Policy	Drug(s)	Type of Change	Brief Description of Policy Change
New	Margenza (margetuximab-cmkb)	n/a	n/a Add inclusion criteria: 1.Note: Per NCH policy, intravenous Emend (fosaprepitant) is preferred over oral Emend (aprepitant), Cinvanti (aprepitant injection), and Varubi (rolapitant oral).
UM ONC_1038	Emend (Aprepitant oral or Fosaprepitant), Cinvanti (aprepitant injection) and Varubi (rola	Negative change	Aud incussion Chiefa. Livote: rei Nuch point, in intervenus criento (tosaprepitant) is preferred over oral chiefu (aprepitant), Chivaniu (aprepitant injection), and valuu (tolapitant oral). Remove Varubi injection since no longer on the market.
UM ONC_1039	Faslodex (fulvestrant)	Positive change	Add inclusion criteria: Used as a single agent
			Add inclusion criteria: Add relugolix as non-preferred Prostate cancer 1. Note#2: For ADT- Androgen Deprivation Therapy- in prostate cancer, the oral LH-RH analog relugolix is not recommended per NCH Pathway and NCH Policy. Preferred alternatives are described above in Note#1. Thie recommendation is based on a lack of Overall Survival benefit with relugolix over leuprolide. Breast cancer
UM ONC_1041	LHRH agonists and antagonist	Negative change	1. Eligard/Lupron Depot (J9217 leuprolide 7.5 mg or 22.5 mg) may beis being used in combination with endocrine therapy (Tamoxifen or an aromatase inhibitor), with or without additional anticancer therapy, in perimenopausal /premenopausal women with ER/PR+ breast cancer whenever ovarian suppression/ovarian ablation is clinically indicated.
UM UNC_1041	LHKH agonists and antagonist	Negative change	cancer therapy, in permenopausar premenopausar winter express press cancer where you suppression/ovarian abation is clinically minicated. Update policy title to: Somatostatin Analog: Sandostatin"/Bynfezia Pen"/ Sandostatin LAR Depot" (octreotide) and Somatuline Depot "(Increotide) (Increotide) (Increot
			Add inclusion criteria: Note: The preferred Somastatin Analog is Sandostatin IV/SC or LAR Depot (octreotide) over Bynfezia Pen (octreotide) or Somatuline Depot (lanreotide). Somatuline Depot
UM ONC_1042	Somatostatin Analog: Sandostatin (octreotide) and Somatuline™ (lanreotide)	Negative change	(lanreotide) may be used in members with contraindication/intolerance to OR failure of Sandostatin IV/SC or LAR Depot (octreotide).
			Remove inclusion criteria: NSCLC: i.First line therapy for EGFR & , ALK , ROS1, and other driver mutation negative disease in combination with carboplatin/cisplatin and pembrolizumab OR
			ii.First line therapy for EGFR, ALK, ROS 1, and other driver mutation negative disease in combination with carboplatin/cisplatin OR
			iii.Subsequent therapy for EGFR/ALK/ROS1 positive disease in members that have received targeted therapies for any of the above 3 genomic alterations either as a single agent, or in combination with carboplatin/cisplatin
			Continuation maintenance therapy as a single agent or in combination with pembrolizumab following first-line therapy with [pembrolizumab +, pemetrexed + cisplatin /carboplatin].
UM ONC_1130	Alimta (pemetrexed)	Positive change	
			Remove exclusion criteria: 1. Off-label indications for Alimta (pemetrexed) in bladder and ovarian cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications. 2. For member with NSCLC, Alimta (pemetrexed) will be used for any of the following:
UM ONC_1130	Alimta (pemetrexed)	Positive change	a.Squamous cell histology b.As adjuvant therapy for stage IA
01110_1130	rainta (penedexea)	r ositive enange	Add inclusion criteria: Add Riabni biosimilar
			B. CD-20 positive B-Cell Non-Hodgkin's Lymphoma (NHL)
			c.Maintenance therapy: 1. For up to two years for Indolent B-Cell Lymphomas(Follicular B Cell Lymphoma, and all subtypes of Marginal Zone Lymphoma
			E. For up to two years for inducing the Eccit symphoma; of minimal as Cent symphoma and an addryces of Marginal 20ne Cymphoma C. CLL and Hodgkin's Lymphoma- As maintenance therapy for up to 2 years C. CLL and Hodgkin's Lymphoma- As maintenance therapy for up to 2 years
UM ONC_1132	Rituxan Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni)	Positive change	E. ITP: Platelet count is < 30,000
			Remove inclusion criteria: Remove preferred Rituxan Hycela
			Nemove prenere Artusan ryycea (LL: In combination with Venetoclax
			ITP: Platelet count is < 25,000
UM ONC_1132	Rituxan Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni)	Positive change	
			Add inclusion criteria: a.In combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or FOLFIRI (fluorouracil, leucovorin, and irinotecan) for members who have not received prior therapy containing either panitumumab or cetuximab OR as Therapy for KRAS/NRAS/BRAF wild-type gene and left-sided only tumors in combination with FOLFOX (fluorouracil, leucovorin, and
UM ONC_1135	Vectibix (panitumumab)	Negative change	oxaliplatin) or FOLFIRI.
