Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
New	Lytgobi (futibatinib)	N/A	N/A	N/A
New	Pedmark (sodium thiosulfate)	N/A	N/A	N/A
UM ONC_1028	Bevacizumab Products	Positive change	Add inclusion criteria: Add new product for Vegzelma (bevacizumab-adcd)	New FDA Indication
			Remove inclusion criteria: C. Colorestal Canzer	
			L.C. DIFFERM CALLEY AND A STATE OF THE PROPERTY OF THE PROPERT	
UM ONC_1028	Bevacizumab Products	Negative change	acid must record in the interest of the intere	Per Compendia Listing
			Add inclusion criteria:	
			D.Non-Small Cell Lung Cancer (NSCLC)	
			1.Bevacizumab based regimens are non-preferred for metastatic Non-Small Cell Lung Cancer with the following exception:	
			For first/initial line therapy for members with recurrent/metastatic non-squamous Non-Small Cell Lung Cancer as a part of [carboplatin + paclitaxel+ bevacizumab+ atezolizumab] followed by	
			maintenance atezolizumab ± bevacizumab; above regimen not supported if member has experienced disease progression on prior Immune Checkpoint Inhibitor therapy.	
			2.NOTE: Per NCH Pathway & NCH Policy, Policy, Policy, regimens containing [bevacizumab/bevacizumab biosimilar + platinum-based chemotherapy] are non-preferred for all lines of therapy with the exception noted above. This position is based on the finding of increased risk of serious adverse effects and marginal PFS and OS benefit in randomized trials (e.g., a 2 month OS benefit and a 1.3	
			month PS benefit with 15 treatment related deaths in the bevacizumab arm including 5 from pulmonary hemorrhage FECOS trial Sandler et all N Figl 1 Med 12-14-2006). Alternative agents/regimens	
			recommended by NCH can be found at : http://pathway.newcenturyhealth.com.	
			F.Renal Cell Carcinoma	
			NOTE: Per NCH Policy, the use of bevacizumab/bevacizumab biosimilar as monotherapy or in combination with other anti-cancer agent is non-preferred in the treatment of RCC. This	
			recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Avastin (bevacizumab)/bevacizumab biosimilar compared to	
			alternative agents/regimens recommended by NCH Policy and NCH Pathways (http://pathways.newcenturyhealth.com ).	
			G.Cervical Cancer  3.NOTE: Per NCH policy, Bevacizumab + Pembrolizumab + cisplatin/carboplatin + paclitaxel is a non-preferred regimen for initial treatment of PD-L1 positive metastatic cervical cancer. This	
			3-NOTE: Per NCH policy, bevacturation a Perturbuturation Company Perturbuturation and Perturb	
			PD-L1 + patient with metastatic/recurrent/inoperable cervical carcinoma	
UM ONC_1028	Bevacizumab Products	Negative change		Per NCH Pathway exclusion AND expansion
			Remove inclusion criteria:	
			1. The member has locally advanced, recurrent, or metastatic non-squamous non-small cell lung cancer and bevacizumab/bevacizumab biosimilar will be used as first line therapy in combination with	
			carboplatin and pacificaxel.	
			NOTE: Per NCH Pathway & NCH Policy, regimens containing [bevacizumab/bevacizumab/bevacizumab biosimilar + platinum-based chemotherapy] are Non-Preferred per NCH Policy & NCH Pathway for locally advanced, recurrent, or metastatic non-squamous Non-Small Cell Lung Cancer ((Exception: Carboplatin + Paclitaxel + Bevacizumab + Atezolizumab followed by maintenance Bevacizumab +	
			Atezolizumab). This recommendation is based on the lack of Level I Evidence (randomized clinical trial and/or meta-analyses) to show superiority of bevacizumab containing regimens compared to	
			NCH preferred regimens, in the first or subsequent line settings. Please refer to the NCH Pathway document for the current recommended regimens in the above cancer type/stage.	
UM ONC_1028	Bevacizumab Products	Negative change		Per NCH Pathway exclusion AND expansion
			Add inclusion criteria:	
UM ONC_1072	Myeloid Growth Factors	Positive change	Added Intermediate risk table and updates to Low and High risk tables Add Indusinon criteria:	Per Compendia Listing
			2. NOTE: Per NCH Pathway & NCH Policy, the following regimens are non-Preferred based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) demonstrating superior	
			outcomes compared to NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.	
			b.Nivolumab + Ipilimumab + Carboplatin/Cisplatin + Pemetrexed followed by maintenance Nivolumab + Ipilimumab (for PD-L1 greater than or equal to 50%).	
			3.NOTE: Per NCH Policy, the use of J9305 pemetrexed is preferred over J9304 Pemfexy (pemetrexed) for all clinical settings where Alimta/Pemfexy is indicated. This recommendation is based on the	
			lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with one pemetrexed product over another.	
			C.Malignant Pleural Mesothelioma	
			2.NOTE: Per NCH Policy, the use of J9305 pemetrexed is preferred over J9304 Pemfexy (pemetrexed) for all clinical settings where Alimta/Pemfexy is indicated. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with one pemetrexed product over another.	
			and the state of t	
UM ONC_1130	Alimta or Pemfexy (pemetrexed)	Negative change		Per NCH Pathway exclusion
			Add inclusion criteria:	
			Cervical Cancer, Endometrial Cancer, and Ovarian Cancer  1.NOTE: Per NCH Policy, the use of Abraxane (albumin-bound paclitaxel) is non-preferred for the treatment of cervical cancer, endometrial cancer, and ovarian cancer. This recommendation is	
			based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Abraxane (albumin-bound pacifixed) compared to Taxx([pacifixed) or Taxxotere	
			(docetaxel). Abraxane use is supported if the member has there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel).	
UM ONC_1179	Abraxane (nab-paclitaxel)	Negative change		Per NCH Pathway exclusion
			Add inclusion criteria:	
			1.NOTE: Per NCH Pathway & NCH Policy, Nexavar (sorafenib) is a Non-Preferred regimen as subsequent treatment for recurrent/metastatic RCC. This recommendation is based on the lack of Level 1	
UM ONC_1194	Nexavar (sorafenib)	Negative change	Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Nexavar (sorafenib) compared to NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.	Per NCH Pathway exclusion
5.81 GI4C_1154	recoval (solutello)	regative change	to regimens at mor/patiways.new.enturynearm.com. Remove inclusion criteria:	. C. T.C. I I diliway exclusion
			B.Renal Cell Carcinoma (RCC)	
			1. Nexavar (sorafenib) may be used as a single agent for recurrent or metastatic RCC in members who have disease progression, contraindications, or intolerance to prior Votrient (pazopanib) AND	
			Cabometyx (cabozantinib).	
