Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
New	Enjaymo (sutimlimab-jome)	N/A	N/A	N/A
New	Kimmtrak (tebentafusp-tebn)	N/A	N/A	N/A
New	Rimmtrak (tebentarusp-tebn) Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev	N/A	IV/A Add inclusion criteria: B. Breast Cancer NOTE: Per NCH Pathway & NCH Policy, [Avastin (bevacizumab) + Taxol (paclitaxel)] is not recommended and is a non-preferred regimen for the treatment of advanced/metastatic breast cancer. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with [Avastin (bevacizumab) + Taxol (paclitaxel)] compared to NCH preferred regimens. Furthermore, the FDA removed the breast cancer indication for Avastin (bevacizumab) due to the lack of overall survival data and the risk outweighed the benefit for use in breast cancer. Please refer to NCH pathway for the preferred treatments in advanced/metastatic breast cancer. D. Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) containing regimens are non-preferred per NCH Policy & NCH Pathway for metastatic non-squamous Non-Small Cell Lung Cancer. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superiority of Avastin (bevacizumab) containing regimes compared to NCH preferred regimens. Please refer to the NCH Pathway document for the current recommended	
UM ONC 1028	(bevacizumab-bvzr)	Negative change	regimens in the above cancer type/stage.	NCH Pathway Exclusion
			Add inclusion criteria: B. Non-Small Cell Lung Cancer (NSCLC) 1.NOTE: Per NCH Pathway & NCH Policy, [Bevacizumab + Carboplatin/Cisplatin + Pemetrexed] followed by maintenance [Bevacizumab + Pemetrexed] is a non-preferred regimen. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens for the initial treatment of NSCLC. Please refer to NCH Pathway for the preferred treatments recommended for use in the above setting. C.Malignant Pleural Mesothelioma b.As first line therapy for unresectable or metastatic disease as a single agent or in combination with cisplatin or carboplatin with or without bevacizumab OR	
UM ONC_1130	Alimta or Pemfexy (Pemetrexed)	Negative change	c.As subsequent therapy as a single agent (if not previously used in the first line setting).	NCH Pathway Exclusion
_	Alimta or Pemfexy (Pemetrexed)	Positive change	Remove inclusion criteria: B.Non-Small Cell Lung Cancer (NSCLC) d. Continuation - m/Maintenance therapy as a single agent after response or stable disease following first-line therapy or maintenance therapy in combination with pembrolizumab following first-line therapy with [pembrolizumab + pemetrexed + cisplatin/carboplatin]. Add inclusion criteria: 1.The member is an adult or pediatric member ≥6 months of age who has CD20 positive B-cell NHL (eg., follicular, diffuse large B-cell, Mantle Cell Lymphoma, pediatric aggressive mature B-Cell Lymphomas) or B-AL and rituximab (Truxima or Ruxience) is being used as a single agent or in combination with chemotherapy for ANY of the following:	Per Compendia Listing
UM ONC_1132	Rituxan Products (Rituxan, Rituxan Hycela, Truxima, Ruxience)	Negative change	a. Initial therapy (for use in combination with chemotherapy only)	Per Compendia Listing
UM ONC_1132	Rituxan Products (Rituxan, Rituxan Hycela, Truxima, Ruxience)	Negative change	Add exclusion criteria: A. Use of Rituximab products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni) as maintenance therapy after primary treatment of Diffuse Large B-Cell Lymphoma (DLBCL) or in combination with Imbruvica (librutinib). This recommendation is based on the lack of improvement in overall survival and the risk of toxicities outweigh the benefit. B. Treatment exceeds the maximum months duration limit of 2 years when used in combination with Venclexta (venetoclax) for the treatment of CLL.	Per Clinical Trial Analysis/Criteria
