

Guideline Name	Type of Change	Brief Description of Guideline Change	Reason for Changes
Evolut Clinical Guideline 3273 for Tudriqev (vusolimogene oderparepvec-wtpg)	Positive	On August 6, 2026, the Food and Drug Administration granted accelerated approval to vusolimogene oderparepvec-wtpg (Tudriqev, Replimune, Inc.), a genetically modified oncolytic viral therapy, in combination with nivolumab for the treatment of adult patients with unresectable advanced cutaneous melanoma who experienced disease progression on a programmed death receptor-1 (PD-1)-blocking antibody-based regimen.	New FDA Drug/Indication
Evolut Clinical Guideline 3274 for Zenbexus (iberdomide)	Positive	On August 13, 2026, the Food and Drug Administration granted accelerated approval to iberdomide (Zenbexus, Bristol-Myers Squibb Company) in combination with daratumumab and hyaluronidase-flh and dexamethasone for adults with multiple myeloma who have received at least one prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.	New FDA Drug/Indication
Evolut Clinical Guideline 3275 for Rasonque (daraxonrasib)	Positive	On August 26, 2026, the Food and Drug Administration approved daraxonrasib (RASONQUE, Revolution Medicines, Inc.), an inhibitor of the RAS GTPase family, for adults with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.	New FDA Drug/Indication
Evolut Clinical Guideline 3187 for Jevtana (cabazitaxel)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3176 for Lonsurf (trifluridine and tipiracil)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3177 for Eculizumab Products	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3178 for Jemperli (dostarlimab-gxly)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3179 for Opdivo (nivolumab and relatlimab-rmbw)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3180 for Elrexfio (elranatamab-bcmm)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3181 for Talvey (talquetamab-tgvs)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3182 for Vanflyta (quizartinib)	No clinical change	1) Updated maximum dosage form quantities in exclusion criteria 2) Updated references	Annual Review
Evolut Clinical Guideline 3183 for Tecelra (afamitresgene autoleucel)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3184 for Voranigo (vorasidenib)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3153 for Zudosur (mitomycin intravesical solution)	No clinical change	1) Updated HCPC code 2) Updated references	Annual Review
Evolut Clinical Guideline 3185 for Modeysso (dordaviprone)	No clinical change	Updated references	Annual Review
Evolut Clinical Guideline 3104 for Radiopharmaceuticals	Positive	On July 31, 2026, the Food and Drug Administration approved lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) in combination with androgen receptor pathway inhibitor (ARPI) therapy for adults with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or-sensitive (mAPMN/S) prostate cancer (previously referred to as metastatic hormone-sensitive prostate cancer). 1) Updated prostate cancer indication 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3191 for Abirtega/Yonsa/Zytiga (abiraterone acetate)	Positive	On July 31, 2026, the Food and Drug Administration approved lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) in combination with androgen receptor pathway inhibitor (ARPI) therapy for adults with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or-sensitive (mAPMN/S) prostate cancer (previously referred to as metastatic hormone-sensitive prostate cancer). 1) Updated indication section 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3118 for Erleada (apalutamide)	Positive	On July 31, 2026, the Food and Drug Administration approved lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) in combination with androgen receptor pathway inhibitor (ARPI) therapy for adults with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or-sensitive (mAPMN/S) prostate cancer (previously referred to as metastatic hormone-sensitive prostate cancer). 1) Updated indication section 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3024 for Xtandi (enzalutamide)	Positive	On July 31, 2026, the Food and Drug Administration approved lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) in combination with androgen receptor pathway inhibitor (ARPI) therapy for adults with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or-sensitive (mAPMN/S) prostate cancer (previously referred to as metastatic hormone-sensitive prostate cancer). 1) Updated indication section 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3156 for Nubeqa (darolutamide)	Positive	On July 31, 2026, the Food and Drug Administration approved lutetium Lu 177 vipivotide tetraxetan (Pluvicto, Novartis Pharmaceuticals Corporation) in combination with androgen receptor pathway inhibitor (ARPI) therapy for adults with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or-sensitive (mAPMN/S) prostate cancer (previously referred to as metastatic hormone-sensitive prostate cancer). 1) Updated indication section 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3018 for Opdivo and Opdivo Qvantig™ (nivolumab IV/SC)	Positive	On August 6, 2026, the Food and Drug Administration granted accelerated approval to vusolimogene oderparepvec-wtpg (Tudriqev, Replimune, Inc.), a genetically modified oncolytic viral therapy, in combination with nivolumab for the treatment of adult patients with unresectable advanced cutaneous melanoma who experienced disease progression on a programmed death receptor-1 (PD-1)-blocking antibody-based regimen. 1) Updated melanoma indication 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3160 for Darzalex and Darzalex Faspro (daratumumab IV/SC)	Positive	On August 13, 2026, the Food and Drug Administration granted accelerated approval to iberdomide (Zenbexus, Bristol-Myers Squibb Company) in combination with daratumumab and hyaluronidase-flh and dexamethasone for adults with multiple myeloma who have received at least one prior line of therapy including a proteasome inhibitor and an immunomodulatory agent. 1) Updated multiple myeloma indication 2) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3046 for Rituximab Products	Positive	On August 3, 2026, the Food and Drug Administration approved Zimrixby (rituximab-cdxx) as a biosimilar to Genentech's Rituxan (rituximab). It is the fourth Rituxan biosimilar approved in the U.S. 1) Added new biosimilar to all relevant sections 2) Updated HCPC codes 3) Updated references	New FDA Drug/Indication
Evolut Clinical Guideline 3002 for Adstiladrin (nadofaragene firadenovec-vncg)	Positive	Updated indication section to remove use in Ta/T1 papillary tumors without CIS to follow FDA labeling	Other
Evolut Clinical Guideline 3267 for Lifyorli (relacorilant)	Positive	Updated indication section to state that "Lifyorli (relacorilant) + Abraxane (nab-paclitaxel) is not supported by Evolut Policy for the treatment of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer for adult members whose tumors are FRα positive, CPS positive (CPS ≥1), or HER-2 positive (IHC 3+ or 2+). Alternative regimens for these biomarkers include: 1) Elahere (mirvetuximab soravtansine-gynx) for FRα positive tumors, 2) Keytruda (pembrolizumab) + paclitaxel for CPS positive tumors, and 3) Enhertu (fam-trastuzumab deruxtecan-nxki) for HER-2 positive tumors. For members who are negative for these biomarkers, Lifyorli (relacorilant) + Abraxane (nab-paclitaxel) would remain a treatment option within platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer."	Other
Evolut Clinical Guideline 3000 for Abraxane (nab-paclitaxel)	Positive	Updated indication section to state that "Lifyorli (relacorilant) + Abraxane (nab-paclitaxel) is not supported by Evolut Policy for the treatment of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer for adult members whose tumors are FRα positive, CPS positive (CPS ≥1), or HER-2 positive (IHC 3+ or 2+). Alternative regimens for these biomarkers include: 1) Elahere (mirvetuximab soravtansine-gynx) for FRα positive tumors, 2) Keytruda (pembrolizumab) + paclitaxel for CPS positive tumors, and 3) Enhertu (fam-trastuzumab deruxtecan-nxki) for HER-2 positive tumors. For members who are negative for these biomarkers, Lifyorli (relacorilant) + Abraxane (nab-paclitaxel) would remain a treatment option within platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer."	Other