			C.Hepatocellular Carcinoma (HCC)	
			2.NOTE: Per NCH Pathway & NCH Policy, Nexavar (sorafenib) is a Non-Preferred regimen based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Nexavar (sorafenib) compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for use in HCC.	
UM ONC_1194	Nexavar (sorafenib)	Positive change	and the state of t	Per NCH Pathway expansion
	,		Remove inclusion criteria:	, , , , , , , , , , , , , , , , , , , ,
			C.Hepatocellular Carcinoma (HCC)	
			1.Nexavar (sorafenib) use is supported as a single agent in members with Child-Pugh Class A or B unresectable HCC, in the subsequent line setting ,if the member has intolerance/contraindication	
UM ONC_1194	Nexavar (sorafenib)	Positive change	to-resease progression on htwarga (regoratenib) AND-Lenvima (lenvatinib).  Demonstrip city city progression on htwarga (regoratenib) AND-Lenvima (lenvatinib).	Per NCH Pathway expansion
			Remove inclusion criteria:  B.Renal cell carcinoma (RCC)	
			Switch   S	
			contraindication to, or disease progression on Votrient (pazopanib).	
			2.NOTE: Per NCH Pathway & NCH Policy, Sutent (sunitinib) is a Non-Preferred regimen-based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior-	
			outcomes with Sutent (sunitinib) compared to Votrient (pazopanib). This recommendation is based on the data from the COMPARZ and PISCES trials demonstrating. Votrient (pazopanib) is equally	
UM ONC_1197	Sutent (sunitnib)	Positive change	effective as Sutent (sunitinib) and is better tolerated.	Per NCH Pathway expansion

			Remove inclusion criteria:	
			B.Melanoma	
			1.NOTE: The preferred drugs, per NCH Policies & NCH Pathway, for the adjuvant therapy of completely resected stage III melanoma are Opdivo (nivolumab) OR Keytruda (pembrolizumab). Please	
			refer to UM ONC_1274 Opdivo (nivolumab) policy or UM ONC_1263 Keytruda (pembrolizumab) policy. Adjuvant Yervoy (ipilimumab) + Opdivo (nivolumab) is not recommended in this setting. This	
			recommendation is based on randomized data showing inferior outcomes with Yervoy (ipilimumab) + Opdivo (nivolumab) compared to single agent Opdivo (nivolumab) or single agent Keytruda	
			(pembrolizumab).	
			F.Non-Small Cell Lung Cancer	
			1.Squamous and Non-Squamous metastatic Non-Small Cell Lung Cancer with PD-L1 ≤1 %: Yervoy (ipilimumab) + Opdivo (nivolumab) may be used in metastatic Non-Small Cell Lung Cancer (both	
			squamous and non-squamous) that is EGFR and ALK negative and has a PDL-1 expression <1% OR	
			2.Non- Squamous metastatic Non-Small Cell Lung Cancer with PD-L1= 1-49%: Yervoy (ipilimumab) + Opdivo (nivolumab) may be used without platinum + Alimta (pemetrexed) for non-	
			squamous metastatic Non-Small Cell Lung Cancer that is EGFR and ALK negative and has a PDL-1 expression of 1-49%	
			3.NOTE 1: Per NCH Pathway & NCH Policy, the following regimens are non-Preferred based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show Yervoy (ipilimumab)	
			+ Opdivo (nivolumab) is superior compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for metastatic NSCLC:	
			a.Yervoy (ipilimumab) + Opdivo (nivolumab)- with or without platinum + paclitaxel- is a non-Preferred regimen for metastatic squamous Non-Small Cell Lung Cancer that has a PDL-1 expression of	
			>1%. The preferred regimen in this setting is pembrolizumab + Carboplatin + Paclitaxel as first line therapy followed by single agent Pembrolizumab as maintenance or subsequent therapy.	
			b. Yervoy (ipilimumab) + Opdivo (nivolumab) with or without chemotherapy is a non-Preferred regimen for metastatic squamous or non-squamous Non-Small Cell Lung Cancer, that is EGFR and ALK	
			negative and have a PDL-1 expression of ≥ 50%. The preferred agents in this setting are single agent Keytruda (pembrolizumab), single agent Libtayo (cemiplimab), or single agent Tecentriq	
			(atezolizumab).	
UM ONC_1201	Yervoy (ipilimumab)	Positive change		Per NCH Pathway expansion
OW ONC_TEST	rervey (ipiiinianias)	r ositive enunge	Add inclusion criteria:	Terrettratiway expansion
			FNon-Small Cell Lung Cancer	
			2. Zevrov (pillimumab) + /- Carboplatin + Paclitaxel may be used as first line treatment for squamous metastatic Non- Small Cell Lung Cancer that is EGFR and ALK negative and	
			Lactory (parameter) - Operation (including) - Quarter (including the parameter) - Quarter (including t	
			3. Yervoy (pilimumab) + Opdivo (nivolumab) + Cisplatin/Carboplatin + Alimta (pemetrexed) for first line non-squamous metastatic Non-Small Cell Lung Cancer that is EGFR and ALK negative and has a	
			PDL-1 expression less than 50%.	