UM ONC_1132	Rituxan Products (Rituxan, Rituxan Hycela, Truxima, Ruxience)	Negative change	Add inclusion criteria: B.CD-20 positive B-Cell Non-Hodgkin's Lymphomas (NHL) or Acute Leukemia (B-AL) NOTE: Per NCH Pathway and NCH Policy, the following regimens are non-preferred due to lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes/lower toxicity compared to the NCH Preferred regimens. Please refer to NCH L1 pathway for the preferred treatments in these settings: a.In relapsed/refractory DLBCL: Gemcitabine + vinorelbine +/- rituximab; lenalidomide +/- rituximab (non-GCB DLBCL) b.As primary therapy for Follicular Lyphoma: lenalidomide + rituximab c.As initial and subsequent therapy for Marginal Zone Lymphoma: lenalidomide + rituximab d.As second line or subsequent therapy for Mantle Cell Lymphoma: Ibrutinib + lenalidomide + rituximab; venetoclax + rituximab. C.Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) NOTE: Per NCH Pathway & NCH Policy, the following regimens are non-preferred based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred regimens. Please refer to NCH pathway for the preferred treatments in the treatment of CLL/SLL. a.First Line Herapy: single agent rituximab; rituximab + birutinib; rituximab + fludarabine; rituximab + high-dose methylprednisolone (HDMP); rituximab + alemtuzumab.	NCH Pathway Exclusion

Policy#	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B.Multiple Myeloma (MM)	
			1.The member has multiple myeloma and Revlimid (lenalidomide) may be used as ONE of the following:	
			a.Initial therapy:	
			i.ii.In combination with Cyotxan (cyclopohosphamide) +/- dexamethasone	
			c.For relapsed or refractory disease as ONE of the following:	
			vii.With Treanda/Bendeka/Belrapzo (bendamustine) +/- dexamethasone	
UM ONC 1193	Revlimid (lenalidomide)	Positive change	viii.With Cytoxan (cyclopohosphamide) +/- dexamethasone	Per Compendia Listing
_			Remove inclusion criteria:	
			B.Multiple Myeloma (MM)	
UM ONC_1193	Revlimid (lenalidomide)	Negative change	vii.With Farydak (panobinostat) in members who have progressed on 2 prior regimens.	NCCN Withdrawal
		. regent e enenge	Add inclusion criteria:	
			B.Multiple Myeloma (MM)	
			1.Note: Per NCH pathway & NCH policy, the following regimens are non-preferred in the treatment of multiple myeloma:	
			a.Initial therapy: Daratumumab + lenalidomide + bortezomib +/- dexamethasone; Ixazomib + lenalidomide +/- dexamethasone; Daratumumab + carfilzomib + lenalidomide	
			+/- dexamethasone	
			a. Subsequent therapy: Panobinostat + lenalidomide +/- dexamethasone.	
			The above recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred	
			regimens. When clinically appropriate, please refer to NCH pathway for the preferred treatments.	
			D.Non-Hodgkin Lymphoma (NHL)	
			1.Note: Per NCH Pathway & NCH Policy, the following regimens are non-preferred for the following treatment settings:	
			a.Diffuse Large B Cell Lymphoma (DLBCL) maintenance: single agent Revlimid (lenalidomide)	
			a.Diffuse Large B Cell Lymphoma (DLBCL), relapsed/refractory: Lenalidomide +/- rituximab (non-GCB DLBCL)	
			a.Follicular Lymphoma (FL), initial therapy: Lenalidomide + rituximab/obinutuzumab	
			a.Marginal Zone Lymphomas (MZL), initial therapy: Lenalidomide + rituximab	
			a.Mantle Cell Lymphoma (MCL), second line and subsequent therapy: ibrutinib + lenalidomide + rituximab.	
			The above recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred	
			regimens. When clinically appropriate, please refer to NCH pathway for the preferred treatments.	
