Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
Toncy #	Elahere (mirvetuximab soravtansine-	Type of Change	one beautiful of the formation of the fo	ineason for changes
New	gvnx)	N/A	N/A	N/A
	B)/		Add inclusion criteria:	.4/
			B. Metastatic Breast Cancer ER/PR positive	
			1. The member has advanced or metastatic hormone receptor (ER/PR) positive breast cancer and is post-menopausal or if the member is pre-menopausal and receiving	
			concomitant ovarian ablation/suppression, Faslodex (fulvestrant) may be used as ANY of the following:	
			a.In combination with an aromatase inhibitor (e.g., anastrozole, letrozole).	
			b.In combination with Afinitor (everolimus) as second line or subsequent line of therapy	
			c.In combination with a CDK4/5 inhibitor e.g., palbociclib, abemaciclib, ribociclib.	
			d.In combination with Pigray (alpelisib), if tumor is PIK3CA mutation positive, as second line therapy or subsequent line of therapy.	
			e.In combination with trastuzumab for HER2 positive disease.	
UM ONC 1039	Faslodex (fulvestrant)	Positive change	f.As a single agent.	Per FDA labeling
0.11 0.110_1003	rasioaex (raivestraint)	r ositive triange	Remove inclusion criteria:	r er i britabenng
			Z.NOTE: The preferred Somastatin Analog is Sandostatin IV/SC or LAR Depot (octreotide) over Somatuline Depot (lanreotide). Somatuline Depot (lanreotide) may be used in	
UM ONC 1042	Somatostatin Analog	Positive change	members with contraindication/intolerance to OR failure of Sandostatin IV/SC or LAR Depot (octreotide).	Per NCH Pathway expansion
OW ONC_1042	Johnatostatiii Ahalog	r ositive triange	Add inclusion criteria:	ren nem ratiway expansion
			B.NETS: Neuro Endocrine Tumors	
			1. Sandostatin W/SQ or LAR Depot (octreotide) Sandostatin (octreotide LAR Depot/IV/SQ) or Somatuline Depot (lanreotide) is being used in members with	
			metastatic/unresectable neuroendocrine tumors originating in the gastrointestinal tract/pancreas/lung/adrenal glands/other organs (except small cell lung cancer) as a single	
			agent or in combination with other therapies.	
			a.As symptom control in members with carcinoid syndrome or symptoms suggestive of carcinoid syndrome, e.g., diarrhea, flushing AND/OR	
			b.For tumor/disease control.	
			on a mortuse account.	
			C.Thymomas and Thymic Carcinomas	
			1. The member has unresectable/metastatic thymoma or thymic carcinomas AND	
			2.The tumor/disease is positive on an Octreoscan (or similar imaging confirming that the tumor is somatostatin receptor positive) AND	
			2. The cumply usedate is posture on an occessor by small mining mining mining mental to the cumply associated and the cumply associated with the cumply associated and the cumply associated with the cumply associated associated associated with the cumply associated as	
			3. Samedatan vy 2ct och dept (extreme) samedatan (och educe bar bepol) vy 3ct och dept (extreme) samedatan der desease with or without prednisone.	
			uisease with or without preunisone.	
			D.Meningiomas	
			L. Sandostatin IV/SQ or LAR Depot (octreotide) Sandostatin (octreotide LAR Depot/IV/SQ) or Somatuline Depot (lanreotide) is being used for recurrent or progressive disease,	
LIM ONC 1042	Somatostatin Analog	Positive change	the modalation is not possible, and the octreotide scan is positive.	Per NCH Pathway expansion
UM ONC 1043	30matostatii Anaiog	rositive triange	which that all the possible, and the occitod scarring positive.	rei Nei Fatilway expansion
0141 0140_1043				
			Remove inclusion criteria:	
			B.Non-Small Cell Lung Cancer (NSCLC)	
			1. Tarceva (erlotinib) may be used as a single agent for recurrent/metastatic, EGFR mutation positive NSCLC if the member has an intolerance/contraindication to Tagrisso	
			Cosimertinib.	