			A.NOTE: Per NCH Policy, Opdivo (nivolumab) + Yervoy (ipilimumab) in combination with +/-Chemotherapy is a non-Preferred regimen for metastatic squamous and non-squamous Non-Small Cell	
			Lung Cancer, for PDL-1 greater than or equal to 50%. This recommendation is based on the lack of level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with	
			Dogition (involume) + Yervoy (ipilimume) in combination with 4/- Chemotherapy compared to NCH recommended alternatives agents/regimens, including but not limited to regimens at	
UM ONC_1201	Yervoy (ipilimumab)	Negative change	http://pathways.newcenturyhealth.com	Per NCH Pathway exclusion
OW ONC_1201	rervoy (ipiiirianiab)	regative change	Remove inclusion criteria:	Ter Nerri adiway exclusion
			B.Prostate Cancer	
			L.NOTE: The preferred dose of Jevtana for NCH Policy is 20 mg/m2 IV every 3 weeks. This dose is associated with a lower risk for febrile neutropenia and a lower incidence of clinically significant ADRs	
UM ONC_1219	Jevtana (cabazitaxel)	Positive change	than 25 mg/m2 IV every 3 weeks.	Per NCH Pathway expansion
OW ONC_1213	Jevtana (cabazitaxen)	i ositive change	Add inclusion criteria:	Terrettrativay expansion
			B. Prostate Cancer	
			1. The member has evidence of a diagnosis of castration-resistant distant metastatic (M1) disease and has experienced disease progression on docetaxel therapy and androgen receptor inhibitor (e.g.,	
			abiraterone, enzalutamidel AND	
UM ONC_1219	Jevtana (cabazitaxel)	Negative change	22. Jevtana (cabazitaxel) will be used in combination with a steroid + LHRH analog/orchiectomy as a form of androgen deprivation therapy (ADT).	Per Clinical Trial Analysis/Criteria
OIN ONC_ILIS	severa (educationer)	regulive change	Add exclusion criteria:	rei ennear marvinarysisy eriteria
			A. Disease progression while on Jevtana (cabazitaxel).	
UM ONC_1219	Jevtana (cabazitaxel)	Negative change	A.B.Dosing exceeds single dose limit of Jevtana (cabazitaxel) 25 9 mg/m2.	Per Clinical Trial Analysis/Criteria
		. regerine enenge	N/A	
UM ONC 1222	Frivedge (vismodegib)	No Clinical Changes		N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	Remove inclusion criteria:	N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	Remove inclusion criteria: B.Renal Cell Carcinoma (RCC)	N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	B.Renal Cell Carcinoma (RCC)	N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	B. Renal Cell Carcinoma (RCC) 7. NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy	N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	B.Renal Cell Carcinoma (RCC)	N/A
UM ONC_1222	Erivedge (vismodegib)	No Clinical Changes	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy ([ipilimumab) - Opdivo (nivolumab)] for IMDC intermediate & Poor Risk Disease.	N/A
UM ONC_1222	Erivedge (vismodegib)		B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) - Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of	N/A
UM ONC_1222	Erivedge (vismodegib)		B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease.	N/A
UM ONC_1222	Erivedge (vismodegib)		B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease.	N/A
UM ONC_1222	Erivedge (vismodegib)		B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease.	N/A
			B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease.	
UM ONC_1222	Erivedge (vismodegib)  Inlyta (axitinib)		B. Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease.	N/A Per NCH Pathway expansion
			B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.	
			B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy ([ipilimumab]) + Opdivo ([nivolumab])] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy ([ipilimumab]) + Opdivo (nivolumab)]) in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria: B.Renal Cell Carcinoma (RCC)	
UM ONC_1223	Inlyta (axitinib)	Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (involumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell	Per NCH Pathway expansion
		Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy ([ipilimumab]) + Opdivo (nivolumab)] for IMDC intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) [Seventio (avelumab)] every ([ipilimumab]) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.	
UM ONC_1223	Inlyta (axitinib)	Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (involumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab)/Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell	Per NCH Pathway expansion
UM ONC_1223	Inlyta (axitinib)	Positive change  Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) jas a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) jas non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC)  B.Renal Cell Carcinoma (RCC)	Per NCH Pathway expansion
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UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib) Inlyta (axitinib) Inlyta (axitinib)	Positive change  Positive change  Negative change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy ([ipilimumab]) + Opdivo ((nivolumab))] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) Bavencio (avelumab) over [Yervoy ([ipilimumab]) + Opdivo ((nivolumab))] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib) 5.Subsequent line clear cell RCC: Inlyta (axitinib) + Savencio (avelumab). c.Above position 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 agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com Remove exclusion criteria: B.Inlyta (axitinib) is being used concurrently with anti-cancer therapy.	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion
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UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib) Inlyta (axitinib) Inlyta (axitinib)	Positive change  Positive change  Negative change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy ([ipilimumab]) + Opdivo (nivolumab)] for IMDC intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) Bavencio (avelumab) over [Yervoy ([ipilimumab]) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib) b.Subsequent line clear cell RCC: Inlyta (axitinib) + Bavencio (avelumab).  C.Above position 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 agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com Remove exclusion criteria:  B.Inlyta (axitinib) is been gused concurrently with anti-cancer therapy.  C.Treatment with Inlyta (axitinib) exceeds the maximum limit of 60180 (1mg) tablets or 120 (5mg) tablets a month.	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion
UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib) Inlyta (axitinib) Inlyta (axitinib)	Positive change  Positive change  Negative change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: Per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (involumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib)  b.Subsequent line clear cell RCC: Inlyta (axitinib) + Sevencio (avelumab).  c.Above position 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 agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com  Remove exclusion criteria:  B.Renal Cell (artinoma (RCC)  C.Treatment with Inlyta (axitinib) exceeds the maximum limit of s	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion
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UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib) Inlyta (axitinib) Inlyta (axitinib)	Positive change  Positive change  Negative change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: Per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (involumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib)  b.Subsequent line clear cell RCC: Inlyta (axitinib) + Sevencio (avelumab).  c.Above position 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 agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com  Remove exclusion criteria:  B.Renal Cell (artinoma (RCC)  C.Treatment with Inlyta (axitinib) exceeds the maximum limit of s	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion
UM ONC_1223  UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib)  Inlyta (axitinib)  Inlyta (axitinib)  Inlyta (axitinib)	Positive change  Positive change  Negative change  Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) Bavencio (avelumab) over [Yervoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib) b.Subsequent line clear cell RCC: Inlyta (axitinib) + Bavencio (avelumab).  C.Above position 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 agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com  Remove exclusion criteria:  B.Inlyta (axitinib) being used concurrently with anti-cancer therapy.  C.Treatment with Inlyta (axitinib) exceeds the maximum limit of 60180 (Img) tablets or 120 (Smg) tablets a month.  Add inclusion criteria:  B.Cutaneous T-Cell Lymphoma (CTCL)  1. Treatment of cutaneous manifestations in patients with	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion  Per FDA labeling
UM ONC_1223  UM ONC_1223  UM ONC_1223  UM ONC_1223	Inlyta (axitinib)  Inlyta (axitinib)  Inlyta (axitinib)  Inlyta (axitinib)	Positive change  Positive change  Negative change  Positive change	B.Renal Cell Carcinoma (RCC) 7.NOTE 1: The preferred agents, per NCH Policy and NCH Pathway, for first line metastatic disease are: Votrient (pazopanib) for IMDC Good Risk Disease and Cabometyx (cabozantinib) or [Yervoy (ipilimumab) + Opdivo (nivolumab)] for IMDC Intermediate & Poor Risk Disease. 7.NOTE 2: Inlyta (axitinib) + Keytruda (pembrolizumab) is a non-preferred regimen for the first line setting for metastatic renal cell carcinoma due to the lack of Level 1 evidence showing superiority of Inlyta (axitinib) + Keytruda (pembrolizumab) [Savencio (avelumab) ever (Prevoy (ipilimumab) + Opdivo (nivolumab)] in IMDC Intermediate & Poor Risk disease. 2.Inlyta (axitinib) may be used as a single agent after failure of one prior systemic therapy in members with relapsed, medically unresectable, advanced, or metastatic renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 1.Inlyta (axitinib) may be used in combination with Keytruda (pembrolizumab) as first line treatment for recurrent or metastatic metastatic, IMDC favorable/intermediate/poor risk renal cell carcinoma.  Add inclusion criteria:  B.Renal Cell Carcinoma (RCC) 2.NOTE 1: Per NCH Policy, the use of Inlyta (axitinib) in RCC is non-Preferred in the following clinical settings: a.First line, favorable/intermediate/poor risk clear cell RCC: single agent Inlyta (axitinib) b.Subsequent line clear cell RCC: Inlyta (axitinib) + Bavencio (avelumab). c.Above position 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 agents/regimens, including but not limited to regimens a http://pathways.newcenturyhealth.com  Remove exclusion criteria:  B.Inlyta (axitinib) is being used concurrently with anti-cancer therapy.  C.Treatment with Inlyta (axitinib) exceeds the maximum limit of 40180 (Img) tablets or 120 (5mg) tablets a month.  Add inclusion criteria:  Remove inclusion criteria:	Per NCH Pathway expansion  Per Clinical Trial Analysis/Criteria  Per NCH Pathway exclusion  Per FDA labeling

	1			
			Add inclusion criteria:  B. Cutaneous T-Cell Lymphomas (CTCL)	
UM ONC_1230	Istodax (romidepsin)	Positive change	Declaredus Free Englishments (CTCL)  1. Treatment of cutaneous Free Treell lymphoma (CTCL) in patients who have received at least one prior systemic	Per Compendia Listing
OWI OIVC_1230	istodax (romidepsin)	i ositive change	Remove inclusion criteria:	Ter compendia disting
			B.Cutaneous T-Cell Lymphomas (CTCL)	
			The member has relapsed/refractory stage IIB-IV CTCL (all subtypes including mycosis fungoides andor Sezary syndrome) and Istodax (romidepsin) is being used as monotherapy following one prior	
UM ONC_1230	Istodax (romidepsin)	Positive change	systemic therapy (e.g., bexarotene, vorinostat).	Per Compendia Listing
UNA ONG 4220	tota dan farantida atak	Desiring above	Add exclusion criteria:	Des Commend to Matter
UM ONC_1230	Istodax (romidepsin)	Positive change	B.Concurrent use with other chemotherapy. Istodax (romidepsin) may be used with skin directed therapy or radiation therapy.  Add inclusion criteria:	Per Compendia Listing
			B.Acute Lymphoblastic Leukemia (ALL)	
			1.NOTE: Per NCH policy, Marqibo (vincristine liposome) is not preferred or supported by the FDA as an appropriate therapeutic agent for relapsed/refractory ALL. This recommendation is based on	
			the voluntary withdrawal by the manufacturer due to a lack of patient recruitment in the confirmatory clinical trial to verify clinical benefit; therefore, the FDA withdrew the approval of Marqibo	
			(vincristine liposome) on May 2, 2022. Please refer to NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com	
UM ONC_1231	Marqibo (vincristine liposome)	Negative change		Per NCH Pathway exclusion
			Remove inclusion criteria:	
			B.Acute Lymphoblastic Leukemia (ALL)  1.The member has relapsed disease and has progressed after 2 or more lines of anti-leukemic therapy including a Tyrosine Kinase Inhibitor (for Philadelphia Chromosome + ALL only) AND	
			2. Marqibo (vincristine liposome) is being used as a single agent.	
UM ONC_1231	Margibo (vincristine liposome)	Positive change	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Per NCH Pathway expansion
			Remove inclusion criteria:	, ,
			B.NOTE: The preferred agent, per NCH Policies, is standard Doxorubicin (Adriamycin) when used for Hodgkin lymphoma and breast cancer, Doxil (liposomal doxorubicin) is non-preferred in the above	
UM ONC_1235	Doxil (liposomal doxorubicin)	Positive change	settings.	Per NCH Pathway expansion
Ì			Add inclusion criteria:	
			D.Breast Cancer  1.NOTE: Per NCH Policy, Doxil (liposomal doxorubicin) is non-preferred for the treatment of recurrent, unresectable, or metastatic breast cancer. This recommendation is based on the lack of Level 1	
			Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Doxid [posomal doxorubicin] convention of convention of oxorubicin (e.g., Adriamycin)	
UM ONC 1235	Doxil (liposomal doxorubicin)	Negative change	(	Per NCH Pathway exclusion
_		, i	Remove inclusion criteria:	,
			C.Follicular Lymphoma	
			2. NOTE: Per NCH Pathway & NCH Policy, Lenalidomide + Obinutuzumab is a non-Preferred regimen for initial treatment of Follicular Lymphoma. This recommendation is based on the lack of Level 1	
UNA ONG 4350	Comment (abitation and abitation)	Desiring above	Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway for the alternative treatments recommended	D. MCU D. H.
UM ONC_1259	Gazyva (obinutuzumab)	Positive change	for use in Follicular Lymphoma.  Remove inclusion criteria:	Per NCH Pathway expansion
			Neinberndusion Criteria.  B.Non-Small Cell Lung Cancer	
			1.NOTE: The preferred agent, per NCH Policy and NCH Pathways, for first line therapy of metastatic ALK+ NSCLC is Alecensa (alectinib). This recommendation is based on the lack of Level 1 evidence	
			(randomized trials and/or meta-analyses) that shows superior outcomes with Zykadia (ceritinib) over Alecensa (alectinib). Please refer to UMC ONC_1277 Alecensa (alectinib) policy.	