			Remove inclusion criteria:
UM ONC_1135	Vectibix (panitumumab)	Negative change	b.In combination with irinotecan or FOLFIRI (fluorouracil, leucovorin, and irinotecan) for disease previously treated with oxaliplatin based chemotherapy OR c.In combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) regimen for disease previously treated with irinotecan based chemotherapy
		<u> </u>	
UM ONC_1135	Vectibix (panitumumab)	Positive change	Add inclusion criteria: c. Vectibix (panitumumab) may be used as subsequent therapy in combination with encorafenib for patients with unresectable/ metastatic disease (BRAF V600E mutation positive).
OIVI OINC_1135	vection (panituminal)	rositive change	Leverums (particularities) may de useu as subsequent uterapy in combination with encorating for patients with unresectabley metastatic disease (prair volue mutation positive).
	5 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Add inclusion criteria: B.Chemotherapy induced anemia (CIA)
UM ONC_1138	Erythropoiesis Stimulating Agents (ESA)	Negative change	1.ESA is being used in members with symptomatic anemia with solid tumors or non-myeloid malignancies receiving myelosuppressive chemotherapy without curative intent Add inclusion criteria: Use of generic imatinib (instead of brand) before other TKIs.
			Add inclusion criteria: Use of generic inflating (instead of pranti) before other TNS. 7. Gastrointestinal stromal futurors (GIST)
			a.NOTE: The preferred agent, per NCH Pathway & NCH Policy, for adjuvant therapy (for surgically resected disease) and for primary/initial therapy of unresectable/recurrent/metastatic
			disease is generic IMATINIB. i.As primary or subsequent therapy for metastatic/unresectable/recurrent disease OR
UM ONC 1177	Gleevec (imatinib mesylate)	Negative change	I.As primary or subsequent therapy for metastanc/unresectable/recurrent disease UK II.For Preoperative (neoadjuvanti/postoperative (adjuvanti) therapy of resected disease
_			Add inclusion criteria: B.Iron Deficiency
UM ONC_1181	Parenteral Iron Products	Negative change	v.An exception to the Hgb requirement can be made if the serum ferritin level is < 50 ng/ml and/or the transferrin saturation TSAT is < 10%
UM ONC 1201	Yervoy (ipilimumab)	Negative change	Add inclusion criteria: E.Colorectal Cancer 1.NOTE: Yervoy (ipilimumab) is not a preferred drug per NCH Policy or NCH Pathway for unresectable/metastatic/recurrent microsatellite instability-high (MSI-H) or mismatch repair deficient [dMMR] colorectal cancer. The preferred drug in this setting in single agent pembrolizumab. Please refer to UMC ONC_ 1263 Keytruda (pembrolizumab) policy. F.Hepatocellular Carcinoma (HCC) 1.NOTE: Yervoy (ipilimumab) is not a preferred drug per NCH Policy or NCH Pathway for the initial or subsequent treatment of hepatocellular carcinoma. Please refer to the NCH Pathway document for the most current recommended therapies for hepatocellular carcinoma.
	/ / -	- 0 c.iongc	

		+ ~ ~	
1			Add inclusion criteria:
			B.Classical Hodgkin Lymphoma
			1.NOTE: The preferred regimen for first line therapy in stage III and IV classical Hodgkin's Lymphoma per NCH Policies and NCH Pathways, is ABVD (doxorubicin, bleomycin, vinblastine,
			dacarbazine) except in members with contraindications or intolerance to Bleomycin (e.g. lung disease, prior smoking history) AND IPS- International Progrostic Score of 2-7 (see below).
UM ONC_1203	Adcetris (brentuximab)	Negative change	- International Prognostic Score in Hodgkin Lymphoma - IPS Score: 5 year Freedom From Progression (FFP) and Overall Survival (OS)
		Tregerite energe	in a secret of year recedent room regression (r. r.) while orient and room (real)
			Add exclusion criteria:
			C.Treatment with Adcetris (brentuximab vedotin) exceeds the maximum duration limit of 6 month cycles as a part of AAVD (12 doses for first line treatment of Hodgkin's Disease) OR exceeds 16
UM ONC_1203	Adcetris (brentuximab)	Negative change	cycles for refractory/relapsed disease/consolidation treatment after HSCT OR exceeds 8 doses for previously untreatedCD-30 + T Cell Lymphoma
			Add inclusion criteria: 2. Prostate Cancer
			a.NOTES: For members who have not previously received Zytiga (abiraterone), Erleada (apalutamide), or Xtandi (enzalutamide), the preferred first line oral agent, per NCH Policies and NCH
			Pathway, for metastatic castrate sensitive prostate cancer (M1 disease) is Zytiga (abiraterone acetate) over Xtandi (Eenzalutamide). Generic abiraterone 250 mg tablet is preferred over
UM ONC_1208	Zytiga or Yonsa (abiraterone acetate)	Negative change	abiraterone 500 mg tablet when available/possible.