			2.NOTE: Per NCH Pathway & NCH Policy, (Tarceva (erlotinib) + Cyramza (ramucirumab)) and [Tarceva (erlotinib) + Avastin (bevacizumab)/bevacizumab biosimilar products] are	
			non-Preferred regimens for the treatment of NSCLC. The preferred agent for first line therapy of recurrent/metastatic, EGFR mutation positive (exon 19 deletion or L858R)	
			Non-Small Cell-Lung Cancer is Tagrisso (osimertinib) based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) to support that single agent Tarceva-	
			(erlotinib) or Tarceva (erlotinib) containing regimen is superior to Tagrisso (osimertinib). Please see UM ONC_1287 Tagrisso (osimertinib) policy. This recommendation is	
			based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH recommended alternatives	
1			agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.	
I	1		C. Pancreatic Cancer	
I	1		L. Tarceva (erlotinib) may be used in combination with Gemzar (gemcitabine) in members with advanced, unresectable, or metastatic pancreatic cancer as initial or-	
I	1		subsequent therapy.	
1	1	1	1.NOTE: Per NCH Policy, Tarceva (erlotinib) + Gemzar (gemcitabine) is a non-preferred regimen for the treatment of advanced, unresectable, or metastatic pancreatic cancer	
1	1	1	as initial or subsequent therapy. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes	
	1	1	with compared to NCH alternative agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com	
	Tarceva (Erlotinib)	Negative change		Per NCH Pathway exclusion
UM ONC 1072	Myeloid Growth Factors	Positive change	Add inclusion criteria: Add Intermediate FN risk table and updates to low and high FN risk tables	Per Compendia Listing
	,		Add inclusion criteria:	
1			B. KRAS/NRAS- Wild Type Metastatic/Recurrent/ Unresectable Colorectal Cancer	
1			1. The member has KRAS/NRAS/BRAF wild-type gene and left-sided only metastatic colorectal cancer and Vectibix (panitumumab) will be used in ANY of the following clinical	
	1		settings:	
	1	1	a. Iin combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or FOLFIRI (fluorouracil, leucovorin, and irinotecan) OR	
	1		b.As a single agent or in combination with irinotecan for subsequent therapy following prior chemotherapy for metastatic disease	
I	1		2. Vectibis (panitumumab) may be used as subsequent therapy in combination with Braftovi (encorafenib) for patients with unresectable/ metastatic disease (BRAF V600E	
UM ONC 1135	Vectibix (panitumumab)	Positive change	mutation positive), regardless of KRAS/NRAS status.	Per Compendia Listing
5 OI4C_1133	recess (panicamana)	. ostave change	Institution positive), regardless of introdyminos status. Add exclusion criteria:	r cr compendid tisting
UM ONC 1135	Vectibix (panitumumab)	Negative change	B.Absence of documented KRAS/NRAS/BRAF testing and results of such testing for the above indications.	Per FDA labeling
	(
UM ONC 1177	Gleevec (imatinib mesylate)	N/A	N/A	Archive policy- add to generic drug policy

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ACTION CONTINUE (Continue) Institute of the Continue of Continue o	UM ONC_1179	Abraxane (nab-paclitaxel)		Add inclusion criteria:	
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3.NOTE: Imlygic (talimogene laherparepvec) in combination with Yervoy (ipilimumab) an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is non-Preferred per NCH Policy. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared	UM ONC_1233 UM ONC_1260 UM ONC_1263	Tykerb (lapatinib) Beleodaq (belinosat)	N/A Negative change	Remove inclusion criteria: CD30+T-cell lymphoproliferative disorders, including cutaneous ALCL: As a single agent for relapsed/refractory disease Mycosis-Fungoides/Sezary-Syndrome (Stage IIB-IV): As a single agent for relapsed/refractory disease, with or without skin-directed therapy, e.g. ECP: Extra Corporeal- Photopheresis As a single agent for first line therapy with or without radiation for local control Remove inclusion criteria: Q.Triple Negative Breast Cancer (TNBC) 1.Keytruda (pembrolizumab) may be used for the following: a.As a part of neoadjuvant therapy in combination with chemotherapy and subsequent adjuvant therapy in a member with newly diagnosed high-risk early-stage TNBC (a tumor size greater than 1 cm, less than or equal to 2 cm in diameter with nodal involvement, or tumor size greater than 2 cm in diameter regardless of nodal involvement. NOTE Keytruda may be used as a part of the member/sadjuvant therapy ONLY if the member received pembrolizumab in the neoadjuvant setting. b.in members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. b.NOTE: PRO NCH Policy, Keytruda (pembrolizumab) + Abravane (nab-pacilizave) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) show superior outcomes compared to Taxol (paclitaxel) or Taxotere (docetaxel). The use of solvent-based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abr	Archive policy- add to generic drug policy NCCN Withdrawal