UM ONC 1193	Revlimid (lenalidomide)	Negative change		NCH Pathway Exclusion
		. regent e enenge	Remove inclusion criteria:	
			B.Renal Cell Carcinoma (RCC)	
			NOTE: The preferred tyrosine kinase inhibitor, per NCH Policy & NCH Pathway in the subsequent line of therapy for advanced or metastatic RCC, is Cabometyx (cabozantinib)	
UM ONC 1194	Nexavar (sorafenib)	Positive change	over Nexavar (sorafenib). Please refer to UM ONC 1237 Cometriq or Cabometyx (cabozantinib) policy.	NCH Pathway Expansion
_			Add inclusion criteria:	
			B.Renal Cell Carcinoma (RCC)	
			1.NOTE: Per NCH Pathway & NCH Policy, Nexavar (sorafenib) is a non-preferred regimen based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-	
			analyses) to show superior outcomes with Nexavar (sorafenib) compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended	
UM ONC 1194	Nexavar (sorafenib)	Negative change	for use in RCC.	NCH Pathway Exclusion
	*		Add inclusion criteria:	
			C.Hepatocellular Carcinoma (HCC)	
			1.NOTE: Per NCH Pathway & NCH Policy, Nexavar (sorafenib) is a non-preferred regimen based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-	
			analyses) to show superior outcomes with Nexavar (sorafenib) compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended	
UM ONC_1194	Nexavar (sorafenib)	Negative change	for use in HCC.	NCH Pathway Exclusion
			Remove inclusion criteria:	
			C.Hepatocellular Carcinoma (HCC)	
			1.The preferred agents, per NCH Policy & NCH Pathway, for unresectable or metastatic HCC are as follows:	
			a.For first line treatment: Tecentriq (atezolizumab) + Avastin (bevacizumab)	
UM ONC_1194	Nexavar (sorafenib)	Positive change	b.For subsequent treatment: Stivarga (regorafenib).	NCH Pathway Expansion
			Add inclusion criteria:	
			2.Nexavar (sorafenib) use is supported as a single agent in members with Child-Pugh Class A or B unresectable HCC, in the subsequent line setting, if the member has	
UM ONC_1194	Nexavar (sorafenib)	Negative change	intolerance/contraindication to/disease progression on Stivarga (regorafenib) AND Lenvima (lenvatinib).	More Cost Effective Alternative(s)
_	•		Remove inclusion criteria:	
1			B.Renal cell carcinoma (RCC)	
1			1.NOTE: The preferred tyrosine kinase inhibitor, per NCH policy and NCH pathway for advanced or metastatic RCC, IMDC Good Risk disease is Votrient (pazopanib). The latter	
UM ONC_1197	Sutent (sunitnib)	Positive change	recommendation is based upon the data from the COMPARZ trial. Please see UM ONC_1195 Votrient (pazopanib) policy.	NCH Pathway Expansion
	* * *		- " ' ' ' '	

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B.Renal cell carcinoma (RCC)	
			1.NOTE: Per NCH Pathway & NCH Policy, Sutent (sunitinib) is a non-preferred regimen based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses)	
			to show superior outcomes with Sutent (sunitinib) compared to Votrient (pazopanib). This recommendation is based on the data from the COMPARZ and PISCES trials	
			demonstrating Votrient (pazopanib) is equally effective as Sutent (sunitinib) and is better tolerated.	
			1.2. Sutent (sunitnib) may be used in members with metastatic/recurrent/unresectable metastatic Renal Cell Carcinoma with IMDC Good Risk disease, in members who are	
			intolerant to, or have a contraindication to, or disease progression on the use of Votrient (pazopanib).	