			Add inclusion criteria:
			B. Prostate Cancer NOTE #1: Provenge is a Non-Preferred therapy for meastatic castrate-resistant prostate cancer per NCH Policy & NCH Pathway.
			NOTE #2.The preferred agents, per NCH Policies, for any first line therapy of castration-resistant metastatic (M1) disease include Androgen Deprivation Therapy, with or without Zytiga
			(abiraterone) OR Taxotere (docetaxel), over Provenge (sipuleucel-T). As per NCH Policy and NCH Pathway, Provenge (sipuleucel-T) is not a preferred agent for castration resistant metastatic
UM ONC_1218	Provenge (sipuleucel-T)	Negative change	prostate cancer.
			Remove inclusion criteria: 2. The member has castration-resistant distant metastatic prostate cancer, is asymptomatic or minimally symptomatic, and does not have visceral disease (lung, liver, or brain metastases) AND
			2. The member has a life expectancy of > 6 months AND
UM ONC_1218	Provenge (sipuleucel-T)	Positive change	4. The member's ECOG performance status is 0-1.
			Remove exclusion criteria:
			A.The member has stage 1-3 prostate cancer.
			B.The member has cancer related bone pain requiring systemic corticosteroid, opioid analgesics, or bone modifying agents (i.e. bisphosphonates) within previous 28 days. C.The member received chemotherapy within the previous 3 months.
			D.Provenge (siguleucel-T) is being used concurrently with immunosuppressive agents, chemotherapy, Zytiga (abiraterone), or anti-androgens (e.g. enzalutamide, apalutamide and
			darolutamide).
UM ONC_1218	Provenge (sipuleucel-T)	Positive change	E.Treatment with Provenge (sipuleucel-T) exceeds the recommended course of therapy of 3 complete doses given at approximately 2-week intervals.
UM ONC_1218	Provenge (sipuleucel-T)	Negative change	Add exclusion criteria: A. Provenge is Non-Preferred per NCH Policy
			Add inclusion criteria:
			1.NOTE: Per NCH policy and pathway, the preferred Proteasome inhibitor is Velcade (bortezomib) over Kyprolis (carfilzomib) or Ninlaro (ixazomib) for all settings in the treatment of multiple
			myeloma, unless there is contraindication/intolerance or failure to Velcade (bortezomib). Please refer to UM ONC_1136 Velcade (bortezomib) policy.
			2.NOTE: For initial therapy of newly diagnosed multiple myeloma, both transplant eligible and transplant ineligible, Kyprolis (carfilzomib) based regimens are non-preferred per NCH Pathway & NCH Policy: Please refer to the NCH Pathway document for preferred/Level 1 recommended therapies for the initial treatment of Multiple Myeloma.
UM ONC_1224	Kyprolis (carfilzomib)	Negative change	3. For relapsed or refractory disease, Kyprolis (carlilzomit) may be usedin combination with daratumumab +/- dexamethasone.
	The section of the se		Remove inclusion criteria:
1			4.Multiple Myeloma
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin)	Negative change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma.
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin)	Negative change	4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria:
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin)	Negative change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart.
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Doxil or Lipodox (liposomal doxorubicin)	Negative change Positive change	4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria:
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2.
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g.
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib).
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g.
			4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy.
			4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib.
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b. a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib.
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b. a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant : < 2 cm OR ER/PR positive OR NODE negative; used as a single agent
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant : < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Myelofibrosis c. The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: For Neoadjuvant/adjuvant (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d.The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following:
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b. a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Myelofibrosis c. The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d. The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following: i. Age > 65 years
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer 3. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Myelofibrosis c. The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d. The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following: i. Age > 65 years ii. Hemoglobin < 10 g/I
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4. Multiple Myeloma a. NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2. Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3. Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. 4. Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer a. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a. NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b. a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Myelofibrosis c. The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d. The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following: i. Age > 65 years
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4.Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2.Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3.Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4.Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer 3. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4.Hepatocellular Carcinoma (HCC) a.NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b.a. The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Neglofibrosis c.The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d.The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following: 1.Age > 65 years 1.Age > 65 years 1.Age > 65 years