Preferred per NCH Policy. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared	UM ONC_1233 UM ONC_1260 UM ONC_1263	Tykerb (lapatinib) Beleodaq (belinosat)	N/A Negative change	Remove inclusion criteria: CD30+ T-cell lymphoproliferative disorders, including cutaneous ALCL: As a single agent for relapsed/refractory disease Mycosis Fungoides/Sezary Syndrome (Stage lils IV): As a single agent for relapsed/refractory disease, with or without skin-directed therapy, e.g. ECP: Extra Corporeal Photopheresis As a single agent for first line therapy with or without radiation for local control Remove inclusion criteria: Q. Triple Negative Breast Cancer (TNBC) 1. Keytruda (pembrolizumab) may be used for the following: a.As a part of neoadjuvant therapy in combination with chemotherapy and subsequent adjuvant therapy in a member with newly diagnosed high-risk early-stage TNBC (a tumor size greater than 1 cm, less than or equal to 2 cm in diameter with nodal involvement, or tumor size greater than 2 cm in diameter regardless of nodal involvement. NOTE Keytruda may be used as a part of the member'sadjuvant therapy ONLY if the member received pembrolizumab in the neoadjuvant setting. b.In members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. NOTE: Per NCH Policy, Keytruda (pembrolizumab) + Abraxane (nab-paclitaxel) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) show superior outcomes compared to Taxol (paclitaxel) or Taxotere (docetaxel). The use of solvent-based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel). Add inclusion criteria: B.Melanoma 1. Imhygic (talimogene laherparepvec) may be used as a single agent (as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and	Archive policy- add to generic drug policy NCCN Withdrawal
	UM ONC_1233 UM ONC_1260 UM ONC_1263	Tykerb (lapatinib) Beleodaq (belinosat)	N/A Negative change	Remove inclusion criteria: CD30+ T-cell-lymphoproliferative disorders, including cutaneous ALCL: As a single agent for relapsed/refractory disease Mycosis Fungoides/Sezary Syndrome (Stage IIB N): As a single agent for relapsed/refractory disease, with or without skin-directed therapy, e.g. ECP: Extra Corporeal- Photopheresis As a single agent for first line therapy with or without radiation for local control Remove inclusion criteria: Q. Triple Negative Breast Cancer (TNBC) 1. Keytruda (pembrolizumab) may be used for the following: a.As a part of neoadjuvant therapy in combination with chemotherapy and subsequent adjuvant therapy in a member with newly diagnosed high-risk early-stage TNBC (a tumor size greater than 1 cm, less than or equal to 2 cm in diameter with nodal involvement, or tumor size greater than 2 cm in diameter regardless of nodal involvement. NOTE Keytruda may be used as a part of the member sadjuvant therapy ONLY if the member received pembrolizumab in the neoadjuvant setting. b. In members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. b.NOTE: Per NCH Policy, Keytruda (pembrolizumab) + Abraxane (nab-paclitaxel) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) show superior outcomes compared to Taxol (paclitaxel) or Taxotere (docetaxel). The use of solvent-based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel). Preferred over Abraxane (nab-paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) or Ja	Archive policy- add to generic drug policy NCCN Withdrawal