			Add inclusion criteria:	
			D.Pancreatic Neuroendocrine tumor (PNET)	
			1. Sutent (sunitinib) may be used as a single agent for members with unresectable or metastatic pancreatic neuroendocrine tumor, in any line of therapy , if not previously	
UM ONC_1197	Sutent (sunitnib)	Negative change	used.	NCH Pathway Exclusion
_			Add exclusion criteria:	
UM ONC_1197	Sutent (sunitnib)	Negative change	c.Treatment with Sutent (sunitinib) exceeds the maximum duration limit of 120 (12.5mg), 60 (25mg), 30 (37.5 mg) and 30 (50 mg) capsules a month.	FDA labeling
			Remove inclusion criteria:	
			B.Thyroid Cancer	
			1. Caprelsa (vandetanib) may be used as monotherapy for members with any of the following:	
			a.Unresectable or metastatic medullary thyroid cancer OR	
UM ONC 1204	Caprelsa (vandetanib)	Negative change	b.Unresectable or metastatic papillary, follicular, or Hürthle cell thyroid cancer deemed refractory to/unlikely to benefit from radioactive iodine treatment.	Per Compendia Listing
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add inclusion criteria:	
			B.Non-Small Cell Lung Cancer (NSCLC)	
			1.NOTE: The preferred agents, per NCH Pathway & NCH Policyies, for first line therapy of metastatic , ALK+ NSCLC areis Alecensa (alectinib) and Alunbrig (brigatinib) . This	
			recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with other ALK inhibitors [specifically	
			e.g., Zykadia (ceritinib), Lorbrena (lorlatinib), Xalkori (crizotinib)] over Alecensa (alectinib) and Alunbrig (brigatinib). Please refer to UMC ONC 1277 Alecensa (alectinib) policy	
UM ONC_1206	Xalkori (crizotinib)	Positive change	or UM ONC_1313 Alunbrig (brigatinib) policy.	NCH Pathway Expansion
			Add inclusion criteria:	
			B.Non-Small Cell Lung Cancer (NSCLC)	
			3.The member has locally advanced, recurrent, or metastatic NSCLC and Xalkori (crizotinib) may be used as a single agent for any of the following:	
			a. ROS1 rearrangement-positive tumors without brain metastases as first line or subsequent therapy OR	
LIM ONC 1206	Xalkori (crizotinib)	Positive change	b.ALK-positive tumors for members who are intolerant to/have a contraindication to/have failed therapy with Alecensa (alectinib) or Alunbrig (brigatinib).	NCH Pathway Expansion
OW ONC_1200	Adikori (crizocinio)	r ositive change	Add inclusion criteria:	rent admay Expansion
			D.A.LK+ Anaplastic Lymphoma (ALCL)	
			1.Xalkori (crizotinib) may be used as a single agent for members 21 years old or younger with relapsed/refractory Anaplastic Large Cell Lymphoma that is:	
			a. Positive for ALK:- Anaplastic Lymphoma Kinase (confirmed by testing), AND	
UM ONC 1206	Xalkori (crizotinib)	Negative change	b. The member has experienced disease progression on at least one prior therapy.	Per Compendia Listing
		.3	Add inclusion criteria:	,
			D.ALK+ Anaplastic Lymphoma (ALCL)	
			1.Xalkori (crizotinib) may be used as a single agent for members 21 years old or younger with relapsed/refractory Anaplastic Large Cell Lymphomathat is:	
			a. Positive for ALK:- Anaplastic Lymphoma Kinase (confirmed by testing), AND	
UM ONC_1206	Xalkori (crizotinib)	Negative change	b.The member has experienced disease progression on at least one prior therapy.	Per Compendia Listing
	. ,	1	Add exclusion criteria:	
			B.Dosing exceeds single dose limit of Xalkori (crizotinib) 250 mg (for NSCLC); 500 mg (for ALCL).	
UM ONC_1215	Treanda/Bendeka/Belrapzo (bendamustine)	Negative change	C.Treatment exceeds the maximum limit of 12060 (250mg) or 60 (200 mg) capsules a month.	FDA labeling
			Remove inclusion criteria:	
			B. Multiple Myeloma (MM)	
			2.NOTE 2: For initial therapy of newly diagnosed multiple myeloma, both transplant eligible and transplant ineligible, Kyprolis (carfilizomib) based regimens are non-preferred	NGU B. II.