UM ONC_1235	Doxil or Lipodox (liposomal doxorubicin) Cometriq or Cabometyx (cabozantinib)	Positive change	4.Multiple Myeloma a.NOTE: Please refer to NCH Pathway for L1 preferred regimens/agents for initial and subsequent therapy for Multiple Myeloma. Remove exclusion criteria: 2.Members with cardiomyopathy and those receiving concurrent radiation over the heart. 3.Dosing exceeds single dose limit of Doxil/Lipodox (liposomal doxorubicin) 50 mg/m2. 4.Dosing exceeds the total cumulative doses of 550 mg/m2. Add inclusion criteria: 2. Thyroid Cancer 3. NOTE: The preferred oral tyrosine kinase inhibitor (TKI) for use in metastatic medullary thyroid cancer is Caprelsa (vendatinib) and the preferred TKI for differentiated thyroid cancers (e.g. papillary, follicular, or Hurthle cell thyroid cancer) is Lenvima (Lenvatinib) over Cometriq (cabozantinib). 3. Kidney Cancer: Used as monotherapy in first and subsequent line of therapy. 4. Hepatocellular Carcinoma (HCC) a.NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway, for subsequent line therapy of unresectable or metastatic HCC is REGORAFENIB. This recommendation is based on lack of Level 1 evidence supporting the superior efficacy of cabozantinib over regorafenib. b. a.The member has HCC and CABOMETYX (cabozantinib) is being used as a single agent for unresectable or metastatic disease in members with Child-Pugh Class A only and who have been previously treated with 2 prior systemic therapies including sorafenib. Add inclusion criteria: For Neoadjuvant/adjuvant: < 2 cm OR ER/PR positive OR NODE negative; used as a single agent Remove inclusion criteria: Myelofibrosis c.The member has splenomegaly and symptoms (i.e. night sweats, itching, abdominal discomfort, pain under ribs on left, feeling of fullness, or muscle/bone pain) AND d.The member has intermediate (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis. The prognostic factors include the following: i.Age > 65 years ii.Hemoglobin < 10 g/l iii.Leukozyte > 25 × 109/l ii.Circulating blasts ≥ 1% blasts

Magnetic charges	1	1	1	Remove exclusion criteria:
Section (1997) Medical (1997)			Positive change	
Description of Description Description of Description Description of Description				· · · · · · · · · · · · · · · · · · ·
Martine (Martine) Martine (Martine) Martine (Martine) Martine (Martine) Martine (Martine) Martine)	UM ONC_1259	Gazyva (obinutuzumab)	No Changes	· · · ·
Col (1911) Transet (Integrated broad) Col (1911) Transet				
Macroscote And services of the algorithms through if high-risk Segarit throughout the legal of algorithms through the present plants and complete regional jump in made dissurdant. Administration of the present plants and complete regional jump in made dissurdant. Administration of the present plants and complete regional plants in the present plants and plants	UM ONC_1260	Beleodaq (belinosat)	Positive change	1. On-label molcations for Beleodad (belinosat) in primary cutaneous lymphomas.
Microscope (Septimental Disagnation According to Septimental Disagnation of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Jumpin made disacretical Control of the primary tumor and a complete regional Control of the primary regional Control of the primary r				Add inclusion criteria:
As a single capter of adjuvant through print dates of the date of the capter of the print of the capter of the cap				
In the case of Control				
D. Force CEC Concerns I. Person memory has required interestant programs of the process and Cooked in the following: I. Person has been concerned to the process of the p				
The member has recurrent/meterated/compared with Privacy devices and Opinior (including a long or per of per of the Other of the Other or the College of the College of the Other or the Other of the Other of the Other of the Other of the Other or the Other of the Other of the Other of the Other of the Other or the Other of the Other of the Other of the Other of the Other or the Other of the Other of the Other or the Other or the Other of the Other or the				
NOTIC 1229 (Igillori (ribealismat)) Negative drage of 12 Person (Processing in National State of 12 Person (Processing Annual An				
MONIC 1224 Opotion (involunted) Megative change A fine immediate in content of the information of quarter of the fine immediate or quarter information of quarter of the content of the properties of the proper				a. As first line therapy in combination with Yervoy (ipilimumab) for IMDC Intermediate or Poor Risk disease.
Add inclusion states: Add inclusion states: Add inclusion states: Agreement (taggeted states): Agreement (taggeted states)				NOTE: In the above setting,, ipilimumab is dosed at 1 mg/kg every 3 weeks xx 4 cycles only, nivolumab is dosed as 3 mg/kg every 3 weeks, 4 followed by single agent Opdivo (nivolumab) either
2. Autor (propholistic (extension (AU) 2. Aymin's (propholistic (extension (AU) 3. Eymin's (propholistic) 3. Eymin's (propholistic) 4. Eymin's (prop	UM ONC_1274	Opdivo (nivolumab)	Negative change	as 240 mg every 2 weeks or 480 mg every 4 weeks for intermediate or poor risk disease as defined by the IMDC (International Metastatic Renal Cell Carcinoma Database Consortium).
2. Autor (propholistic (extension (AU) 2. Aymin's (propholistic (extension (AU) 3. Eymin's (propholistic) 3. Eymin's (propholistic) 4. Eymin's (prop				
La Poet Improved the processor of the pr				
D. C. Cet (ymphoms) 1. Eyminh (respectace(s) Many to used for members who are 11 years of age or olds, with Diffus Large P. Cell (ymphoms, transformed Follicular (ymphoms, high-grade R.c.) 1. Eyminh (respectace(s)) 1. Eyminh (respecta				
A promotify Engagement of ABUS, EACH, combined by the Contragement of ABUS, EACH, combined and the Each Each, and the Contragement of ABUS, EACH, combined and the Each Each, and the Contragement of ABUS, EACH, combined and the Each Each, and the Each Ea				
ymphona with MPC rearrangement plus cramagement of Biol. 20, Biol., in orbit plans (i.e., double or triple Att) proposed with confirmed documentation of CO19 timor expert in Membra with the proposed of a set to Minior of Hospital College (i.e., double or triple Att) proposed and an antinocycline ADO UM ONC 1224 (Symrish (baggentelicused) Positive change Positive change Positive change Positive change Positive change Add exclusion ordinals Jenselicus and College (i.e., double or triple Att) Add exclusion ordinals Jenselicus and College (i.e., double or triple Att) Jenselicus and College (i.e., double or triple Att) Add exclusion ordinals Jenselicus and College (i.e., double or triple Att) Jenselicus and in a critical ordinals and an antinocycline ADO Add exclusion ordinals Jenselicus and College (i.e., double or triple Att) Jenselicus and College (i.e.				
