New Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
ECG 3254	Somatostatin Analog: Sandostatin (octreotide) and Somatuline (lanreotide)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3255	Votrient (pazopanib)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references	Annual Review
ECG 3256	Promacta, Alvaiz (eltrombopag)	No clinical change	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria 3) Updated references	Annual Review
ECG 3257	Beleodaq (belinosat)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3258	Blincyto (blinatumomab)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated exclusion criteria 4) Updated references	Annual Review
ECG 3259	Imlygic (Talimogene Laherparepvec)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3260	Rylaze (asparaginase Erwinia chrysanthemi recombinant-rywn)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references	Annual Review
ECG 3261	Trodelvy (govitecan-hziy)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3262	Gavreto (pralsetinib)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references	Annual Review
ECG 3263	Kimmtrak (tebentafusp-tebn)	No clinical change	1) Converted to new Evolent policy template 2) Updated indication section 3) Updated references	Annual Review
ECG 3264	Antiemetics	No clinical change	1) Converted to new Evolent policy template 2) Updated exclusion criteria 3) Updated references	Annual Review
ECG 3265	Ensacove (ensartinib)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3266	Bizengri (zenocutuzumab-zbco)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
ECG 3159	Keytruda and Keytruda Qlex (pembrolizumab IV/SC)	Positive	On November 21, 2025, the Food and Drug Administration approved pembrolizumab (Keytruda, Merck) or pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex, Merck) with enfortumab vedotin-ejfv (Padcev, Astellas Pharma) as neoadjuvant treatment followed by adjuvant treatment after cystectomy for adults with muscle invasive bladder cancer (MIBC) who are ineligible for cisplatin. 1) Added new indication 2) Added cisplatin-ineligibility criteria from study (having ≥ 1 of the following: CrCl 30-59 mL/min, ECOG PS 2, Grade ≥ 2 audiometric hearing loss, or NYHA class III heart failure) 3) Updated references	New FDA Drug/Indication

ECG 3121	Padcev (enfortumab vedotin-ejfv)	No clinical change	On November 21, 2025, the Food and Drug Administration approved pembrolizumab (Keytruda, Merck) or pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex, Merck) with enfortumab vedotin-ejfv (Padcev, Astellas Pharma) as neoadjuvant treatment followed by adjuvant treatment after cystectomy for adults with muscle invasive bladder cancer (MIBC) who are ineligible for cisplatin. 1) Added new indication 2) Added cisplatin-ineligibility criteria from study (having ≥ 1 of the following: CrCl 30-59 mL/min, ECOG PS 2, Grade ≥ 2 audiometric hearing loss, or NYHA class III heart failure) 3) Updated references	New FDA Drug/Indication
ECG 3148	Breyanzi (lisocabtagene maraleucel)	Positive	On December 4, 2025, the Food and Drug Administration approved lisocabtagene maraleucel (Breyanzi, Juno Therapeutics, Inc., a Bristol-Myers Squibb Company) for adults with relapsed or refractory marginal zone lymphoma (MZL) who have received at least two prior lines of systemic therapy. 1) Added new indication 2) Updated references	New FDA Drug/Indication
ECG 3200	Akeega (Niraparib and abiraterone acetate)	Positive	On December 12, 2025, the Food and Drug Administration approved niraparib and abiraterone acetate (Akeega, Janssen Biotech, Inc.) with prednisone for adults with deleterious or suspected deleterious BRCA2-mutated (BRCA2m) metastatic castration-sensitive prostate cancer (mCSPC), as determined by an FDA-approved test. 1) Added new indication 2) Updated references	New FDA Drug/Indication
ECG 3035	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive	On December 15, 2025, the Food and Drug Administration approved fam-trastuzumab deruxtecan-nxki (Enhertu, Daiichi Sankyo, Inc.) in combination with pertuzumab for the first-line treatment of adults with unresectable or metastatic HER2-positive (IHC 3+ or ISH+) breast cancer as determined by an FDA-approved test. 1) Added new indication 2) Updated contraindications/warnings section 3) Updated references	New FDA Drug/Indication