Security of the security of th	Policv #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
Figure 2. The control of the control	UM ONC_1192	Afinitor (everolimus)	Positive change	C.Renal Carcinoma (RCC)	Per FDA labeling
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Monte Capability Segment of the Segment of Segment Segment Capability Segment Segment Capability Segment Segme	UM ONC_1205	Halaven (eribulin)	Negative change		Per NCH Pathway exclusion
Expect of the control	UM ONC_1205	Halaven (eribulin)	Negative change		Per Compendia Listing
Limit Limi	_			Remove inclusion criteria:	
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Country or Calometry (abscaration) Asserting and processor of the proc	UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Positive change		Per NCH Pathway expansion
2. For Committing on the policy (contenting on the member is refrictory to a VCLIP					
Laged de target (e.g., was not a case). A profession for the part of the complete of the part of the p				2. Come may (casocartamo) is sening asca content of casocartamo) may be ascalas monotorically for members with any or the following.	
Dispatcoclusiar Cancinoma (ICC) 2. The member has HEZ (Can AGMONETYX (Laboratinis)) is being used as a single agent for subsequent thrapy for unrestable or metastatic disease in members with Oxide-Pugh Class A only and who have been processor, the state of the processor of the					
A finite interest of the Care of ADM/ETY (Liphocasterial) is being used as a parks greater that page and a stage agent for subsequent therapy for unrestable or metastark disease in members with Child Pugh Class A only and who have been previously recarded in the page and a page agent or common and a page agent or com					
MOX_227 Contring or Colometry (oblossatrion) Positive change P					
L CASOMETY (Loboration) may be used for relapsed/metastatic Clear CC ill RCC for ANY of the following clinical setting: A Schloque therapy as a single agen of an ormination with instruction in medical prior made in the commendation of the control of the contro				previously treated with 2-prior-systemic therapies including Nexavar (sorafenib).	
As A first lite treatment as a single agent of in combination with rodumab for intermediato/poor risk disease As a because through a single agent or in combination with rodumab for intermediator poor risk. As independent or any and intermediator poor risk disease for heading or rest analyse) to show superior outcomes with ASBMETN (adocustrible) compared to NCI Preferred regiment. Reservation of the Lot View of the following or the commendation of the commendation of the south of the CI Preferred View in the show entire. As including or rest analyses to show superior outcomes with ASBMETN (adocustrible) compared to NCI Preferred regiment. Reservation of the Lot View of the preferred versiments recommendated for use in the above entire. As including or rest analyses to show superior outcomes with ASBMETN (adocustrible) compared to NCI Preferred regiment. Reservation of the Lot View of the Preferred View in the above entire. As including or rest and the Lot View of the preferred versiments recommendated for use in the above entire. As including or rest. As a single agent. As direct claims or rest. As including or rest. As including or rest. As including or rest. As a single agent. As direct claims or rest. As a single agent. As direct claims or rest. As a single agent. As direct claims or rest. As a single agent. As a single agent.	UM ONC_1237	Cometriq or Cabometyx (cabozantinib)	Positive change	1.CADOMETRY (cabovantinis) may be used for relanced (metastatic Clear Cell PCC for ANY of the following clinical setting:	Per FDA labeling
CNOTE: For NCH Polity and NCH Pathway to use of AcAdemotiva (coloratival) as non-preferred for favorable risk disease when used as find late testement for Ceal (RCC. This recommendation is the incommendation in the activation of the preferred restination of the pathway profession of the Activation of the pathway exclusion. M DNC, 1245 M DNC, 1245 M DNC, 1245 M DNC, 1246 M DN					
recommendation is based on the lack of Level 1 (Vidence (randomised dirical Irisal and/or meta-analyses) to show superior outcomes with CABOMETYX (cabozantinis) compared to NCH Preferred regimens. Please feet To NCH Pathway exclusion M DOC_1245 NOC_1245 NOC_1245 NOC_1246					
where the content of the partners of the partn					
M ONC_1245 Softgo (radium Ro 223 dichloride) No Clinical Changes N/A Add incubion criteria: A first Cincre A first					
Add inclusion criteria A Breast Cancer 1. The member has a disposits of recurrent or metastatic breast cancer and tempra (subeplione) is being used as subsequent therapy for any of the following: a la combination with Nesdois (apectable) OR b. in combination with transcurants for human epidermal growth factor receptor 2-positive disease OR WC 1278 WC 1278 WC 1279	UM ONC_1237				