			2.Zykadia (ceritinib) may be used as monotherapy for first line or subsequent therapy of ALK + rearrangement positive metastatic NSCLC if the member is intolerant/has a contraindication to Alecensa	_
			(alectinib) OR	
			3.Zykadia (ceritinib) may be used as monotherapy for second line or subsequent therapy for ALK+ metastatic NSCLC if the member has experienced disease progression on Alecensa (alectinib), Xalkori-	
UM ONC 1265	Zulundin (novikinih)	Danitiva abanca	(crizotinib), Lorbrena (lorlatinib), or Alunbrig (brigatinib).	Des MCII Dethuses especies
UM UNC_1265	Zykadia (ceritinib)	Positive change	Add exclusion criteria:	Per NCH Pathway expansion
			A.Disease progression while taking Zykadia (ceritinib).	
UM ONC_1265	Zykadia (ceritinib)	Negative change	B.Lack of documentation for the detection of ALK rearrangement by an FDA approved test; a list of the FDA approved test is available at www.fda.gov/CompanionDiagnostics.	Per FDA labeling
_			Remove inclusion criteria:	
			C.Non-Small Cell Lung Cancer (NSCLC)	
1			3.Squamous & Non-Squamous metastatic Non-Small Cell Lung Cancer with PD-L1 of ≤ 1%. Opdivo (nivolumab) + Yervoy (ipilimumab) may be used in metastatic Non-Small Cell Lung Cancer (both	
			squamous and non-squamous) that is EGFR and ALK negative and has a PDL-1 expression <1% OR	
			Non-squamous metastatic Non-Small Cell Lung Cancer with PD-L1= 1-49%: Opdivo (nivolumab) + Yervoy (ipilimumab) may be used without platinum + pemetrexedAlimta (pemetrexed) for non-squamous metastatic Non-Small Cell Lung Cancer that is EGFR and ALK negative and has a PDL-1 expression of 1-49%	
Ì			(pemertexed) for non-squamous metastatic Non-small Cell Lung Cancer that is EUFR and ALK negative and has a PUL-1 expression of 1-49% 4. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-49 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer with PU-L1= 1-40 % 5. Squamous metastatic Non-Small Cell Lung Cancer	
			3.in combination with platinum + pemetrexedin combination with platinum +pemetrexed evidence-based	
1			5.NOTE 1: Per NCH Pathway & NCH Policy, the following regimens are non-Preferred based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show Opdivo (nivolumab)	
Ì			+ Yervoy (ipilimumab) is superior compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for metastatic NSCLC:	
			6.Opdivo (nivolumab) + Yervoy (ipilimumab) - with or without platinum + paclitaxel- is a non-Preferred regimen for metastatic squamous Non-Small Cell Lung Cancer that has a PDL-1 expression of	
			21%. The preferred regimen in this setting is pembrolizumab + Carboplatin + Paclitaxel as first line therapy followed by single agent Pembrolizumab as maintenance or subsequent therapy.	
			7. Opdivo (nivolumab) + Yervoy (ipilimumab) with or without chemotherapy is a non-Preferred regimen for metastatic squamous or non-squamous Non-Small Cell Lung Cancer, that is EGFR and ALK negative and have a PDL-1 expression of ≥ 50%. The preferred agents in this setting are single agent Keytruda (pembrolizumab), single agent Libtayo (cemiplimab), or single agent Tecentriq	
			negative and have a PD-1 expression of 2006. The preferred agents in this setting are single agent keytroda (peniprolizondar), single agent butdyo (cenipinnad), or single agent recentriq (latezolizonda).	
Ì			D. Renal Cell Carcinoma	
			2.NOTE: First line therapy with [Cabometyx (cabozantinib) + Opdiv o (nivolumab)] for advanced/metastatic clear cell Renal Cell Carcinoma is not recommended per NCH Policy or NCH Pathway. This	
Ì			position is based on the following:	
			a.Our detailed review of the CheckMate9ER trial showed that the HR for OS for IMDC Favorable Risk disease was 0.84, with wide Confidence Intervals that crossed 1.0 (CI 0.35-1.97). The HR for PFS for	
Ì			IMDC Favorable Risk disease was 0.62, however, again the Confidence Intervals were wide and crossed 1.0 (CI 0.38-1.01).	
Ì			a.For IMDC Intermediate and Poor risk disease, there is a lack of Level 1 evidence (randomized trials and/or meta-analysis) to support the superiority of [Cabometyx (cabozantinib) + Opdivo	
			[nivolumab]] over [Opdivo (nivolumab) + Yervoy (ipilimumab)]- the recommended regimen per NCH Policy and NCH Pathway.  b.Additionally, for IMDC Intermediate and Poor Risk disease, Cabometyx (cabozantinib) has already been shown to be superior to Sutent (sunitinib) per the CABOSUN trial. Therefore, the control arm-	
			DAUGIDIOUS IND. INTERPRETATE AND THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE CARDON THAI. THE PROPERTY OF	
			1,000	
UM ONC_1274	Opdivo (nivolumab)	Positive change		Per NCH Pathway expansion
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Li Chronic Lymphology List Leafment (CLL) Shealth on Chronic Lymphology Care (Leafment) (LLL) Part (Leafment) (LLL) Part (Leafment) (LLL) Part (Leafment) (LLL) Part (Llu) Part	UM ONC_1297	Venclexta (venetoclax)	Positive change	subsequent line therapy for the treatment of CLL/SLL.	Per Compendia Listing
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Experimented CV/PI/SO with 4 6 yels of first like platinum (capitatiny (artisplatiny) containing chemotherapy AIO Bavento's (aveiumab) is being used as a single agent maintenance therapy following the shadow for first like platinum (capitatiny chemotherapy).    Mon NC, 1306					
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M ONC_1305   Avenote (averlumab)   Positive change   1. Bearenco (averlumab) any be used in combination with infyira (satindb) as first line through in members with advanced/metastatic RCC.   Per I/OA libering					
Remove inclusion criteria: Descrite Clare Carronna (RCC) 12. NOTE: Resercic (previumab) - highy (aptimib) is a non-preferred regimen for subsequent treatment of advanced or metastatic renal cell carricomaper NCH Policy.  **A NCH Pethway vipoleno** Involvemental or subsequent in the subsequent treatment of advanced or metastatic renal cell carricomaper NCH Policy.  **A NCH Pethway vipoleno** Available of Preminental manuely in involvemental or in based on the fact of certain certain state of the fact of certain certain certain state of the fact of certain certa					
De Rend Cel Carcinoma (RCC) 1.2 NOTE: Exercise (sevelumab) = Inlying (axtinib) is a non-preferred regimen for subsequent treatment of advanced or metastatic renal cell carcinoma per NCH Policy. A NCH Pathway-Option (inclumab) given as a single-agent or in combination with 4-cycles of lightness that in figure 3 in the preferred agent / regimen over other regimen containing. PLD or PDL is inhibitors less [Archimath-Authinity & Perferred or International Control of the Management of the Section of t	UM ONC_1306	Bavencio (avelumab)	Positive change	1.Bavencio (avelumab) may be used in combination with Inlyta (axitinib) as first line therapy in members with advanced/metastatic RCC.	Per FDA labeling
L2XOTE: Bewendo (sevelumah) + inityia calorinib) is a non-preferred regimen for subsequent treatment of advanced or metastatic most led cardinoma per NAP Policy. A-NAET Policy: A-NAET Po				Remove inclusion criteria:	