Defendent must been previously recorded at least two lines of therapy, miduling flustumes and an antifracydine ARD				
MONC_1324 Symrish (tragenicideucel) Regative change Either having failed self-lymphoma or clusions riceias 26 (4) imphoma or religious/grindromy or late). Cell imphoma AND member has experienced disease progress of the proposal or strained or self-lymphoma or religious/grindromy or late). Coll imphoma AND member has experienced disease progress of the proposal or strained or self-lymphoma or religious/grindromy or late). Coll imphoma AND member has experienced disease progress of the proposal or strained or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress of the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease progress and the proposal or self-lymphoma AND member has experienced disease or any self-lymphoma AND member has experi				
MONC 1324 Symmith (Biogeniecleuce) Positive Chaige Positiv	LIM ONC 1224	Kymriah (tisaganlaslausal)	Nogativo chango	
Second Continued Postbe change Second Continu	01VI 01VC_1324	kyllillall (usagerilecieucei)	ivegative change	
OM DNC_1324 symital (triagenlecisused) Negative change And eduction or nerse: Negative change And recision cries: Negative change Negative ch				
OM ONC 1329 Vescarta (axicabtagene cioleuxed) Negative change OM ONC 1329 Vescarta (axicabtagene cioleuxed) Negative change OM ONC 1329 Vescarta (axicabtagene cioleuxed) Negative change Notice change No	UM ONC 1324	Kymriah (tisagenlecleucel)	Positive change	
MONC_1329 Vescarta (axicabtagene ciolescet) MONC_1329 Vescarta (a		, , , , , , , , , , , , , , , , , , , ,		
Add inclusion criterias 2 Anon-Hodgish Tymphomas (NHL) Negative change Are member has one of the following aggressive, CD-19 positive RHL Positive change Are member has one of the following aggressive, CD-19 positive RHL Positive change Are more inclusion criterias Are documented CD-19 status in lymphoma cells. Are more inclusion criterias Are documented CD-19 status in lymphoma cells. Are provided in the more inclusion criterias Are documented CD-19 status in lymphoma cells. Are provided in the more inclusion criterias Are documented CD-19 status in lymphoma cells. Are provided in the more inclusion criterias Are documented CD-19 status in lymphoma cells. Are provided in the more inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are documented CD-19 status in lymphoma cells. A provide inclusion criterias Are docum				2. Previous allogeneic transplant
Vecarta (axicabtagene citoleucel) Negative change	UM ONC_1324	Kymriah (tisagenlecleucel)	Negative change	3. Active CNS involvement with lymphoma
M ONC_1329 Vescarta [axicabtagene clioleucel] Positive change An immember has one of the following aggressive , C0-19 positive NHI. Remove exclusion criteria: 2. History or presence of any ONE of the following are excluded: 3. Prior an increment of the St. Circ a history of central nervous system lymphoma 5. Presence of Tung ONE of the following are excluded: 3. Prior an increment of St. Circ a history of central nervous system lymphoma 5. Presence of LNG disorder stans as sizure disorder, cerebrovascular is chemish/hemorrhage, dementa, cerebellar disease, or any autoimmune disease with CN5 involvem d. History or hepatitis (Fist or a history of hepatitis C1 is permitted if the viral load is undetectable. 2. Locanizement of LNS disorder stensy or live virus vaccies. 3. Disoring exceeds single dose limit of Yeszarta (axicabtagene ciloleucel) 4. Vescarta (axicabtagene ciloleucel) 4. Vescarta (axicabtagene ciloleucel) 5. Vescarta (axicabtagene ciloleucel) 6. Vescarta (axicabtagene ciloleucel) 7. Vescarta (axicabtagene ciloleucel) 8. Vescarta (axicabtagene ciloleucel) 8. Vescarta (axicabtagene ciloleucel) 9. Vescarta (Add inclusion criteria:
Positive change Wescarta (axicabtagene ciloleucel) Positive change Remove inclusion criteria: Littory or presence of any ONE of the following are excluded: Ji-Hostory or presence of any ONE of the following are excluded: Ji-Hostory or presence of any ONE of the following are excluded: Ji-Hostory or presence of any ONE of the following are excluded: Ji-Hostory or presence of any ONE of the following are excluded: Ji-Hostory or better in even outs with controlled or requiring N antimicrobials for management. Journal of the second of the presence of the second of the presence of language in the second of langu				
Che member had prior therapy with anti-CD20 monoclonal antibody (i.e. rituximab or obinuturumab) AND an anthracycline (i.e. CHOP) containing chemotherapy regimen. Remove exclusion riteria: 2 History or presence of any ONE of the following are excluded: a Prior allogencie INST or a history of central nervous system lymphoma b Presence of rugal, bacteria, Virgi, or other infection that is uncontrolled or requiring IV antimicrobials for management. c History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorders por live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Add inclusion criteria: 4 Add inclusion criteria: 4 Add inclusion criteria: 5 Amile Cell Lymphoma (LBCL) 5 Apovio (selinesor) 5 Apovio (selinesor) 5 Apovio (selinesor) 6 Apovio (selinesor) 7 Positive change 7 Apovio (selinesor) 8 Add inclusion criteria: 8 Add inclusion criteria: 8 Add	UM ONC_1329	Yescarta (axicabtagene ciloleucel)	Negative change	a.The member has one of the following aggressive , CD-19 positive NHL