A Breast Cancer 1.The member has a diagnosis of recurrent or metastatic breast cancer and bempra (subspilone) is being used as subsequent therapy for any of the following: a lar combination with tacknown by have been present the present of the pancers of ampullary adenocarcinoms who have progressed on prior therapy with both a gemicabine-based regimen (e.g., gemicable-of-pancer) in finite taking driving (initiation) and security of the pancers of ampullary adenocarcinoms who have progressed on prior therapy with both a gemicabine-based regimen (e.g., gemicable-of-pancers) and except which pancers or ampullary adenocarcinoms who have progressed on prior therapy with both a gemicabine-based regimen (e.g., gemicable-of-pancers) and except which pancers or ampullary adenocarcinoms who have progressed on prior therapy with both a gemicabine-based regimen (e.g., gemicable-of-pancers) and except which pancers or ampullary adenocarcinoms who have progressed on prior therapy with both a gemicabine-based regimen (e.g., gemicable-of-pancers) and except when patient was felt to be unfit for this regimen) AND Per Compendia Listing M ONC_1276 Onlyde (Irinotecan liposome injection) Negative change M ONC_1277 Alecensa (Alectinib) Negative change M ONC_1278 Alecensa (Alectinib) Negative change A Dessar progression while taking driving (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRMOX). Per Compendia Listing A Dessar progression while taking driving (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRMOX). Per Compendia Listing A Dessar progression while taking driving (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRMOX). Per Compendia Listing A Dessar progression while taking driving (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRMOX). Per Compendia Listing A	UM ONC_1245	Xofigo (radium Ra 223 dichloride)	No Clinical Changes		N/A
a lin combination with Xeloda (capectabrie) OR bit variable of the Xeloda					
MONC_1273 (spenjone) Negative change CAs a single agent. CAS a single agent (as an intra-lesional injection) for unresectable cutamous, subcutamous, sub					
MONC_1278 Seeppra (sabeplione) Negative change C.As a single agent. Per FDA labeling MONC_1279 Sympara (olapanib) Negative change Add eduction criterias: Duse of typarara (olapanib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer. Per Clinical Trial Analysis/Criteria Add inclusion criterias: Sheetsattic Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma 1. Onyvide (irinotecan liposome injection) Positive change Positive change Add eculsion criterias: Sheetsattic Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma of the pancreas or ampullary adenocarcinoma who have progressed on prior therapy with both a genitable he-based regimen (e.g., eCUFIRINOX). Per Compendia Listing MONC_1276 Onivyde (irinotecan liposome injection) Negative change Add eculsion criterias: Add ecu					
MONC_1273 Lynpara (olaparib) Negative change Due of Lynpara (olaparib) to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer. Add exculsion criteria: B. Metastatic Adenocarcinoma of the Pancress and Ampullary Adenocarcinoma of the Pancress or ampullary adenocarcinoma who have progressed on prior therapy with both a gemciabine-based regimen (e.g., gemcitabine-y-n abs pacitase) AND M. ONC_1276 Donlyde (irinotecan liposome injection) M. ONC_1276 Donlyde (irinotecan liposome injection) Negative change Add exclusion criteria: A. Desage progression while taking Onlyde (irinotecan liposome) with or the gemcia compliants on the pancress or ampullary adenocarcinoma who have progressed on prior therapy with both a gemciabine-based regimen (e.g., gemcitabine-y-n abs pacitase) AND Per Compendia Listing Add exclusion criteria: A. Desage progression while taking Onlyde (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX). Per Compendia Listing Add exclusion criteria: B. Meanore inclusion criteria: B. Non-small Cell Lung Cancer (NSCLC) B. Non-small Cell Lung Cancer	UM ONC_1248	Ixempra (ixabepilone)	Negative change		Per FDA labeling
Add inclusion criteria: B. Metastatic Adenocarcinoms of the Pancreas and Ampullary Adenocarcinoms 1. Onyvide (irrinotecan liposome injection) M. ONC, 1276 Onlyvide (irrinotecan liposome injection) M. ONC, 1276 Onlyvide (irrinotecan liposome injection) Negative change Add inclusion criteria: Add secusion criteria: B. Metastatic Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma of the pancreas or ampullary adenocarcinoma who have progressed on prior therapy with both a genitabline-based regimen (e.g., genitabline-based regimen (e.g., genitabline-based regimen (e.g., genitabline-based regimen (e.g., FOLFRINOX). Add seclusion criteria: B. AD Esseas progression while taking Onlyvide (irrinotecan liposome) or prior treatment with an irrinotecan based regimen (e.g., FOLFRINOX). Per Compendia Listing M. ONC, 1277 Alecensa (Alectinib) Negative change Add seclusion criteria: B. Melanoma 1. NOTE: 1: Implya (Islimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with have failed all alternative systemic therapy. 