Policy	Drug(s)	Type of Change	Brief Description of Policy Change
new	Inqovi (decitabine and	n/a	n/a
UM ONC_1041	LHRH agonists and antagonist [Lupron Depot (leuprolide), Trelstar (triptorelin), Zoladex (goserelin), Vantas (histrelin), Firmagon (degarelix)]	Negative change	Add inclusion criteria: Trelstar (triptorelin) orn Lupron/Eligard (leuprolide) are the preferred LHRH analogs may be used in a members with breast cancer and prostate cancer for all curative and palliative settings. Breast cancer: b.In combination with endocrine therapy, with or without additional anti-cancer therapy, for recurrent or metastatic disease.
UM ONC_1041	LHRH agonists and antagonist [Lupron Depot (leuprolide), Trelstar (triptorelin), Zoladex (goserelin), Vantas (histrelin), Firmagon (degarelix)]	Negative change	Remove inclusion criteria: Prostate cancer i.Adjuvant treatment if positive lymph nodes were found during pelvic lymph node dissection ii.Initial short-term, in combination with radiation therapy for one of the following a.With unfavorable intermediate risk of recurrence i.Test i.Used for M0 and M1 castration resistant disease to maintain castrate serum levels of testosterone (<50 ng/dL). 3.Infertility a.The member is undergoing controlled ovarian hyperstimulation and subsequent in vitro fertilization (IVF) or other assisted reproductive technology (ART) for the treatment of infertility (Leuprolide and Tripterolin only). Breast cancer Remove Zoladex (goserelin)
UM ONC_1041	LHRH agonists and antagonist [Lupron Depot (leuprolide), Trelstar (triptorelin), Zoladex (goserelin), Vantas (histrelin),	Negative change	Add exclusion criteria: 1.Vantas (Histrelin) or Firmagon (Degarelix) is being used for prostate cancer or breast cancer. 4.Dosing exceeds single dose limit of Degarelix 240 mg (loading dose) and 80 mg (continuation dose).

UM ONC_1041	LHRH agonists and antagonist [Lupron Depot (leuprolide), Trelstar (triptorelin), Zoladex (goserelin), Vantas (histrelin), Firmagon (degarelix)]	Positive change	Remove exclusion criteria: 2. LHRH agonists or antagonist is being used in male breast cancer (use is considered experimental).
UM ONC_1061	Nipent (pentostatin)	Archive- add to generic drugs policy UM ONC_1304	n/a
UM ONC_1072	Myeloid Growth Factors (Neupogen, Granix, Leukine, Zarxio, Neulasta/Fulphila)	Negative change	Add inclusion criteria: Fulphila (pegfilgrastim-jmdb) OR Udenyca (pegfilgrastim-cbqv) are the PREFERRED medications whenever a long acting myeloid growth factor (pegfilgrastim) is requested
UM ONC_1072	Myeloid Growth Factors (Neupogen, Granix, Leukine, Zarxio, Neulasta/Fulphila)	Positive change	Remove inclusion criteria: Remove preferred Ziextenzo (pegfilgrastim-bmez)
UM ONC_1072	Myeloid Growth Factors (Neupogen, Granix, Leukine, Zarxio, Neulasta/Fulphila)	Negative change	Add exclusion criteria: 4. For members receiving concurrent chemo-radiation, long acting MGFs are contraindicated, AND requests for short acting MGFs will be reviewed on a case-by case basis. 7. Pegfilgrastim use in myeloid malignancies or MDS, except for members with AML/ALL in remission who are receiving consolidation chemotherapy (e.g. HIDAC- High Dose Ara C).
UM ONC_1134	Trastuzumab Products and Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	Negative change	Add inclusion criteria: g. Phesgo is the preferred product when a combination of pertuzumab and trastuzumab is indicated and supported by NCH Clinical Policies.