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MONC_1306 Bavendo (avelumab) Positive change  MONC_1306 Bavendo (avelumab) Negative change  Add acclusion criteria:  Bono-Small Cell Log Cancer (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway, Iressa (geffinib) is a non-Perfered drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. (NSCLC)  LNOTE: NCH policy & NCH Pathway expansion.  Per Compendia Listing.  Non-Small Cell Lung Cancer. (NSCLC)  Logistic Change.  Non-Small Cell Lung Cancer. (NSCLC)  Logistic Canc					
Service (avelumab)  Describe change  Add exclusion criteria:  Add exclusion criteria:  Boosing exceeds single dose limit of Bavencio (avelumab) in the properties of the prope					
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UM ONC_1305 Bavencia (avelumab) Negative change Books (avelumab) Some_Aeg 800 mg.  Per FDA labeling  Remove inclusion criteria  B Non-Small Cell Lung Cancer (NSCLC)  LINDTE: NCH positive change In Lind bave setting is Tagrisso (osimertinib). This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show iressa (gefftinib) is superior to Interest (in the above setting is Tagrisso (osimertinib). Please see UM ONC_1326 Tagrisso (osimertinib) policy.  Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small Cell Lung Cancer (NSCLC)  Labeling Remove inclusion criteria.  B Non-Small	UM ONC_1306	Bavencio (avelumab)	Positive change	Market and a second	Per NCH Pathway exclusion
Remove inclusion criteria: B. Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: NCH policy & NCH Pathway, Iressa (gefftinib) is a non-Preferred drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. The preferred treatment in the above setting is Tagrisso (osimentinib). This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show iressa (gefftinib) is superior to Tagrisso (osimentinib). This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show iressa (gefftinib) is superior to Tagrisso (osimentinib). Please see UM ONC, 1287 Tagrisso (osimentinib) policy.  Remove inclusion criteria:  B. Non-Small Cell Lung Cancer (NSCLC) 2. Iressa (gefftinib) may be used as a single agent in members with a known EGFR evon 19 deletions or exon 21 (L858R) sensitizing mutation as initial or subsequent line therapy, as-subsequent-line-therapy for excurrent or metastatic ASCLC iressa (gefftinib) may be used as a single agent in members with a known EGFR evon 19 deletions or exon 21 (L858R) sensitizing mutation as initial or subsequent line therapy, as-subsequent-line-therapy for excurrent or metastatic ASCLC iressa (gefftinib) may be used as a single agent for adult patients with relapsed or refractory mycosis fungoides or Sezary syndrome after at least one prior systemic therapy relapsed or refractory sage like. Why we will be used as a single agent for adult patients with relapsed or refractory mycosis fungoides or Sezary syndrome after at least one prior systemic therapy relapsed or refractory sage like. Why we will be used as a single agent for adult patients with relapsed or refractory mycosis fungoides or Sezary syndrome after at least one prior systemic therapy relapsed or refractory sage like. Why we will be used as a single agent for adult patients with relapsed or refractory mycosis fungoides or Sezary syndrome after at least one prior systemic therapy responsed or ref	UNA ONIC 1200	Pausania (austronali)	Nagativa abasas		Don EDA Johalina
B. Alon-Small Cell Lung Cancer (NSCLC) LAOTE: NOT policy & NCH Pathway, Iressa (gefftinib) is a non-Preferred drug for first line therapy of recurrent/metastatic EGFR mutation positive Non-Small Cell Lung Cancer. The preferred treatment in the above setting is Tagrisso (osimertinib). Please earl MO NC, 1287 Tagrisso (osimertinib) policy.  Per NCH Pathway expansion  Remove inclusion criteria: B. Alon-Small Cell Lung Cancer (NSCLC) Laressa (gefftinib) in a policy commendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show iressa (gefftinib) is superior to Tagrisso (osimertinib). Please earl MO NC, 1287 Tagrisso (osimertinib) policy.  Per NCH Pathway expansion  Remove inclusion criteria: B. Alon-Small Cell Lung Cancer (NSCLC) Laressa (gefftinib) may be used as a single agent in members with a known EGFR exon 19 deletions or exon 21 (1858R) sensitizing mutation as initial or subsequent line therapy, as subsequent line therapy, as subsequent line therapy in a member with has a contraindication/intelerance to Tagrisso (osimertinib)  Per Compendia Listing  Remove inclusion criteria: B. Alycosis Fungoides/Sezary Syndrome L. Poteligeo (mogamulizumab-kpic) Positive change Remove inclusion criteria: B. Alycosis Fungoides/Sezary Syndrome L. Poteligeo (mogamulizumab-kpic) Positive change Remove inclusion criteria: B. Alycosis Fungoides/Sezary syndrome and after at least one systemic therapy (e.g., bearcetene, roundeplain) Remove inclusion criteria: B. Alycosis Fungoides/Sezary syndrome and after at least one systemic therapy (e.g., bearcetene, roundeplain) Remove inclusion criteria: B. Alycosis Fungoides/Sezary syndrome and after at least one systemic therapy (e.g., bearcetene, roundeplain) Remove inclusion criteria: B. Alycosis Fungoides/Sezary syndrome and after at least one prior systemic therapy (e.g., bearcetene, roundeplain) Remove inclusion criteria: B. Alycosis Fungoides/Sezary syndrome and after at least one prior systemic therapy. This recommendation is based on t	OIVI OIVC_1300	Bavericio (avelumao)	ivegative trialige		TELL DA INDEILING
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UM ONC_1309   ressa (gefftinib)   Positive change   Tagrisso (osimertinib), Please see UM ONC_1287 Tagrisso (osimertinib) policy.   Per NCH Pathway expansion   Remove inclusion criteria:   B. Non-Small Cell Lung Cancer (NSCLC)   2. Iressa (gefftinib) may be used as a single agent in members with a known EGFR exon 19 deletions or exon 21 (L858R) sensitizing mutation as initial or subsequent line therapy, as subsequent line therapy for recurrent metastatic NSCLC. Iressa (gefftinib) may be used as a single agent in members with a known EGFR exon 19 deletions or exon 21 (L858R) sensitizing mutation as initial or subsequent line therapy, as subsequent line therapy for recurrent metastatic NSCLC. Iressa (gefftinib) may be used as first line therapy in a member who has a contraindication/intolerance to Tagrisso (osimertinib)   Per Compendia Listing   Per Compendia			İ		