2. NOTE: 2: There are no randomized supporting the Susporting of Checkpoint Inhibitors + Implygic (Ialimogene laherparepvec) over either therapy given alone. Implygic (Ialimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors + Implygic (Ialimogene laherparepvec) over either therapy given alone. Implygic (Ialimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors + Implygic (Ialimogene laherparepvec) over either therapy given alone. Implygic (Ialimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors + Implygic (Ialimogene laherparepvec) over either therapy given alone. Implygic (Ialimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy				Add exclusion criteria:	
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Substantic Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma Lonyvide (irinotecan liposome injection)	1			Add inclusion criteria:	
both a gemcitabine-based regimen (e.g., gemcitabine 47- nab-pacitiaxed) AND FOLTRINOX (except when patient was fell to be unfit for this regimen). AND Nonc_1276 Onivyde (irinotecan liposome injection) MONC_1276 Onivyde (irinotecan liposome injection) Negative change Add exclusion criteria: Ablease progression while taking Onivyde (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX) Remove inclusion criteria: B. Non-Small Cell Lung Cancer (NSCLC) B. Non-Small Cell Lung C	1				
MONC_1276 Onivyde (irinotecan liposome injection) Positive change 2.0 my/de (irinotecan liposome) will be used in combination with 5-FU (fluorouracil) and leucovorin. Add exclusion criteria: 8. Non-sand (eletturin) MONC_1277 Alcensa (Alectinib) Positive change 1.0 my (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX) MONC_1277 Alcensa (Alectinib) Positive change 1.0 my (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX) MONC_1277 Alcensa (Alectinib) Positive change 1.0 my (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX) Remove inclusion criteria: 8. Non-small Cell Lung Cancer (NSCLC) 1. NoTE: The preferred agent, per NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Remove inclusion criteria: 8. Melanoma 1. NOTE: 1: Imlygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2. NOTE 2: There are no randomized trials supporting the superiority of Checkpoint Inhibitors + Imlygic (talimogene laherparepvec) over either therapy given alone. Imlygic (talimogene laherparepvec) in order therapies. MONC_1282 Imlygic (Talimogene Laherparepvec) Positive change 2. There are no randomized trials supporting the superiority of Checkpoint Inhibitors , e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The member has tage IIIB, IIIC_or IVMSa melanoma and Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Imlygic (talimogene laherparepvec) in combin	1				
Add excusion criteria: A Disease progression while taking Onlyde (irinotecan liposome injection) A Disease progression while taking Onlyde (irinotecan liposome) or prior treatment with an irinotecan based regimen (e.g., FOLFIRINOX) Remove inclusion criteria: B. Non-Small Cell Lung Cancer (NSCLC) 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+ NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Remove inclusion criteria: B. Melanoma 1. NOTE 1: Imlygic (tallimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2. NOTE 2: There are nadomalized this supporting the superiority of Checkpoint Inhibitors + Imlygic (talimogene laherparepvec) over either therapy given alone. Imlygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipillimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The members has stage III8, IIIC, or NAM1a melanoma are currence after prior surgery. Add inculsion criteria: 1. Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inculsion criteria: 1. Imlygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrence members who have failed all alternative systemic therapy. 2. NOTE 2: There are nadomalized has supporting the checkpoint Inhibitors e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation	UM ONC_1276	Onivyde (irinotecan liposome injection)	Positive change		Per Compendia Listing
Remove inclusion criteria: 8. Non-Small Cell Lung Cancer (NSCLC) 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Remove inclusion criteria: 8. Melanoma 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Remove inclusion criteria: 8. Melanoma 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Remove inclusion criteria: 8. Melanoma 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Per NCH Pathway expansion Remove inclusion criteria: 8. Melanoma 1. NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+NSCLC is Alecensa (alectinib). Per NCH Pathway expansion Per NCH Pathway				Add exclusion criteria:	