UM ONC_1138	Erythropoiesis Stimulating Agents (ESAs) and Biosimilars – Epogen, Procrit, Aranesp, Mircera and Retacrit	Negative change	Add inclusion criteria: 2. CIA - a. ESA is being used in solid tumors or non-myeloid malignancies in members receiving myelosuppressive chemotherapy without curative intent and such chemotherapy is ongoing or has been completed ≤ 8 weeks prior to initation or continuation of ESA i. For initial/continuation requests the baseline ESA can be initiated when Hgb is < 10 g/dL or HCT is < 30 prior to the initiation of ESA therapy (evels are obtained within the last 4 weeks) AND ii. Prior to initiating ESA therapy, concomitant iron deficiency has been ruled out and serum ferritin is >/= 100 ng/mL AND/OR transferrin saturation is >/= 20%. 3. Anemia of Chronic Kidney Disease (CKD) a. The member has chronic kidney disease defined as GFR < 60 ml/min over a period of at least three months AND concomitant iron deficiency has been ruled out (ESA is being used with serum ferritin >/= 100 ng/mL AND/OR transferrin saturation >/=20% with (levels are obtained within the last 12 months). 4. Myelodysplastic Syndrome (MDS) ii. ESA can be continued when Hgb ≤ 11 g/dL or HCT ≤ 33 (levels are obtained within the
UM ONC_1138	Erythropoiesis Stimulating Agents (ESAs) and Biosimilars – Epogen, Procrit, Aranesp, Mircera and Retacrit	Positive change	Remove inclusion criteria: CIA - iv. myelosuppressive chemotherapy should have been received within 3 months of the initial request for ESA. CKD - a The member has chronic kidney disease defined as GFR < 60 ml/min over a period of at least three months AND concomitant iron deficiency has been ruled out (ESA is being used with serum ferritin > 100 ng/mL AND/OR transferrin saturation >20% with (levels are obtained within the last 12 months); b. ESA is being used with serum ferritin > 100 ng/mL AND/OR transferrin saturation >20% (levels are obtained within the last 12 months).

UM ONC_1138	Erythropoiesis Stimulating Agents (ESAs) and Biosimilars – Epogen, Procrit, Aranesp, Mircera and Retacrit	Negative change	Add exclusion criteria: 3. Patient completed myelosuppressive chemotherapy more than 8 weeks prior to initiation of ESA therapy for CIA. 7. Dosing exceeds single dose limit of Epogen and Procrit (epoetin alfa) in CKD 30,000 units; in CIA and MDS 60,000 units. 8. Dosing exceeds single dose limit of Aranesp (darbepoetin alfa) in CKD 150 mcg; in CIA and MDS 500 mcg. 9. Dosing exceeds single dose limit of Mircera (epoetin beta) is 150 mcg in CKD.
UM ONC_1180	Intravenous Immune Globulin (IG)	Negative change	Add inclusion criteria: 2. Non- Familial /Acquired/Secondary Hyogammaglobulinemia (e.g. that associated with Chronic Lymphocytic Leukemia (CLL), and Multiple Myeloma, and other hematologic malignancies) a. The member has B-cell CLL/SLL or multiple myeloma or another hematologic malignancy with a documented history of recurrent bacterial infections or a low IgG level (< 600) and Intravenous Immune Globulin (IG) will be used for acquired
UM ONC_1213	Neumega (oprelvekin)	Archive- no longer on the market	n/a

UM ONC_1216	Perjeta (pertuzumab) and Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	Negative change	Add inclusion criteria: 2. Breast cancer - NOTE: Per NCH Policy, whenever [pertuzumab + trastuzumab] is requested, Phesgo(pertuzumab, trastuzumab, and hyaluronidase-zzxf) is the preferred product unless there is a contraindication/intolerance to Phesgo C. Adjuvant pertuzumab + trastuzumab +/- chemotherapy may be used if: 1) Member has axillary node positive disease 3) Continuation maintenance if neoadjuvant therapy was not given and member was found to have axillary node positive disease.
UM ONC_1224	Kyprolis (carfilzomib)	Negative change	Add exclusion criteria: 2. Dosing exceeds single dose limit of Kyprolis (carfilzomib) 56 mg/m2 twice weekly or 70 mg/m2 once weekly
UM ONC_1228	Xtandi (enzalutamide)	Negative change	Add inclusion criteria: NOTE: Per NCH Policy & Pathway, the preferred Androgen Receptor Signaling Inhibitor, for metastatic castration-sensitive prostate cancer is generic abiraterone over Xtandi (enzalutamide) & Erleada (apalutamide), except when the member has experienced disease progression on generic abiraterone. NOTE: Per NCH Policy & Pathway, the preferred Androgen Receptor Signaling Inhibitor, for metastatic castration-resistant prostate cancer is generic abiraterone over Xtandi (enzalutamide) except when the member has experienced disease progression on generic abiraterone.