Che member had prior therapy with anti-CD20 monoclonal antibody (i.e. rituximab or obinuturumab) AND an anthracycline (i.e. CHOP) containing chemotherapy regimen. Remove exclusion riteria: 2 History or presence of any ONE of the following are excluded: a Prior allogencie INST or a history of central nervous system lymphoma b Presence of rugal, bacteria, Virgi, or other infection that is uncontrolled or requiring IV antimicrobials for management. c History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d History or presence of RIS disorders such as seizure disorders por live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Concurrent use with other systemic immunosuppressive therapy or live vivus vaciens. 3 Add inclusion criteria: 4 Add inclusion criteria: 4 Add inclusion criteria: 5 Amile Cell Lymphoma (LBCL) 5 Apovio (selinesor) 5 Apovio (selinesor) 5 Apovio (selinesor) 6 Apovio (selinesor) 7 Positive change 7 Apovio (selinesor) 8 Add inclusion criteria: 8 Add inclusion criteria: 8 Add				
Remove exclusion criteria: 2. History or presence of Any ONE of the following are excluded: 2. History or presence of Any ONE placetrial, viral, or other infection that is uncontrolled or requiring IV antimicrobials for management. 3. Presence of fungal, bacterial, viral, or other infection that is uncontrolled or requiring IV antimicrobials for management. 4. History or presence of CNS disorder such as section disorder, cerebrowascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem 4. History or presence of CNS disorder such as section disorder, cerebrowascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem 4. History of hepatitis infection: history of hepatitis for hepatitis C is permitted if the viral load is undetectable. 2. Concrure to with other systemic immunosuppossive therapy or love virus vaccines. 3. Dosing exceeds single dose limit of Vescarta (avicabtagene ciloleucel) 2 X 108 CAN-positive viable T-cells. 4. Add exclusion criteria: 3. Add exclusion in criteria: 3. Add exclusion in criteria: 3. Add exclusion in criteria: 4. Add exclusion in criteria: 5. Add exclusion in criteria: 6.		V		
2. History or presence of any ONE of the following are excluded:	UM UNC_1329	Yescarta (axicabtagene ciloleucei)	Positive change	C. ne member had prior therapy with anti-CD20 monocional antibody (i.e. rituximab or obinutuzumab) AND an antimacycline (i.e. CHOP) containing chemotherapy regimen.
2. Alsitors or presence of any ONE of the following are excluded: 2. Abrical algencies INST or a listory of tentral nervous system lymphoma 3. Presence of fingal, bacterial, viral, or other infection that is uncontrolled or requiring IV antimicrobials for management. 4. Chistory or presence of CNS disorder such as setured storder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem 4. distinoty or hepatitis in forction: history of hepatitis IS or hepatitis IC is permitted if the viral load is undetectable. 2. Concurrent use with to their systemic immunosuppressive therapy or live viras vectices. 3. Dosing exceeds single dose limit of Vescarta (axicabtagene ciloleucel) 2. X 108 CAR-positive viable T-cells. 4. Add inclusion criteria: 3. Moderment of Vescarta (axicabtagene ciloleucel) 2. X 108 CAR-positive viable T-cells. 4. Add inclusion criteria: 3. Multiple Myeloma 3. X povido (selinexor) 4. Monc 1365 5. X povido (selinexor) 5. X povido (selinexor) 6. Negative change 6. Limphoma (BECL) 7. Add inclusion criteria: 8. Add inclusi				Remove exclusion criteria:
A Prior allogencic HSCT or a history of central nervous system lymphoma b. Presence of fungal, bacterial, vial, or other infection that is uncontrolled or requiring IV antimicrobials for management. Chitistry or presence of LNS disorder such as seizure disorder, cerebrovascular ischemia/humorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvem d. History of hepatitis in fection: history of hepatitis for hepatitis or				
D. Presence of fungal, bacterial, viral, or other infection that is uncontrolled or requiring N antimicrobials for management. c. Ithistory or presence of CNS disorder such as selective disorders, cerebolar disease, or any autoimmune disease with CNS involvem d. History of hepatitis for hepatitis 8 or hepatitis C is permitted if the viral load is undetectable. 2. Concurrent use with other systemic immunosuppressive therapy or live virus vaccines. 3. Dosing exceeds single dosell mint of Nestartal axistiabagene ciloleuce (2) X. Dis CARpositive viable T-cells. WO NOC_1329 (Vescarta (axicabtagene ciloleuce)) Negative change Add exclusion criteria: 3. No documented CD-19 status in lymphoma cells. Add inclusion criteria: 4. Add concentration of the virus vaccines. 2. Multiple Myeloma a Xpovio[Selinexor] may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen on proteasome inhibitor(e.g. bortezomib, cartilizomib, biazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3. Diffuse Large B-cell Lymphoma (DIBCU) a Xpovio (selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-Cell Lymphoma, that has progressed on 2 or more lines of therapy AND has autologous stem-cell transplant or was not eligible/suitable(based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. Multiple Myeloma and has received prior therapy with Velcade (bortecomib), Kyprolis (carfilizomib), Revlimid (lenalidomide), Pomalyst (pomalidomazek (daratumumab), glucocorticoids, and an alitylating agent AND Xpovio (selinexor) is being used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma (DIBCU) Abditional criteria: B. Mantle Cell Lymphoma (DIBCU) Abditional criteria: B. Mantle Cell Lymphoma (DIBCU) Abditional criteria: B. Mantle Cell Lymphoma (DIBCU) is being used as a single agent in members 18 years or older wi				· · · · · · · · · · · · · · · · · · ·
