Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
ECG 3018	Opdivo and Opdivo Qvantig (nivolumab IV/SC)	Positive	1) Removed nivolumab + ipilimumab as a low-value regimen in subsequent line setting of metastatic hepatocellular carcinoma 2) Updated policy history section 3) Updated references	Other
ECG 3074	Bone Modifying Agents (Pamidronate, Zoledronic Acid, Denosumab Products)	Positive	On September 2, 2025, the Food and Drug Administration approved Bilprevda (denosumab-nxxp), a biosimilar to Xgeva (denosumab), and Bildyos (denosumab-nxxp), a biosimilar to Prolia (denosumab). 1) Added new biosimilars to policy 2) Updated contraindications/warnings 3) Updated HCPC codes 4) Updated references	New Biosimilars
ECG 3101	Hicon (sodium iodide I131)	Positive	Corrected HCPC code	Other
ECG 3105	Imfinzi (durvalumab)	Positive	1) Added gastric, esophageal, and esophagogastric junction cancer indications 2) Updated references	Other
ECG 3146	Koselugo (selumetinib)	Positive	On September 10, 2025, the Food and Drug Administration approved selumetinib (KOSELUGO, AstraZeneca Pharmaceuticals LP) granules and capsules for pediatric patients 1 year of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN). FDA previously approved selumetinib capsules for pediatric patients 2 years of age and older with NF1 who have symptomatic, inoperable PN. 1) Updated indication 2) Updated references	New FDA Drug/Indication
ECG 3155	Yervoy (ipilimumab)	Positive	Removed nivolumab + ipilimumab as a low-value regimen in subsequent line setting of metastatic hepatocellular carcinoma	Other
ECG 3188	Wayrilz (rilzabrutinib)	Positive	On August 29, 2025, the Food and Drug Administration approved Wayrilz (rilzabrutinib) tablets to treat adults with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to immunoglobulins, anti-D therapy, or corticosteroids.	New FDA Drug/Indication
ECG 3189	Inlexzo (gemcitabine intravesical system)	Positive	On September 9, 2025, the Food and Drug Administration approved gemcitabine intravesical system (Inlexzo, Janssen Biotech, Inc.) for adults with Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors. Gemcitabine intravesical system is co-packaged with a urinary catheter and stylet used for insertion through the urinary catheter into the bladder.	New FDA Drug/Indication
ECG 3190	Alimta or Pemfexy (pemetrexed)	Positive	1) Converted to new Evolent policy template 2) Added brand names “Axtle” and “Pemrydi” to relevant sections 3) Updated NSCLC indication to allow maintenance therapy with durvalumab +/- pemetrexed after first-line therapy for recurrent, advanced, or metastatic disease with platinum-based chemotherapy, tremelimumab, and durvalumab if restaging shows stability or response 4) Updated exclusion criteria 5) Updated references	Annual Review
ECG 3191	Zytiga or Yonsa (abiraterone acetate)	Positive	1) Converted to new Evolent policy template 2) Added brand name “Abirtega” to relevant sections 3) Updated indication section 4) Updated exclusion criteria 5) Updated maximum dosage form quantities in exclusion criteria 6) Updated references	Annual Review
ECG 3192	Cyramza (ramucirumab)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references	Annual Review
ECG 3193	Lynparza (olaparib)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated maximum dosage form quantities in exclusion criteria 5) Updated references	Annual Review
ECG 3195	Lenvima (lenvatinib)	No clinical change		Annual Review
ECG 3196	Zejula (niraparib)	No clinical change		Annual Review
ECG 3197	Kisqali (ribociclib)	No clinical change		Annual Review
ECG 3198	Sarclisa (isatuximab-irfc)	Positive		Annual Review
ECG 3200	Akeega (niraparib and abiraterone acetate)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Added maximum dosage form quantities in exclusion criteria 4) Updated references	Annual Review
ECG 3201	Hepzato (melphalan)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3202	Lymphir (denileukin diftitox-cxdl)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review