UM ONC_1243	Nplate (romiplostim)	Negative change	Add inclusion criteria: 2. Chronic Idiopathic Thrombocytopenic Purpura (ITP) a. The member has a diagnosis of relapsed/refraectory chronic ITP AND the member has had an insufficient therapeutic response (defined by failure of platelet count to increase and stay above 30,000/mm3) to OR intolerance to OR contraindications to corticosteroids AND/OR immunoglobulin (IVIG) AND/OR rituximab b. The recommended dosing guidelines for Nplate (romiplostim) need to be followed, e.g. a starting dose of 1 mcg/kg, and subsequent increments by 1 mcg/kg, if the platelet count remains below 50,000/mm3 on the previous lower dose.
UM ONC_1243	Nplate (romiplostim)	Positive change	Remove inclusion criteria: ITP -chronic ITP of more than 6 months duration - The member has insufficient response to prior splenectomy OR - The member has insufficient response, intolerance, or contraindications to corticosteroids, immunoglobulins (IVIG), AND Promacta (eltrombopag)
UM ONC_1243	Nplate (romiplostim)	Positive change	Remove exclusion criteria: 1. Nplate (romiplostim) is not used to normalize platelet counts. 2. The member has insufficient response after 4 weeks of therapy OR with appropriate dosage adjustment. Response is defined as a platelet count between 50,000/mm3 and 400,000/mm3. 3. A platelet count > 400,000/mm3; therapy should be discontinued. 4. Concurrent use with Doptelet (avatrombopag). 5. Member has thrombocytopenia due to myelodysplastic syndrome (MDS), chemotherapy, or any cause of thrombocytopenia other than chronic ITP.

UM ONC_1244	Promacta (eltrombopag)	Negative change	Add inclusion criteria: 2. Chronic Idiopathic Thrombocytopenic Purpura (ITP) The member has a diagnosis of relapsed/refractory chronic ITP, with an insufficient response to previous therapy including to corticosteroids, immunoglobulins (IVIG), rituximab, AND avatrombopag OR contraindications/intolerance to above therapies, AND A baseline platelet count of ≤ 30,000.
UM ONC_1244	Promacta (eltrombopag)	Positive change	Remove inclusion criteria: 2. Chronic Idiopathic Thrombocytopenic Purpura (ITP) a. The member has a diagnosis of relapsed/refractory chronic ITP of more than 6 months duration AND b. The member is at increased risk of bleeding and has a clear downward trend in platelet count after the last treatment AND c. Platelet count is less than 30,000/mm3 (levels are obtained within the last 4 weeks) AND d. The member has insufficient response to prior splenectomy OR e. The member has insufficient response, intolerance, or contraindications to corticosteroids and immunoglobulins (IVIG) AND f. Insufficient response to prior therapy is defined as a platelet count < 50,000/mm3.

UM ONC_1244	Promacta (eltrombopag)	Positive change	Remove exclusion criteria: 1. Promacta (eltrombopag) is not used to normalize platelet counts. 1. The member has insufficient response after 4 weeks of therapy OR with appropriate dosage adjustment. Response is defined as a platelet count between 50,000/mm3 and 400,000/mm3. 2. A platelet count > 400,000/mm3, therapy should be discontinued. 3. Concurrent use with other TPO receptor agonist such as Nplate (romiplostim) or Doptelet (avatrombopag).
UM ONC_1262	Imbruvica (ibrutinib)	Negative change	Add inclusion criteria: 2. Mantle Cell Lymphoma (MCL) b. Imbruvica (ibrutinib) will be used as a single agent or in combination with a rituximab biosimilar
UM ONC_1262	Imbruvica (ibrutinib)	Negative change	Add exclusion criteria: 2. Concurrent use with an anti-CD20 antibody including any rituximab products or Gazyva (obinutuzumab). Per NCH Policy and NCH Pathway single agent Imbruvica (ibrutinib) is as effective as Imbruvica (ibrutinib) + any anti CD-20 antibody ,e.g.Gazyva (obinutuzumab)& Rituxan (rituximab).

UM ONC_1263	Keytruda (pembrolizumab)	Negative change	Add inclusion criteria: 3. Recurrent/Metastatic Squamous and Non-Squamous Non-Small Cell Lung Cancer (NSCLC) b. NOTE # 2: Keytruda (pembrolizumab) use in non-squamous/adenocarcinoma Non-Small Cell Lung Cancer, as a single agent or in combination with platinum-based chemotherapy REQUIRES that the member's NSCLC be negative for EGFR mutations, ALK rearrangements, and ROS-1 rearrangements. 8. Gastric Cancer or Esophageal and Esophagogastric Junction Cancers i. For squamous cell esophageal, or esophagogastric junction cancers: Keytruda (pembrolizumab) will be used as a single agent, as second line therapy if PD-L1 is ≥ 10 %, and third line therapy if PD-L1 is ≥1% OR ii. For adenocarcinoma of the esophagus/GE junction: Keytruda will be used as third line therapy if PD-L1 is ≥1% OR b.iii. For gastric cancers: Keytruda (pembrolizumab) will be used as a single agent as third line therapy if PD-L1 is ≥1%.
UM ONC_1263	Keytruda (pembrolizumab)	Negative change	Add exclusion criteria: 3. Lack of EGFR, ALK and ROS-1 test results when being used in the first line therapy (as a single agent or in combination with chemotherapy) of metastatic/recurrent non-squamous/adenocarcinoma NSCLC.

UM ONC_1280	Darzalex and Darzalex Faspro (daratumumab IV/SC)	Negative change	Add inclusion criteria: a. NOTE #1: The preferred anti-CD38 agent for Multiple Myeloma, per NCH policy and NCH pathway, is Darzalex and Darzalex Faspro (daratumumab IV/SC) over Isatuximab.
UM ONC_1280	Darzalex and Darzalex Faspro (daratumumab IV/SC)	Negative change	Add exclusion criteria: 2. Dosing exceeds single dose limit of Darzalex SC 1800 mg.
UM ONC_1300	Lartruvo (olaratumab)	Archive- no longer recommended by NCCN	n/a
UM ONC_1304	Generic Drugs	Positive change	Add inclusion criteria: remove duplicate etoposide, add deferasriox t, add Nipent (pentostatin)

UM ONC_1306	Bavencio (avelumab)	Negative change	Add inclusion criteria: 3. Metastatic Urothelial Carcinoma a. Maintenance Therapy after systemic chemotherapy: Member has metastatic urothelial carcinoma, and has experienced CR/PR/SD with 4-6 cycles of first line cisplatin/carboplatin + gemcitabine chemotherapy, AND Bavencio(avelumab) is being used as a single agent b. for first line therapy if platinum based therapy is contraindicated regardless of the PD-L1 status; the member should not have received prior therapy with a Check-Point Inhibitor; please refer to NCH Pathway for recommended agents/regimens for metastatic urothelial carcinoma in settings other than maintenance therapy as described above. 4. Renal Cell Carcinoma (RCC) a. NOTES: Avelumab + axitinib is a non-preferred regimen for metastatic renal cell carcinoma per NCH Policy & NCH Pathway. Opdivo (nivolumab)- given as a single agent or in combination with 4 cycles of Ipilimumab at 1mg/kg- is the preferred agent/regimen , per NCH Policy & NCH Pathway, over other regimens containing PD-1 or PD-L1 inhibitors (e.g. [Avelumab + Axitinib] & [, Pembrolizumab +Axitinib]) for initial therapy for metastatic renal cell carcinomacarcinoma; please refer to NCH Pathway for recommended
UM ONC_1323	Idhifa (enasidenib)	Negative change	Add inclusion criteria: 2. Acute Myeloid Leukemia (AML) with + IDH-2 mutation a. The member has a confirmed diagnosed of IDH-2 + AML(using any FDA approved test) AML and Idhifa is being used either as a single agent or in combination with chemotherapy in one of the following settings
UM ONC_1323	Idhifa (enasidenib)	Positive change	Remove inclusion criteria: iv. Documented IDH2 gene-mutation as detected by an FDA approved test, Real Time IDH2 Assay.

UM ONC_1323	Idhifa (enasidenib)	Positive change	Remove exclusion criteria: 2. Concurrent use with other systemic anticancer therapy or radiotherapy.
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Negative change	Add inclusion criteria: Acute Myeloid Leukemia (AML) a. The member has CD33-positive AML and Gemtuzumab ozogamicin is being used as a single agent OR in combination with chemotherapy for members with newly diagnosed/relapsed/refractory AML who have not received Mylotarg previously
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Positive change	Remove inclusion criteria: 2. AML i. In combination with daunorubicin and cytarabine for members <60 years of age with new diagnosed AML (treatment naive) OR ii. As a single agent for members not eligible for intensive chemotherapy, ≥60 years of age, for newly diagnosed or relapsed/refractory AML. 3. APL- remove off label indications for APL
UM ONC_1325	Mylotarg (gemtuzumab ozogamicin)	Positive change	Remove exclusion criteria: 3. Treatment exceeds the maximum duration limit of 8 cycles of induction therapy.
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Negative change	Add inclusion criteria: 2. Acute Myeloid Leukemia (AML) 1. NOTE: Per NCH Policy and NCH Pathway, Vyxeos(daunorubicin and cytarabine liposomal) is a non-preferred drug for the treatment of AML for any line of therapy. Generic daunorubicin and cytarabine are the preferred agents in this setting.

UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Positive change	Remove inclusion criteria: AML a. The member is being treated for newly diagnosed AML related to therapy or with myelodysplasia-related changes AND b. The member is ≥ 60 years old and newly diagnosed AND c. The member has high risk AML with unfavorable cytogenetics features AND d. Vyxeos (daunorubicin and cytarabine liposomal) is being used as ONE of the following: 1. Induction therapy OR 2. Consolidation therapy
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Positive change	Remove exclusion criteria: 1. The member was previously treated with prior cytotoxic therapy or radiotherapy for AML (except for hydroxyurea used for control of blood counts). 2. Concurrent use with hydroxyurea or any therapy for MDS. 3. The member has myocardial impairment or active/uncontrolled infection.
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	Negative change	Add exclusion criteria: 4. Dosing exceeds single dose limit of Vyxeos: 44 mg/m2 daunorubicin liposomal and 100 mg/m2 cytarabine liposomal (for induction) or 29 mg/m2 daunorubicin liposomal and 65 mg/m2 cytarabine liposomal (for consolidation).
UM ONC_1331	Calquence (acalbrutinib)	Negative change	Add inclusion criteria: 3. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma a. NOTE: The preferred Bruton tyrosine kinase (BTK) inhibitor agent per NCH policy & NCH Pathway, for initial/subsequent therapy of CLL , is Imbruvica (ibrutinib) over Calquence (acalabrutinib), except when the member is intolerant to or has a contraindication to Imbruvica (ibrutinib).

UM ONC_1333	Erleada (apalutamide)	Negative change	Add inclusion criteria: NOTE: Per NCH Policy, the preferred Androgen Receptor Signaling Inhibitor for the treatment of non-metastatic castrate-resistant prostate cancer (M0 disease with no visible metastases on standard imaging and a PSA doubling time of ≤ 10 months) is Nubeqa (darolutamide). . Erleada (apalutamide) may be used in this setting, in combination with an LH-RH analog (ADT- Androgen Deprivation Therapy) if the member has an intolerance or a contraindication to Nubeqa (Darolutamide).
UM ONC_1334	Doptelet (avatrombopag)	Positive change	Remove inclusion criteria: a. chronic liver disease with a Model For End-stage Liver Disease (MELD) score less than or equal to 24 c. c.The member is at high risk for bleeding
UM ONC_1334	Doptelet (avatrombopag)	Positive change	Add inclusion criteria: 3.Idiopathic Thrombocytopenia Purpura (ITP) a.The member has a diagnosis of relapsed/refractory chronic ITP AND b.The member has insufficient response (defined by failure of platelet count to increase and stay above 30,000), intolerance, or contraindications to corticosteroids, immunoglobulins (IVIG), AND rituximab AND c.Platelet count ≤ 30,000/mm3.
UM ONC_1334	Doptelet (avatrombopag)	Negative change	Add exclusion criteria : Use after failure with Mulpleta (lusutrombopag) for thrombocytopenia in chronic liver disease .

UM ONC_1334	Doptelet (avatrombopag)	Positive change	Remove exclusion criteria: 2. Concurrent use with heparin, warfarin, nonsteroidal anti-inflammatory drugs (NSAID), aspirin, verapamil, antiplatelet therapy with ticlopidine or glycoprotein IIb/IIIa antagonists (e.g., tirofiban), or erythropoietin stimulating agents. 3. The member has history of arterial or venous thrombosis.
UM ONC_1343	Mulpleta (lusutrombopag)	Negative change	Add inclusion criteria: 2. Thrombocytopenia in Chronic Liver Disease -NOTE: Per NCH Policy, Doptelet(avatrombopag) is the preferred agent to increase platelet counts in members with thrombocytopenia associated with chronic liver disease. a. Mulpleta (lusutrombopag) may be used in this setting if the member has failed/has an intolerance or contraindication to Doptelet(avatrombopag) all ALL of the following criteria are met: i. The member has chronic liver disease and is scheduled to undergo an elective invasive procedure ii. Has a platelet count < 50,000/mm3 prior to procedure.
UM ONC_1343	Mulpleta (lusutrombopag)	Positive change	Remove inclusion criteria: 2. Thrombocytopenia in Chronic Liver Disease- iii. Required no platelet transfusions and/or no rescue therapy for bleeding prior to the procedure.

UM ONC_1343	Mulpleta (lusutrombopag)	Positive change	Remove exclusion criteria: 1. Mulpleta (lusutrombopag) is being used Use after failure with Doptelet (avatrombopag). 2. Mulpleta (lusutrombopag) is being used for any of the following conditions: a. immune thrombocytopenia b. aplastic anemia c. hematopoietic tumor d. myelodysplastic syndrome e. myelofibrosis f. history of splenectomy/liver transplant g. thrombotic disease
UM ONC_1343	Mulpleta (lusutrombopag)	Negative change	Add exclusion criteria: 1. Use in chronic immune thrombocytopenia (Idiopathic Thrombocytopenia Purpura- ITP),
UM ONC_1363	Nubeqa (darolutamide)	Negative change	Add exclusion criteria: 1. Disease progression on or after treatment with Nubeqa (darolutamide) or another Androgen Receptor Signaling Inhibitor
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change	Add inclusion criteria: d.c. The member has failed 2 or more prior anti HER-2 therapies including Kadcyla (ado-trastuzumab).

UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Negative change	Add inclusion criteria: c. The member has failed ≥ 2 prior anti HER-2 therapies including [trastuzimab +pertuzumab ± chemotherapy] AND ado-trastuzumab therapy.
UM ONC_1392	Reblozyl (luspatercept-aamt)	Negative change	Add inclusion criteria: 2. Myelodysplastic Syndromes b. Serum erythropoietin level > 500 mU/ml OR c. Serum erythropoietin level < 500 mU/ml AND failure of a trial of therapy (generally 3-6 months) with an ESA- Erythropiesis Stimulating Agent AND the member required 2 or more RBC units over 8 weeks.
UM ONC_1392	Reblozyl (luspatercept-aamt)	Positive change	Remove exclusion criteria: 1. Reblozyl (luspatercept-aamt) is not being used as a substitute for RBC transfusions in members who require immediate correction of anemia.
UM_ONC 1234	Zevalin (ibritumomab tiuxetan)	Negative change	Add inclusion criteria: NHL- a. The member has CD20 positive B-cell lymphoma specifically: Follicular Lymphoma, histologic transformation to Diffuse Large B-Cell Lymphoma from a Nodal Marginal Zone Lymphoma OR primary cutaneous diffuse large B-cell lymphoma leg type AND b. Zevalin (ibritumomab tiuxetan) is being used in a member who has failed ≥ 2 prior lines of chemo-immunotherapy

UM_ONC 1234	Zevalin (ibritumomab tiuxetan)	Positive change	Remove inclusion criteria: NHL i. First line radioimmunotherapy alone for elderly or infirmed members where tolerability of combination chemotherapy is a concern OR ii. First line radioimmunotherapy following complete or partial response to 1st line chemotherapy. Radioimmunotherapy is initiated at least 6 weeks, but no more than 12 weeks, after the last dose of first-line chemotherapy OR iii. Second-line therapy after prior chemotherapy with or without rituximab for stage III-IV disease and/or refractory or progressive disease. AND c. Platelet count of 100,000 or greater AND d. ECOG performance status 0-2 AND e. Pre-medications with oral acetaminophen and diphenhydramine 30 minutes prior to treatment.
UM_ONC 1234	Zevalin (ibritumomab tiuxetan)	Positive change	Remove exclusion criteria: 1. Concurrent use of radioimmunotherapy, chemotherapy (exclude rituximab) or systemic corticosteroids.

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