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UM ONC_1344 Poteligeo (mogamulizumab-kpkc) Positive change respreted or refractor, stage IB V/ mycosis fungoides/Sezary syndrome and after at least one systemic therapy (e.g., bexarotene, romidepsin) Per Compendia Listing Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) 1.Lorbrena (lorlatinib) may be used as monotherapy in members with recurrent or metastatic ALK positive NSCLC, as initial or subsequent therapy—as subsequent therapy. This recommendation is based on-the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior clinical outcomes with Lorbrena (lorlatinib) compared to NCH Preferred regimens, Preferred first line agents are Alexense (activation) of Alundria (brigatinib).  UM ONC_1347 Lorbrena (lorlatinib) Positive change Positive change Add inclusion criteria: CHER-2 positive, metastatic/recurrent (astric, Esophageal and GE Junction adenocarcinoma 1.The member has metastatic/recurrent, HER-2 positive Gesphageal or GE Junction adenocarcinoma AND					
Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) L.Lorbrena (lorlatinib) and be used as monotherapy in members with recurrent or metastatic ALK positive NSCLC, as initial or subsequent therapy—as subsequent therapy—This recommendation is based on an improved median PFS, ORR, and DOR with Lorbrena (lorlatinib) when compared to Xalkori (crizotinib) in the above setting. 2.NOTE-Per NCH Pathway & NCH Policy, borbrena (lorlatinib) is a non Preferred drug for the initial treatment of anaplastic hymphoma kinase (ALK) positive NSCLC. This recommendation is based on the local positive NSCLC in the initial treatment of anaplastic hymphoma kinase (ALK) positive NSCLC. This recommendation is based on the local positive initial analyses in the loc	LIM ONC 1344	Poteligeo (mogamulizumah-koko)	Positive change		Per Compendia Listing
B.Non-Small Cell Lung Cancer (NSCLC) 1. Lorbrena (lorlatinib) may be used as montherapy in members with recurrent or metastatic ALK positive NSCLC, as initial or subsequent therapy—as subsequent therapy. This recommendation is based on a more represent dismander of the label of the lord of the label of	OW ONC 1344	i otengeo (mogamunzuman-kpke)	i ositive trialige		rer compendia cisting
Luchrena (lorlatinib) may be used as monotherapy in members with recurrent or metastatic ALX positive NSCLC, as initial or subsequent therapy,—as subsequent therapy.—This recommendation is based on an improved median PFS, ORR, and DOR with Lorbrena (lorlatinib) when compared to Xalkori (crizotinib) in the above setting.  2. NOTE: PFC HCF Pathway & XCH Policy, Lorbrena (lorlatinib) is a non Preferred drug for the initial treatment of anapleastic phymphoma kinase (ALX) positive NSCLC. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior clinical outcomes with Lorbrena (lorlatinib) compared to NCH Preferred regimens. Preferred first line agents are Alecense (alectinib) or Alumbring (brigatinib).  Add inclusion criteria:  C.HER-2 positive, metastatic/recurrent, HER-2 positive of GE Junction adenocarcinoma  1. The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND					
based on an improved median PFS, ORR, and DOR with Lorbrena (lorlatinib) when compared to Xalkori (crizotinib) in the above setting.  2.NOTE: Per NCH Pathway & NCH Policy, Lorbrena (lorlatinib) when compared to Yalkori (crizotinib) in the above setting.  2.NOTE: Per NCH Pathway & NCH Policy, Lorbrena (lorlatinib) and preferred drug for the initial treatment of anaplastic hymphoma kinase (ALK) positive NSCLC. This recommendation is based on-the lack of Level 1 Evidence (randomized clinical trial and/or meta analyses) to show superior clinical outcomes with Lorbrena (lorlatinib) compared to NCH Preferred regimens. Preferred first line agents are Alecensa (alectinib) or Alumbrig (brigatinib).  Per NCH Pathway expansion  Add inclusion criteria:  C.HER-2 positive, metastatic/recurrent, HER-2 positive Gastric, Esophageal and GE Junction adenocarcinoma  1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND					
UM ONC_1347 Lorbrena (lorlatinib) Positive change  Lorbrena (lorlatinib) Positive change  Add inclusion criteria:  CHR-2 positive, metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND					
the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior clinical outcomes with Lorbrena (lorlatinib) compared to NCH Preferred regimens. Preferred first line- agents are Alecensa (alectanib) or Alumbrig (brigatinib).  Add inclusion criteriae: CHER-2 positive, metastatic/recurrent, HER-2 positive, and adenocarcinoma 1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND					
Add inclusion criteria:  C.HFR-2 positive, metastatic/recurrent Gastric, Esophageal and GE Junction adenocarcinoma  1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND				the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior clinical outcomes with Lorbrena (lorlatinib) compared to NCH Preferred regimens. Preferred first line-	
C.HER-2 positive, metastatic/recurrent Gastric, Esophageal and GE Junction adenocarcinoma  1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND	UM ONC_1347	Lorbrena (lorlatinib)	Positive change	agents are Alecensa (alectinib) or Alunbrig (brigatinib).	Per NCH Pathway expansion
1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND				Add inclusion criteria:	
UM ONC_1379   Enhertu (fam-trastuzumab deruxtecan-nxki)   Positive change   2.The member has experienced disease progression on a prior regimen that included trastuzumab/trastuzumab biosimilar   Per FDA labeling					
	LINA ONG 1270	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change	2.The member has experienced disease progression on a prior regimen that included trastuzumab/trastuzumab biosimilar	Per FDA labeling

		1	In the state of th	
			Remove inclusion criteria:	
			C.HER-2 positive, metastatic/recurrent Gastric, Esophageal and GE Junction adenocarcinoma	
			1.The member has metastatic/recurrent, HER-2 positive Gastric, Esophageal or GE Junction adenocarcinoma AND	
			2. The member has experienced disease progression on one or more prior regimens that included a fluoropyrimidine [i.e., fluorouracil/capecitabine], a platinum agent (i.e.,	
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change	cisplatin/carboplatin/oxaliplatin), and if there were no contraindications/intolerance to prior—Herceptin (trastuzumab)/trastuzumab biosimilar product	Per FDA labeling
			Add exclusion criteria:	
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Negative change	B.For HER-2 positive Gastric, Esophageal and GE Junction adenocarcinoma: Use of Enhertu (fam-trastuzumab deruxtecan-nxki) without receiving prior trastuzumab treatment	Per FDA labeling
			Remove inclusion criteria:	
			B.Cutaneous T-Cell Lymphoma (CTCL)	
			1. The member has relapsed/refractory stage IIB-IV cutaneous T-cell lymphoma (all variants) or mycosis fungoides/Sezary syndrome AND	
			2.The member is refractory or intolerant to at least 2 prior therapies AND	
UM ONC_1384	Targretin (bexarotene)	Positive change	3. Targretin (oral bexarotene) is being used as a single agent.	Per Compendia Listing
			Add inclusion criteria:	
			B.Cutaneous T-Cell Lymphoma (CTCL)	
			1. Targretin (bexarotene) capsules are indicated for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma in patients who are refractory to at least one prior systemic therapy.	