d. History of hepatits in fection: history of hepatits is or hepatits is or hepatits (is permitted if the viral load is undetectable. 2. Concurrent use with other systemic immunosuppressive thrangy or live virus vaccines. 3. Dosing exceeds single dose limit of Yeszarta (axicabtagene ciloleucel) 2 X 108 CAR-positive viable T-cells. Add inclusion criteria: 2. Multiple Myeloma a Xpovio(Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of ager one protessome inhibitor(e.g. bortezomib, carlitizomib, isazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3. Diffuse Large B-cell Lymphoma (DLBCL) a Xpovio (selinexor) 4. Apovio (selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more lines of therapy AND has autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. Multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomalis Daralex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. Add inclusion criteria: 3. Diffuse Large B-cell Lymphoma, (DLBCL) a. Member has relapsed or feractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Add inclusion criteria: 8. Maintic cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunohomerapy regimen (e.g., B-CHOP or BN) and a Bruton Tyrosine Kinase inhibitor (e.g., brutinib, acalabrutinib). Member should have confirmed CD-19*				
UM ONC_1329 Yescarta (axicabtagene ciloleucel) Positive change UM ONC_1329 Yescarta (axicabtagene ciloleucel) Yescarta (axicabtagene ciloleucel) X 108 CAR-positive viable T-cells. Negative change Add inclusion criteria: 2. Multiple Myeloma 3. Xpovio (Selinexor) Negative change UM ONC_1365 Xpovio (selinexor) Negative change WO ONC_1365 Xpovio (selinexor) X				c.History or presence of CNS disorder such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, or any autoimmune disease with CNS involvement
Vescarta (axicabtagene ciloleucel) Vescarta (axicabtagene ciloleucel) Vescarta (axicabtagene ciloleucel) Vescarta (axicabtagene ciloleucel) Negative change Add axicusion criteria: Add inclusion criteria: Apovio (Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e.g. bortezomib, carfilizomib, inazomib), one immunomodulatory agent (e.g. lenalidomide, pamiladomide) and daratumumab. Butto a provio (Selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-Cell Lymphoma, that has progressed on 2 or more lines of therapy AND has a provio (Selinexor) Negative change Remove inclusion criteria: A Mad inclusion criteria: A Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darralex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. Add inclusion criteria: Add inclusion criteria: Add inclusion criteria: B. Mantie Cell Lymphoma Tecartus (brexucabtagene ciloleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib), or zanubrutinib). Member should have confirmed CD-19-19-10-11-11-11-11-11-11-11-11-11-11-11-11-				d. History of hepatitis infection: history of hepatitis B or hepatitis C is permitted if the viral load is undetectable.
MONC_1329 Yescarta (axicabtagene ciloleucel) Add exclusion criteria: 3. No documented CD-19 status in lymphoma cells. Add inclusion criteria: 2. Multiple Myeloma a "Aprovio(Selinexor)" may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e, g. bortezomib, carfilizomib, ixazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3. Diffuse Large B-cell Lymphoma (DIBCL) a Xpovio (selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more lines of therapy AND has Negative change autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilizomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DIBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND Positive change Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucablagene autoleucel) will be used as a single agent. Chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib), acalabrutinib, or anubrutinib). Member should have confirmed CD-19-19-19-19-19-19-19-19-19-19-19-19-19-				
Add inclusion criteria: 2.Multiple Myeloma a Xpovio(Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e.g., bortezomib, carfilzomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3.Diffuse Large B-cell Lymphoma (DLBCL) a Xpovio (selinexor) Negative change autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3.Diffuse Large B-cell Lymphoma (DLBCL) a.Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND UM ONC_1365 Xpovio (selinexor) Positive change Add inclusion criteria: B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib, or zanubrutinib). Member should have confirmed CD-19-				
2. Multiple Myeloma a. Apovio (Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e.g. bortezomib, carfilzomib, ixazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Xpovio (selinexor) was undialogous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND UM ONC_1365 Xpovio (selinexor) Positive change Positive change Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g., B-CHDP or 8R) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib, or zanubrutinib). Member should have confirmed CD-194	UM ONC_1329	Yescarta (axicabtagene ciloleucel)	Negative change	Add exclusion criteria:3.No documented CD-19 status in lymphoma cells.