10 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UM ONC_1233 UM ONC_1260 UM ONC_1263	Tykerb (lapatinib) Beleodaq (belinosat)	N/A Negative change	Remove inclusion criteria: CD30+ T-cell tymphoproliferative disorders, including cutaneous ALCL: As a single agent for relapsed/refractory disease Mycosis Fungoides/Sezary Syndrome (Stage IIB-IV): As a single agent for relapsed/refractory disease, with or without skin directed therapy, e.g. ECP: Extra Corporeal- Photopheresis As a single agent for first line therapy with or without radiation for local control Remove inclusion criteria: Q.Triple Negative Breast Cancer (TNBC) 1.Keytruda (pembrolizumab) may be used for the following: a.As a part of neoadjuvant therapy in combination with chemotherapy and subsequent adjuvant therapy in a member with newly diagnosed high-risk early-stage TNBC (a tumor size greater than 1 cm, less than or equal to 2 cm in diameter with nodal involvement, or tumor size greater than 2 cm in diameter regardless of nodal involvement. NOTE Netryda may be used as a part of the member'sadjuvant therapy ONLY if the member receive phorolizumab in the neoadjuvant setting. b.in members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10- b.NOTE: Per NCH Policy, Keytruda (pembrolizumab) + Abraxane (nab-pacitixace) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. b.NOTE: Per NCH Policy, Keytruda (pembrolizumab) + Abraxane (nab-pacitixace) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. b.NOTE: Per NCH Policy, Keytruda (pembrolizumab) + Abraxane (nab-pacitixace) is non-preferred for members with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 with a Combined Positive Score (CPS) greater than or equal to 10. b.NOTE: meta-analyses) show superior outcomes compared to Taxol (pacitixace) or Taxotere (docetaxel). The	Archive policy- add to generic drug policy NCCN Withdrawal

UM ONC 1290				
OIVI OINC_1290			Add inclusion criteria:	
1			Add inclusion chema: B.Soft Tissue Sarcoma	
			13. The member has unresectable or metastatic soft tissue sarcoma (Leiomyosarcoma, liposarcoma, and translocation-related sarcomas) AND Yondelis (trabectedin) will be	
			Lister member has unresecution of metasarical soft usage a strong techniques and in place and a distribution of the distribution of the strong techniques and the strong techn	
			aseu as monotierapy tottowing disease progression with an antinacycline-based chemicaterapy, unless there is a contramoleculary intolerance with prior antinacycline based therapy.	
			2.NOTE: Per NCH Policy, the use of Yondelis (trabectedin) is non-preferred for the treatment for other soft tissue sarcoma histologies that are not leiomyosarcoma,	
			liposarcoma, and translocation-related sarcomas. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show	
	Yondelis (trabectedin)	Negative change	superior outcomes with compared to alternative agents/regimens recommended by NCH (http://pathways.newcenturyhealth.com).	Per NCH Pathway exclusion
UM ONC 1304		Positive change	Add inclusion criteria: Add Tykerb and Gleevec to table of generic drugs	More Cost Effective Alternative(s)
OW ONC_1304	denene brugs	1 ositive change	Add inclusion criteria:	Word cost Effective Attenuative(s)
			B.Ovarian Cancer	
			T.Zejula (niraparib) monotherapy may be used as monotherapy as follows:	
			a. The member has newly diagnosed stage II-IV ovarian carcinoma and has undergone surgery (with or without optimal debulking) and has completed first line platinum-based	
			chemotherapy AND Zejula (niraparib) is being used as a single agent for maintenance therapy (regardless of BRCA mutation test results) for members who are BRCA 1 or 2	
			mutation positive as confirmed by an FDA approved test OR	
			b. The member has recurrent platinum-sensitive ovarian cancer and Zejula (niraparib) is being used as a single agent for maintenance therapy, after completion of platinum-	
			based chemotherapy and the member is BRCA 1 or 2 mutation positive as confirmed by an FDA approved test).	
			2.NOTE: Per NCH Policy, the use of Zejula (niraparib) as monotherapy is non-preferred for persistent disease or recurrence in members with/without deleterious germline	
			BRCA 1 or 2 mutation who have been treated with two or more lines of chemotherapy. This recommendation is based on the FDA withdrawal, totality of evidence, and ASCO	
			guideline updates (see references below) showing a lack of OS benefit with PARP inhibitor therapy versus standard chemotherapy in the treatment of relapsed, BRCA-mutated,	
UM ONC 1307	Zejula (niraparib)	Negative change	high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer.	Per Compendia Listing
			Add exclusion criteria:	· · ·
1			B.Use of Zejula (niraparib) not to exceed more than 1 line of maintenance therapy for recurrent	
1			ovarian cancer.	