B.Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: The preferred agent, per NCH Policy & NCH Pathway, for first line therapy of metastatic ALK+ NSCLC is Alecensa (alectrinib). Remove inclusion criteria: B.Melanoma 1.NOTE 1: Imbygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2.NOTE 2: There are no randomized trials supporting the supporting th	UM ONC_1276	Onivyde (irinotecan liposome injection)	Negative change		Per Compendia Listing
Remove inclusion criteria: 8. Melanoma 1.NOTE 1: Im/ygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2. NOTE 2: There are nadomized trials supporting the superiority of Checkpoint Inhibitors + Im/ygic (talimogene laherparepvec) over either therapy given alone. Im/ygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The member has stage III8, IIIC, or IVM1a melanoma and Im/ygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Im/ygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Im/ygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.					
B. Melanoma 1. NOTE 1: Im/lygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2. NOTE 2: There are no randomized trials supporting the superiority of Checkpoint Inhibitors + Im/lygic (talimogene laherparepvec) over either therapy given alone. Im/lygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Palicy o	UM ONC_1277	Alecensa (Alectinib)	Positive change		Per NCH Pathway expansion
1.NOTE 1: Imlygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, and/or nodal lesions in members with malignant melanoma recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2.NOTE 2: There are candomized trials supporting the superiority of Checkpoint Inhibitors + Imlygic (talimogene laherparepvec) over either therapy given alone. Imlygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The member has stage III8, IIIC, or IVM1a melanoma and Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Ad inclusion criteria: 1. Imlygic (talimogene laherparepvec) is indicated ONLY for use as intra-lesional injections for the treatment of visible cutaneous, subcutaneous, and/or nodal lesions, in members with malignant melanoma recurrence in hibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members with ohave failed all alternative systemic therapies. 3. The member has stage IIII, IIIC, or IVM1a melanoma and Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Per Clinical Trial Analysis/Criteria Ad inclusion criteria: 1. Imlygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (talimogene laherparepvec) + Keytruda	1				
recurrent after initial surgery AND the member is not a candidate for systemic therapy. 2.NOTE 2: There are no randomized trials supporting the superiority of Checkpoint Inhibitors - Imhygic (talimogene laherparepvec) over either therapy given alone. Imhygic (talimogene laherparepvec) is not recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The member has stage IIIB, IIIC, or NAM1a melanoma and Imhygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Imhygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Imhygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imhygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.	1				
recommended per NCH Policy or NCH Pathway for combination therapy with Checkpoint Inhibitors, e.g., ipilimumab, nivolumab, and pembrolizumab, except in members who have failed all alternative systemic therapies. 3. The member has stage IIIB, IIIC, or IVM1a melanoma and Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Ad inclusion criteria: 1. Imlygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.	1			recurrent after initial surgery AND the member is not a candidate for systemic therapy.	
therapies. 3. The member has stage IIIB, IIIC, or IVM1a melanoma and Imlygic (talimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, s	1				
3. The member has stage IIIB, IIIC, or IVM1a melanoma and Imlygic (falimogene laherparepvec) may be used is being used as a single agent (, as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Imlygic (falimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (falimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.					
IM ONC_1282 Im/lygic (Talimogene Laherparepvec) Positive change and nodal lesions, in members with melanoma recurrence after prior surgery. Add inclusion criteria: 1. Im/lygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Im/lygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.	1				5,
 Imlygic (talimogene laherparepvec) in combination with an Immune Checkpoint Inhibitor (e.g., ipilimumab, nivolumab, pembrolizumab) is not recommended per NCH Policy. This recommendation is based on a randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below. 	UM ONC_1282	Imlygic (Talimogene Laherparepvec)	Positive change	and nodal lesions, in members with melanoma recurrence after prior surgery.	Per Clinical Trial Analysis/Criteria
randomized phase III randomized trial demonstrating no improvement in PFS/OS with Imlygic (talimogene laherparepvec) + Keytruda (pembrolizumab) when compared with Keytruda (pembrolizumab) + placebo; please see reference below.	1				
please see reference below.					
IM ONC_1282 Imlygic (Talimogene Laherparepvec) Negative change 4.Imlygic may be used as a single agent as neo-adjuvant (preoperative) therapy for resectable stage III8-IVM1a melanoma Per Clinical Trial Analysis/Criteria				please see reference below.	
	UM ONC_1282	Imlygic (Talimogene Laherparepvec)	Negative change	4.Imlygic may be used as a single agent as neo-adjuvant (preoperative) therapy for resectable stage IIIB-IVM1a melanoma	Per Clinical Trial Analysis/Criteria

	T		Add melodic activity.	
			Add exclusion criteria: B.Use of Imlygic (talimogene laherparepvec) for visceral lesions or for a lack of injectable lesions that are not visible and palpable.	
UM ONC 1282	Imlygic (Talimogene Laherparepvec)	Negative change	C.Concurrent use with other anti-cancer therapies or checkpoint inhibitors (e.g., juillimumab, nivolumab, and pembrolizumab).	Per Clinical Trial Analysis/Criteria
	Fusilev (levoleucovorin)	Negative change	Add inclusion criteria: For all indications, J0642 Khapzory (levoleucovorin) is a non- Preferred drug, except when J9040 Leucovorin and J9041 Levoleucovorin are not available at the office and the drug shortage is	
	·			
			Remove exclusion criteria:	
			B. Yondelis (trabectedin) use in sarcomas other than leiomyosarcoma, liposarcoma and translocation-associated sarcomas.	
			[In the phase III TSAR trial, patients with non-liposarcoma/LMS histotypes, trabectedin had no objective tumor responses relative to the liposarcoma/LMS group (0 versus 19 percent) and had similar PFS to those	
UM ONC_1290	Yondelis (trabectedin)	Positive change	receiving best supportive care (median 1.8 versus 1.5 months). In contrast, for those with liposarcoma/LMS, trabectedin demonstrated improved PFS relative to best supportive care (median 5.1 versus 1.4 months).	. Per Clinical Trial Analysis/Criteria
			Add inclusion criteria:	
			B.Ovarian Cancer 1.Rucaparib may be used as a single agent as maintenance treatment in a member with stage II-IV ovarian carcinoma, has relapsed or progressive recurrent platinum sensitive disease, regardless of BRCA mutation	
			1. Nucaparto may be used as a single agent. As immediating or teatment in a member with stage in its ovariant cartinoma, has temperated in progressive returning plantation, and the accomplete or partial response to plantinum-based further you, with a deleterious/superated deleterious cermine/somatics (BRCA1/2 mutation, and the member has completed two or more lines of	
			status, and actir a complete or partial response to prantinimose their apply. What a selecter double season seems to pranting the manufacturers and the member has complete or partial response.	
			B.C.Prostate Cancer	
			1.Rucaparib may be used as a single agent in prostate cancer when ALL the following criteria are met:	
			a.Member has metastatic Castration-Resistant Prostate Cancer AND	
UM ONC_1301	Rubraca (rucaparib)	Negative change	b.Member has experienced disease progression on an Androgen Receptor Directed therapy (e.g., abiraterone and/or enzalutamide) and a taxane-based chemotherapy (e.g., docetaxel, cabazitaxel + steroid)	Per FDA labeling
			Add exclusion criteria:	
UM ONC_1301	Rubraca (rucaparib)	Negative change	F.Use of Rubraca (rucaparib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer.	Per Clinical Trial Analysis/Criteria
			Remove inclusion criteria:	
			B.Ovarian Cancer	
			c. The member has a deleterious/suspected deleterious germline/somatic BRCA 1/2 mutation and/or homologous recombination deficiency (HRD) positive status with recurrent ovarian cancer (regardless of	
UM ONC_1307	Zejula (niraparib)	Negative change	platinum sensitivity) and has had 2 or more prior lines of chemotherapy and Zejula (niraparib) is being used as a single agent.	FDA/NCCN Withdrawal
UM ONC 1307	Zejula (niraparib)	Negative change	Add exclusion criteria: D.Use of Zejula (Inignarib) not to exceed more than 1 line of maintenance therapy for recurrent ovarian cancer.	Per Clinical Trial Analysis/Criteria
JM UNC_1307	Zejula (niraparib)	Negative change		Per Clinical Trial Analysis/Criteria
			Add inclusion criteria: D.Biliary Tract Cancer (BTC)	
			Disiliary (ract cancer (BIC) Limfingi (durvalumab) may be used in combination with cisplatin or carboplatin and gemcitabine as first line therapy in members who have not received therapy for unresectable or metastatic biliary tract cancer	
UM ONC_1314	Imfinzi (durvalumab)	Positive change	(e.g., extrahepatic/intrahepatic cholangicacrcinoma, galibladder carcinoma.	New FDA Indication
	,		Add exclusion criteria:	
			D.Dosing exceeds single dose limit of Imfinzi (durvalumab) 10mg/kg (every 2 weeks), 20 mg/kg (every 3 weeks), 1500 mg (every 3 weeks when used in combination with chemotherapy for SCLC), or 1500 mg (every 3 weeks).	
UM ONC_1314	Imfinzi (durvalumab)	Negative change	4 weeks when used as a single agent), or maximum duration of 12 months for NSCLC consolidation therapy.	Per FDA labeling
			Add inclusion criteria:	
			B.B-Cell Lymphomas (Mantle Cell Lymphoma, Nodal/Extra-nodal/Splenic Marginal Zone Lymphoma	
			1. The member has mantle cell lymphoma or nodal/extra-nodal/splenic marginal zone lymphoma AND Brukinsa (zanubrutinib) will be used as monotherapy in members with disease progression on at least one prior	
UM ONC_1377	Brukinsa (zanubrutinib)	Negative change	treatment, including an anti-CD20 agent (e.g., rituximab/rituximab biosimilar).	Per Clinical Trial Analysis/Criteria
			Remove inclusion criteria:	
			C.Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	
			1.Brukinsa (zanubrutinib) monotherapy is supported as follows:	
UM ONC_1377	Brukinsa (zanubrutinib)	Negative change	a.For first line therapy of CLL/SLL with del(17p) and or TP 53 mutations OR b.For second or subsequent line therapy for all patients with CLL/SLL.	Des Conservation Linking
JIVI UNC_1377	Brukinsa (zahubrutinib)	Negative change	or or section of subsequent line therapy for an patients with CLC/SLL. Add inclusion criteria:	Per Compendia Listing
			C.C.hronic Implication of the Indian Control	
UM ONC_1377	Brukinsa (zanubrutinib)	Positive change	1.Burkinsa(zanubrutinib) may be used as monotherapy for initial line or subsequent line therapy.	Per Compendia Listing
	,	r contro change	Add inclusion criteria:	
			C.Beta Thalassemia Anemia	
			1.Reblozyl (luspatercept-aamt) is being used for ALL of the following conditions:	
			a. The member has beta thalassemia anemia who require regular red blood cell (RBC) transfusions defined as 6-20 RBC units within the last 6 months, including the last 30 days	
			b.Initiate if hemoglobin (Hgb) is ≤ 11 gm/dL	
UM ONC_1392	Reblozyl (luspatercept-aamt)	Negative change	c.Continue if Hgb is ≤ 11 gm/dL OR t ransfusion burden the total number of RBC transfused is not reduced after at least 2 consecutive doses	Per Clinical Trial Analysis/Criteria
			Add inclusion criteria:	
			C.Myeloid/Lymphoid Neoplasms (MLNs) 1.Pernazyre (pernigatinib) may be used as monotherapy in a member who has relapsed after stem cell transplantation and/or after disease modifying therapies (e.g., chemotherapy) for the treatment of MLNs and	
UM ONC_1398	Pemazyre (pemigatinib)	Positive change	1. Pemazyre (permigatinit) may be used as monotherapy in a member who has relapsed after stem cell transplantation and/or after disease modifying therapies (e.g., chemotherapy) for the treatment of MLNs and the tumor is positive for fibroblast growth factor receptor; If (FGFR-1) rearrangement.	New FDA Indication
J OITC_1370	r constyre (peringautilis)	. Jaining manage	Add exclusion criteria: The tumor's positive for introdust grown factor receptor-1 (rearrangement. The tumor's positive for introdust grown factor receptor-1 (rearrangement.)	DA maication
			B.No confirmatory test available to confirm the presence of an FGFR-2 (for cholangiocarcinoma) or FGFR-1 (for MLNs) gene fusion/gene rearrangement.	
			C.Dosing exceeds single dose limit of Pemazyre (pemigatinib) 13.5 mg.	
			D. For Cholangiocarcinoma: Treatment exceeds the maximum limit of 42 (4.5 mg), 28 (9 mg), 14 (13.5 mg) tablets/month.	
UM ONC_1398	Pemazyre (pemigatinib)	Negative change	E. For MLNs: Treatment exceeds the maximum limit of 90 (4.5 mg), 60 (9 mg), 30 (13.5 mg) tablets/month.	Per FDA labeling
		-		
			Add inclusion criteria:	
			B.Non-Small Cell Lung Cancer (NSCLC)	
			1.Exkivity (mobocertinib) may be used as monotherapy, in members with advanced or metastatic (staged IIIB or IV) EGFR exon 20 insertion mutation positive NSCLC who have had disease progression on or after	
UM ONC_1447	Exkivity (mobocertinib)	Negative change	platinum based chemotherapy, with or without prior tyrosine kinase inhibitors/immunotherapy. Confirmation of the presence of the above mutation in tumor tissue is required (anyFDA approved test).	Per FDA labeling
			Remove inclusion criteria:	
			B. Transfusional Iron Overload	
			1 NOTE: Per NCH policy, Ferriprox (deferiprone) is a non-preferred drug, the preferred products for transfusional iron overload are deferoxamine for continuous SQ administration or Exjade/Jadenu (deferasirox) in the preferred products for transfusional iron overload are deferoxamine for continuous SQ administration or Exjade/Jadenu (deferasirox) in the product of	
UM ONC 1448	Ferriprox (deferiprone)	Positive change	available as products generic deferasirox for oral administration. This recommendation is based on the lack of Level 1 evidence (randomized trials and or meta-analyses) to show superior outcomes with Ferriprox (deferiprone) over the preferred products.	More Cost Effective Alternative(s)
DIAL CLAC THHO	remprox (detemptone)	i ositive tilalige	Descriptione) over the preferred products. Add inclusion criteria:	iviore cost effective Afternative(s)
			Auditional incursion incinents. 2. Ferriprox (deferiprone) may used as monotherapy, or in combination with SQ deferoxamine, as an oral iron chelating agent, in adult or pediatric members 8 years and older with iron overload due to transfusion	
			dependent thalassemia for other anemias with iron overload) if the member has a documented contraindication, intolerance, or failure to Existed Hadestern (defension) rependent thalassemia for other anemias with iron overload) if the member has a documented contraindication, intolerance, or failure to Existed Hadestern (defension) rependent thalassemia for other anemias with iron overload) if the member has a documented contraindication, intolerance, or failure to Existed Hadestern (defension) rependent thalassemia for other anemias with iron overload) if the member has a documented contraindication, intolerance, or failure to Existed Hadestern (defension) rependent thalassemia for other anemias with iron overload) if the member has a documented that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent that the contraindication intolerance or failure to Existed Hadestern (defension) rependent tha	
UM ONC_1448	Ferriprox (deferiprone)	Negative change	administration of Deferovamine	More Cost Effective Alternative(s)
			Description with rife.	
J J.10_1440			Remove exclusion criteria:	
UM ONC_1448	Ferriprox (deferiprone)	Positive change	Remove excusion criteria: A.The member is naïve to chelation therapy prior to start of treatment or continues to require packed red blood cells transfusion on reorders.	Per FDA labeling
UM ONC_1448	Ferriprox (deferiprone) Ferriprox (deferiprone)	Positive change Negative change		Per FDA labeling Per FDA labeling