2.Multiple Myeloma a. Apovio(Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e.g. bortezomib, carfilizomib, ixazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Xpovio (selinexor) who used as a single agent in a member with relapsed/refractory diffuse large B-Cell Lymphoma, that has progressed on 2 or more lines of therapy AND has autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib, or zanubrutinib). Member should have confirmed CD-194				Line is a second of the control of t
a.Xpovio(Selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease progression on 3 different classes of agen one proteasome inhibitor(e, g., bortezomib, carfilzomib, inazomib), one immunomodulatory agent (e.g. lenalidomide, thalidomide, pomalidomide) and daratumumab. 3.Diffuse Large B-cell Lymphoma (DLBCL) a.Xpovio (selinexor) Negative change Negative change dyrefractory duritiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomalidative changes of the prior changes of the prior changes of the prior change of the prior change of the prior changes of the prior chang				
one proteasome inhibitor(e.g. bortezomib, carfilzomib, ixazomib), one immunomodulatory agent (e.g. lenalidomide, pomalidomide) and daratumumab. 3.Diffuse Large B-cell Lymphoma (DLBCL) a.Xpovio (selinexor) Negative change UM ONC_1365 Xpovio (selinexor) Negative change Negat				
3. Diffuse Large B-cell Lymphoma (DLBCL) a. Xpovio (selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-Cell Lymphoma, that has progressed on 2 or more lines of therapy AND has autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib), acalabrutinib). Member should have confirmed CD-194				
a.Xpovio (selinexor) may be used as a single agent in a member with relapsed/refractory diffuse large B-Cell Lymphoma, that has progressed on 2 or more lines of therapy AND has autologous stem-cell transplant or was not eligible/suitable (based on clinical assessment) for an autologous stem-cell transplant. Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194				
UM ONC_1365 Xpovio (selinexor) Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3.Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (prexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194				
Remove inclusion criteria: 2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-19+	UM ONC 1365	Xnovio (selinexor)	Negative change	
2. MM a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomali Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3. Diffuse Large B-cell Lymphoma (DIBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B. Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194		1-1		
Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent. 3.Diffuse Large B-cell Lymphoma (DLBCL) a.Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) will be used as a single agent. Add inclusion criteria: B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-19+				
3. Diffuse Large B-cell Lymphoma (DLBCL) a. Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND Description of the second of the s				a. Member has relapsed/refractory multiple myeloma and has received prior therapy with Velcade (bortezomib), Kyprolis (carfilzomib), Revlimid (lenalidomide), Pomalyst (pomalidomide),
a.Member has relapsed or refractory diffuse large B-cell Lymphoma, that has progressed on 2 or more prior therapies, AND b. Xpovio (selinexor) Add inclusion criteria: B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194				Darzalex (daratumumab), glucocorticoids, and an alkylating agent AND Xpovio (selinexor) is being used as a single agent.
UM ONC_1365 Xpovio (selinexor) Add inclusion criteria: B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194				
Add inclusion criteria: B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-19+				
B.Mantle Cell Lymphoma Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-194	UM ONC_1365	Xpovio (selinexor)	Positive change	
Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-19+				
chemo-immunotherapy regimen (e.g. R-CHOP or BR) and a Bruton Tyrosine Kinase inhibitor (e.g. ibrutinib, acalabrutinib). Member should have confirmed CD-19+				
				Tecartus (brexucabtagene autoleucel) will be used as a single agent in members 18 years or older with relapsed/refractory Mantle Cell Lymphoma that has progressed on 2 prior, including a
UM ONC_1413 Tecartus (brexucabtagene autoleucel) Negative change Lymphoma.	UIVI UNC_1413	recartus (prexucaptagene autoieucei)	ivegative change	Lymphonia.

			Remove exclusion criteria: A.Tecartus (brexucabtagene autoleucel) is being used after disease progression with the same regimen or prior CAR therapy or other genetically modified T cell therapy. B.Concurrent use with other systemic immunosuppressive therapy or live virus vaccines. C.Dosing exceeds single dose limit of Tecartus (brexucabtagene autoleucel) 2 × 108 chimeric antigen receptor (CAR)-positive viable T cells (approximately 68 mL). IV. MEDICATION MANAGEMENT A.Grade 3 or 4 febrile neutropenia is 6% (low risk level).
UM ONC_1413	Tecartus (brexucabtagene autoleucel)	Positive change	B.The frequency of emesis is 13% (low risk level).
UM ONC_1361	Erwinaze (asparaginase Erwinia chrysanthemi)	Negative change	Add inclusion criteria: