Guideline #	Guideline Name	Type of Change	Brief Description of Guideline Change	Reason for Changes
NEW	Veppanu (vepdegestrant)	Positive	On May 1, 2026, the Food and Drug Administration approved vepdegestrant (Veppanu, Arvinas Operations, Inc.), a heterobifunctional protein degrader, for adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *ESR1*-mutated advanced or metastatic breast cancer, as detected by an FDA-authorized test, with disease progression following at least one line of endocrine therapy.	New FDA Drug/Indication
NEW	Beqalzi (sonrotoclax)	Positive	On May 13, 2026, the Food and Drug Administration granted accelerated approval to sonrotoclax (Beqalzi, BeOne Medicines USA, Inc.), a BCL-2 inhibitor, for adults with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton's tyrosine kinase (BTK) inhibitor.	New FDA Drug/Indication
NEW	Decnupaz (pivekimab sunirine-pvzy)	Positive	On May 27, 2026, the Food and Drug Administration approved pivekimab sunirine-pvzy (Decnupaz, AbbVie, Inc.), a CD123-directed antibody and alkylating agent conjugate, for adults with blastic plasmacytoid dendritic cell neoplasm (BPDCN).	New FDA Drug/Indication
ECG 3076	Evolent Clinical Guideline 3076 for Erythropoiesis Stimulating Agents (ESAs)	No clinical change	Updated references	Annual Review
ECG 3110	Evolent Clinical Guideline 3110 for Sprycel (dasatinib)	No clinical change	Updated references	Annual Review
ECG 3111	Evolent Clinical Guideline 3111 for Tasigna (nilotinib)	No clinical change	1) Updated maximum dosage form quantities in exclusion criteria 2) Updated references	Annual Review
ECG 3112	Evolent Clinical Guideline 3112 for Voraxaze (glucarpidase)	No clinical change	Updated references	Annual Review
ECG 3114	Evolent Clinical Guideline 3114 for Ibrance (palbociclib)	Positive	1) Updated indication section to include use in combination with Itovebi (inavolisib) and Faslodex (fulvestrant) for the treatment of endocrine-resistant, PIK3CA-mutated, HR-positive, HER2-negative, locally advanced or metastatic breast cancer following recurrence on or after completing adjuvant endocrine therapy 2) Updated references	Annual Review
ECG 3115	Evolent Clinical Guideline 3115 for Xermelo (telotristat ethyl)	No clinical change	Updated references	Annual Review
ECG 3116	Evolent Clinical Guideline 3116 for Nerlynx (neratinib)	No clinical change	Updated references	Annual Review
ECG 3117	Evolent Clinical Guideline 3117 for Idhifa (enasidenib)	Positive	1) Added use as subsequent therapy for myelodysplastic syndrome to indication section per NCCN 2) Updated references	Annual Review
ECG 3118	Evolent Clinical Guideline 3118 for Erleada (apalutamide)	No clinical change	Updated references	Annual Review
ECG 3119	Evolent Clinical Guideline 3119 for Tavalisse (fostamatinib)	No clinical change	Updated references	Annual Review
ECG 3120	Evolent Clinical Guideline 3120 for Polivy (polatuzumab vedotin)	No clinical change	Updated references	Annual Review
ECG 3123	Evolent Clinical Guideline 3123 for Jelmyto (mitomycin for pyelocalyceal instillation)	No clinical change	Updated references	Annual Review
ECG 3124	Evolent Clinical Guideline 3124 for Zynlonta (loncastuximab tesirine-lpyl)	No clinical change	Updated references	Annual Review
ECG 3125	Evolent Clinical Guideline 3125 for Mozobil (plerixafor)	No clinical change	1) Updated exclusion criteria 2) Updated references	Annual Review
ECG 3126	Evolent Clinical Guideline 3126 for Ferriprox (deferiprone)	No clinical change	1) Added oral solution formulation details to exclusion criteria 2) Updated exclusion criteria 3) Updated references	Annual Review
ECG 3133	Evolent Clinical Guideline 3133 for Imjudo (tremelimumab)	No clinical change	Updated references	Annual Review
ECG 3127	Evolent Clinical Guideline 3127 for Fabhalta (iptacopan)	No clinical change	Updated references	Annual Review
ECG 3128	Evolent Clinical Guideline 3128 for Anktiva (nogapendekin alfa inbakicept-pmln)	Positive	1) Updated indication section to include use in Ta/T1 papillary tumors without CIS per NCCN 2) Updated references	Annual Review
ECG 3130	Evolent Clinical Guideline 3130 for Penpulimab-kcqx (penpulimab-kcqx)	Positive	1) Added use as subsequent therapy for anal cancer to indication section per NCCN 2) Updated references	Annual Review
ECG 3131	Evolent Clinical Guideline 3131 for Avmapki Fakzynja Co-pack (avutometinib and defactinib	No clinical change	Updated references	Annual Review
ECG 3266	Bizengri (zenocutuzumab-zbco)	Positive	On May 8, 2026, the Food and Drug Administration approved zenocutuzumab-zbco (Bizengri, Partner Therapeutics, Inc.) for adults with advanced, unresectable or metastatic cholangiocarcinoma harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy. NRG1-fusion positive cholangiocarcinoma is an extremely rare, life-threatening malignancy. 1) Added cholangiocarcinoma to indication section 2) Updated references	New FDA Drug/Indication
ECG 3066	Inqovi (decitabine and cedazuridine)	Positive	On May 13, 2026, the Food and Drug Administration approved an oral combination of decitabine and cedazuridine tablets (Inqovi, Taiho Oncology, Inc.) with venetoclax for the treatment of newly diagnosed acute myeloid leukemia (AML) in adults 75 years or older, or who have comorbidities that preclude the use of intensive induction chemotherapy. 1) Added AML to indication section 2) Updated references	New FDA Drug/Indication
ECG 3051	Venclexta (venetoclax)	Positive	On May 13, 2026, the Food and Drug Administration approved an oral combination of decitabine and cedazuridine tablets (Inqovi, Taiho Oncology, Inc.) with venetoclax for the treatment of newly diagnosed acute myeloid leukemia (AML) in adults 75 years or older, or who have comorbidities that preclude the use of intensive induction chemotherapy. 1) Updated AML indication 2) Updated references	New FDA Drug/Indication

ECG 3215	Tecentriq and Tecentriq Hybreza (atezolizumab IV/SC)	Positive	On May 15, 2026, the Food and Drug Administration approved atezolizumab (Tecentriq, Genentech, Inc.) and atezolizumab and hyaluronidase-tqjs (Tecentriq Hybreza, Genentech, Inc.) as adjuvant treatments for adults with muscle invasive bladder cancer (MIBC) after cystectomy who have circulating tumor DNA molecular residual disease (ctDNA MRD) as determined by an FDA-authorized test. 1) Updated urothelial carcinoma indication section 2) Updated references	New FDA Drug/Indication
ECG 3035	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive	On May 15, 2026, the Food and Drug Administration approved fam-trastuzumab deruxtecan-nxki (T-DXd, Enhertu, Daiichi Sankyo, Inc.) for two separate indications in adults with HER2-positive early-stage breast cancer. The first indication is for the neoadjuvant treatment of adults with HER2-positive (IHC 3+ or ISH+) Stage II or III breast cancer, as determined by an FDA-authorized test, followed by taxane, trastuzumab, and pertuzumab (THP). The second indication is for the treatment of adults with HER2-positive (IHC3+ or ISH+) breast cancer who have residual invasive disease after neoadjuvant HER2-targeted treatment. 1) Added first indication update 2) Second indication update was added in April 2026	New FDA Drug/Indication
ECG 3008	Datroway (datopotamab deruxtecan-dlnk)	Positive	On May 22, 2026, the Food and Drug Administration approved datopotamab deruxtecan-dlnk (Datroway, Daiichi Sankyo, Inc.) for adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who are not candidates for PD-1/PD-L1 inhibitor therapy. 1) Updated breast cancer indication section Per NCCN, will restrict use to CPS <10 and no BRCA pathogenic variant 2) Updated references	New FDA Drug/Indication
ECG 3105	Imfinzi (durvalumab)	Positive	On May 28, 2026, the Food and Drug Administration approved durvalumab (Imfinzi, AstraZeneca) in combination with Bacillus Calmette-Guerin (BCG) for the treatment of adult patients with BCG-naïve, high-risk non-muscle invasive bladder cancer (NMIBC). 1) Updated bladder cancer indication 2) Added high-risk characteristics for NMIBC as defined by study 3) Updated references	New FDA Drug/Indication
ECG 3002	Adstiladrin (nadofaragene firadenovec-vncg)	Positive	1) Updated indication section to include use in Ta/T1 papillary tumors without CIS per NCCN 2) Updated references	Other
ECG 3041	Jakafi (ruxolitinib)	Positive	1) Added “Jakafi XR (ruxolitinib) extended-release tablets” to all relevant sections 2) Updated references	Other
ECG 3049	Tevimbra (tislelizumab-jsgr)	Positive	1) Updated maximum dose to “400 mg” under exclusion criteria per prescribing information 2) Updated references	Other