7 authorizations in the past 8 years 	Other
UM ONC_1240	Policy will be Archived 04/25/2025	Synribo (omacetaxine)	Positive	 Omacetaxine was voluntarily withdrawn from the market in June 2023 due to issues in procuring the active pharmaceutical ingredient Will archive policy 	Archive Guideline
	Archived 04/25/2025		Positive	voluntary withdrawal of Aliqopa (copanlisib), which is indicated for adult patients with relapsed follicular lymphoma (FL) who have received at least two prior systemic therapies. The follow-up study showed the addition of Aliqopa to standard immunochemotherapy regimens did not meet the primary endpoint of progression-free survival benefit versus the standard immunochemotherapy control arm in patients with relapsed follicular lymphoma.	Archive Guideline
UM ONC_1348	Policy will be Archived 04/25/2025	Lumoxiti (moxetumomab pasudotox)	Positive	 On November 18, 2022, AstraZeneca announced that it would permanently discontinue Lumoxiti from the US market in July 2023. The removal of Lumoxiti from the US market is not related to the safety or efficacy of the drug, but rather the low clinical uptake of Lumoxiti since its FDA approval due to the availability of other treatment options and possibly due to the specialized complexity of administration, toxicity prophylaxis, and patient safety monitoring. Will archive policy 	Archive Guideline