			C.Lack of documentation for the detection of BRCA 1 or 2 mutation by an FDA approved test; a list of an FDA approved test is available at	
UM ONC_1307	Zejula (niraparib)	Negative change	www.fda.gov/CompanionDiagnostics.	Per Clinical Trial Analysis/Criteria
			Remove inclusion criteria:	
			B.T-Cell Acute Lymphoblastic Leukemia (T-ALL)/T-Cell Lymphoblastic Lymphoma (T-LBL)	
			1.The member has T-ALL/T-LBL and Arranon (nelarabine) may be used in adult and pediatric members 1 year and older for ANY of the following:	
			a.Induction/Consolidation therapy as a component of a nelarabine containing regimen.	
			b.Therapy for Relapsed/Refractory disease in members who have progressed after therapy with 2 or more regimens.	
			e.NOTE: Per NCH Pathway & NCH Policy, Arranon (nelarabine) + Venclexta (venetoclax) is a non-Preferred regimen for the treatment of T-ALL. This recommendation is based	
			on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway-	
UM ONC_1359	Arranon (nelarabine)	Positive change	for the preferred treatments recommended for use in T-ALL.	More Cost Effective Alternative(s)
			Add inclusion criteria:	
			B.Acute Lymphoblastic Leukemia (ALL)	
			1.NOTE: Per NCH Policy - 8. NCH Pathway, Oncaspar (pegasparagase) and Asparlas (calaspargase pegol-mknl) are preferred over-Erwinaze (erwinia asparaginase) and Rylaze	
			(erwinia asparaginase recombinant) are non-preferred for all subtypes of ALL as a part of anti-leukemia therapy. This recommendation is based on the lack of Level 1 evidence	
			(randomized clinical trials and/or meta-analyses) to show superior outcomes with Erwinia products over Oncaspar (pegasparagase) and Asparlas (calaspargase pegol-mknl).	
			Please refer to UM ONC_1063 Oncaspar (pegaspargase) policy or UM ONC_1352 Asparlas (calaspargase pegol mkni) policy-	
	,		2.7. Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant-rywn) may be used in members with Philadelphia chromosome-negative ALL/Philadelphia	
	Erwinaze (asparaginase Erwinia		chromosome positive ALL as a part of a multi-agent chemotherapy regimen and as therapy for induction/consolidation/relapsed/refractory disease, unless if the member has a	
UM ONC_1361	chrysanthemi)	Negative change	history of hypersensitivity reaction or other adverse effects from Oncaspar (pegasparagase) or Asparlas (calaspargase pegol-mknl).	Per NCH Pathway exclusion
			Add exclusion criteria:	
1				
1			A. Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant-rywn) is being used after dDisease progression with either Erwinaze (asparaginase erwinia chrysanthemi) or Rylaze (asparaginase erwinia recombinant-rywn).	
1			1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
1	Erwinaze (asparaginase Erwinia		B.Dosing exceeds single dose limit of Oncaspar (pegasparagase) and Asparlas (calaspargase pegol-mknl) 2500 units/m2 (up to a maximum of 3,750 units/dose). B.C.Dosing exceeds single dose limit of Erwinaze (asparaginase Erwinia chrysanthemi) 25,000/m2 International Units or Rylaze (asparaginase Erwinia chrysanthemi	
UM ONC 1361		Nagativa shanga	Sociosing exceeds unific to the unified of the unified explanations of the unified unified unified the unified unified unified the unified uni	Don Commondia Listina
OIAL OIAC 1201	en ysanthenn)	Negative change	recommunity typing as migritize for every no insisting and so migritize from once per week schedule).	Per Compendia Listing
			Add inclusion criteria:	
			Routings Myeloma	
1			L.Xpovio (Selinexor) may be used in combination with Dexamethasone (unless there is a contraindication or intolerance to Dexamethasone or another corticosteroid) for a	
			member with relapsed/refractory multiple myeloma who has documented disease progression on at least 4 prior lines of therapy including two proteasome inhibitors (e.g.,	
1			bortezomib, carfilzomib, tvazomib), two immunomodulatory agents (e.g., lenalidomide, thalidomide, pomalidomide), and an anti-CD38 monoclonal antibody [e.g., Darzalex	
1			(daratumumab) or Sardisa (isatuximab-irfe)] OR	
1			2.Xpovio (selinexor) may be used for relapsed/refractory multiple myeloma in combination with Bortezomib +/- Dexamethasone in members who have received one prior	
1			therapy.	
			3.NOTE: Per NCH Pathway & NCH Policy, Selinexor + Daratumumab +/- Dexamethasone is a non-Preferred regimen for the treatment of relapsed/refractory MM. This	
1			recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) demonstrating superiority compared to NCH Preferred regimens.	
1			Please refer to NCH Pathway for the preferred treatments recommended for use in relapsed/refractory MM.to show superior outcomes with Xpovio (selinexor) compared to	
UM ONC 1365	Xpovio (selinexor)	Negative change	NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.	Per NCH Pathway exclusion
	1	-0	5 C S S S S S S S S S S S S S S S S S S	

				1
			Add exclusion criteria:	
UM ONC_1365	Xpovio (selinexor)	Negative change	C.Treatment exceeds the maximum limit of 20-32 (20 mg), 16 (40 mg), 8 (50 mg), 8 (60mg) tablets/month.	Per FDA labeling
LINA ONIC TOTAL	County (and a Mally)	Destrict the second	Remove inclusion criteria:	Ban Chalant Talah Anah 11 / 2 / 11
UM ONC_1414	Gavreto (pralsetinib)	Positive change	A.Disease progression while taking Gavreto (pralsetinib) or another RET inhibitor (e.g., selpercatinib) /MET-inhibitor (e.g., vandetinib/cabozantinib)-	Per Clinical Trial Analysis/Criteria
			Add inclusion estation	
			Add inclusion criteria:	
			B.Perivascular Epithelioid Cell Tumor (PEComa, Angiomyolipoma or Lymphangioleiomyomatosis) 1.NOTE: Per NCH policy, Fyarro (intravenous sirolimus) is non-preferred for the treatment of advanced unresectable or metastatic perivascular epithelioid cell tumor	
			(PEComa, Angiomyolipoma, or Lymphangioleiomyomatosis). the preferred MTOR inhibitor for the treatment of Perivascular Epithelioid Cell Tumor is Rapamune (oral-	
			sirolimus) over Fyarro (intravenous sirolimus). This recommendation is based on the lack of of Level 1 evidence (randomized trials and/or meta-analyses) that shows to show	
			superior outcomes with Pyarro (intravenous sirolinus) over Rapamure (oral sirolinus).	
			2. The member has locally advanced unresectable or metastatic perivascular epithelioid cell tumor (PEComa, Angiomyolipoma, or Lymphangioleiomyomatosis) and Fyarro	
UM ONC 1457	Fyarro (intravenous sirolimus)	Negative change		More Cost Effective Alternative(s)
	Kimmtrak (tebentafusp-tebn)	rregulite diange	Transferred strength and the decides an indicate to the memor is discussed to the decided of the presented of the memory superiories.	inore cost Errective ritternative(s)
0.11 0.110_1 100	minimum (cesemanasp cesin)		Remove inclusion criteria:	
			B.Uveal Melanoma	
			1.The member has HLA-A*02:01-positive unresectable or metastatic Uveal Melanoma and Kimmtrak (tebentafusp-tebn) may be used as monotherapy, if the member has	
			tried and failed or has a contraindication/intolerance to NCH Preferred first line therapy which is the combination of [Opdivo (nivolumab) + Yervoy (ipilimumab)].	
			2.NOTE: Per NCH Policy, Kimmtrak (tebentafusp tebn) is Non-Preferred for the treatment of unresectable or metastatic Uveal Melanoma. This recommendation is based on	
			the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Kimmtrak (tebentafusp tebn) compared to (Opdivo (nivolumab) +	
		Positive change	Yervoy (ipilimumab)].	Per NCH Pathway expansion
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