UM ONC_1384	Targretin (bexarotene)	Positive change		Per Compendia Listing
			Remove exclusion criteria:	
UM ONC_1384	Targretin (bexarotene)	Positive change	B. Concurrent use with other chemotherapy. Targretin (oral bexarotene) may be used with skin directed therapy or radiation therapy.	Per Compendia Listing
			Add inclusion criteria:	
			B.Multiple Myeloma	
			1. The member has multiple myeloma and Thalomid (thalidomide) is being used in any as ONE of the following clinical situations:	
			a. In combination with Velcade (bortezomib) + Dexamethasone +/- Darzalex/Darzalex Faspro (daratumumab) as primary/initial line of therapy for transplant-eligible newly diagnosed multiple	
			myeloma <del>candidate</del> OR	
			b.As a part of In VTD-PACE (bortezomib, dexamethasone, thalidomide, cisplatin, doxorubicin, cyclophosphamide, and etoposide) regimen for relapsed/refractory myeloma as initial reinduction	
			therapy for disease relapse > 6 months or as subsequent line of therapy OR	
UM ONC 1391	Thalomid (thalidomide)	Negative change	c.In DT-PACE (dexamethasone, thalidomide, cisplatin, doxorubicin, cyclophosphamide, and etoposide) regimen for relapsed/refractory myeloma.	Per Compendia Listing
			Add exclusion criteria:	
			B.Member has disease progression while taking on or after taking Thalomid (thalidomide).	
UM ONC 1391	Thalomid (thalidomide)	Negative change	C.Dosing exceeds single dose limit of Thalomid (thalidomide) 120 (50 mg), 60 (100 mg), 30 (150 mg), 30 (200 mg) capsules/month.	Per FDA labeling
	The control of the co		Add inclusion criteria:	
			D.Metastatic Solid Tumors with a RET Gene Fusion	
			1. Retevmo (selpercatinib) may be used as monotherapy in a member with recurrent unresectable or metastatic solid tumor, is positive for RET Gene Fusion detected by an FDA approved test, and the	
UM ONC 1405	Retevmo (selpercatinib)	Positive change	disease has progressed following one or more prior systemic therapies.	New FDA Indication
OIN OILC_1105	neterno (sespercatino)	r ositive change	Add exclusion criteria:	New 1 57 marcation
			D.Dosing exceeds single dose limit of Retevmo (selpercatinib) 120 mg (for weight < 50 kg) or 160 mg (for weight ≥ 50kg).	
UM ONC 1405	Retevmo (selpercatinib)	Negative change	E. Treatment exceeds the maximum limit of 180240 (40 mg) or 120 (80 mg) tablets capsules/month.	Per FDA labeling
OW ONC_1403	netevino (seipercatinio)	regative change	Remove exclusion criteria:	Tel i DA labelling
UM ONC 1405	Reteymo (selpercatinib)	Positive change	Religional progression while receiving Reteymo or another RET inhibitor (e.g., praisetinib) / MET inhibitor (e.g., vandetinib/cabozantinib).	Per Clinical Trial Analysis/Criteria
ON ONC_1403	netevino (seipercatino)	i ositive change	Solved by Digitation while receiving netering or another net minutes (e.g., prosecure) where minutes (e.g., randerma) and control of the cont	Ter Clinical That Analysis/ Criteria
UM ONC 1419	Danyelza (naxitamab-gqgk)	No Clinical Changes	IN/A	N/A
OWI ONC_1413	Danyeiza (naxitamab-gqgk)	ivo ciinicai ciianges	Add inclusion criteria:	1975
			Replaythemia Vera	
			D. FOR YOUR CONTROL OF THE PROPERTY OF THE PRO	
			A. Contraindication to hydroxyurea (e.g. childbearing age)	
			8. Intolerance to hydroxyurea	
UM ONC_1454	Besremi (ropeginterferon alfa-2b-nijft)	Positive change	C. A lack of therapeutic response to hydroxyurea	Per FDA labeling
			Remove exclusion criteria:	
			A. Disease progression while taking Besremi (ropeginterferon alfa-2b-nijft) or another Janus kinase (JAK) inhibitor [e.g., Jakafi (ruxolitinib.)].	
			B.Use of Besremi (ropeginterferon alfa 2b nijft) as initial treatment of Polycythemia Vera.	
UM ONC_1454	Besremi (ropeginterferon alfa-2b-nijft)	Positive change	B.C.Concurrent use with other cytoreductive agents (e.g., hydroxyurea), except when transitioning to Besremi (ropeginterferon alfa-2b-nijft).	Per FDA labeling