UIVI ONC_1224	Kyprolis (carfilzomib)	Positive change	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.	NCH Pathway Expansion

Policy#	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
UM ONC 1224	Kyprolis (carfilzomib)	Negative change	Add inclusion criteria: B. Multiple Myeloma (MM) 2. NOTE 2: [Carfilzomib + Daratumumab + Lenalidomide +/- Dexamethasone] and [Carfilzomib + Panobinostat] are Non-Preferred regimens for the treatment of MM. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes/lower toxicity compared to the NCH Preferred regimens. When clinically appropriate, please refer to NCH pathway for the preferred treatments. 3. For relapsed or refrac tory disease, Kyprolis (carfilzomib) may be used in ANY of the following: a.in combination with or without dexamethasone OR b.in combination with dexamethasone and lenalidomide +/- dexamethasone OR c.in combination with dexamethasone and cyclophosphamide +/- dexamethasone OR d.in combination with daratumumab +/- dexamethasone if the member has not received prior therapy with daratumumabOR e.in combination with daratumumab +/- dexamethasone if the member has failed 2 prior regimens or line of therapies that include one proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib) & one immunomodulatory agent (e.g., lenalidomide, thalidomide).	NCH Pathway Exclusion
_	Zaltrap (ziv-afiibercept)	Negative change	Add inclusion criteria: Colorectal Cancer 1.NOTE: Per NCH Policy & NCH Pathway, Zaltrap (ziv-aflibercept) is a NON-PREFERRED drug for metastatic colorectal cancer. Zaltrap (ziv-aflibercept) use is not recommended for metastatic colorectal cancer. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Zaltrap (ziv-aflibercept) based regimens compared to Avastin (bevacizumab/Avastin biosimilars) based regimens or NCH Preferred regimens. When clinically appropriate, please refer to NCH pathway for the preferred treatments for metastatic colorectal cancer. Remove exclusion criteria:	NCH Pathway Exclusion
			A. NOTE: Per NCH Policy & NCH Pathway Zaltrap (ziv-aflibercept) is a NON-PREFERRED drug for metastatic colorectal cancer. Zaltrap is not recommended for use in metastatic colorectal cancer based on a lack of level one evidence from randomized trial/meta-analysis demonstrating superior outcomes over Avastin (bevacizumab) containing	
UM ONC_1226	Zaltrap (ziv-aflibercept)	Positive change	regimens.	NCH Pathway Exclusion
UM ONC 1232	Stivarga (regorafenib)	No Clinical Changes	N/A	N/A
UM ONC_1261	Cyramza (ramucirumab)	Negative change	Add inclusion criteria: B. Gastric and Gastroesophageal Junction Cancers 1.NOTE: Cyramza (ramucirumab) is a non-preferred agent per NCH Policy & NCH Pathway. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Cyramza (ramucirumab) compared to NCH Preferred regimens. The preferred alternatives per NCH Policies & NCH Pathway, for subsequent therapy of advanced/metastatic gastric or gastroespophageal junction adenocarcinoma are single agents including paclitaxel, docetaxel, or irinotecan C.Non-Small Cell Lung Cancer (NSCLC)/Colorectal Carcinoma/Hepatocellular Carcinoma 1.Cyramza (ramucirumab) is a non-preferred drug for the treatment of all the above cancer types. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Cyramza (ramucirumab) compared to NCH Preferred regimens. Please refer to the NCH Pathway document for recommended/preferred regimens/agents for the above cancer types.	NCH Pathway Exclusion
			Add inclusion criteria: B. Mantle Cell Lymphoma (MCL) NOTE: Per NCH Pathway & NCH Policy, [Ibrutinib + Lenalidomide + Rituximab] and [Ibrutinib + Venetoclax] are both Non-Preferred regimens for the treatment of MCL. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with the above regimens compared to	
UM ONC_1262	Imbruvica (ibrutinib)	Negative change	NCH Preferred regimens. When clinically appropriate, please refer to NCH Pathway for the preferred treatments. Add inclusion criteria: C.Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) LImbruvica (ibrutinib) use as a single agent is supported for initial and subsequent therapy for all prognostic categories of CLL/SLL. Imbruvica(ibrutinib) in combination with Venetoclax is supported if the member has CLL with any one of the following additional risk factors: age 65 years or older,	NCH Pathway Exclusion
UM ONC_1262	Imbruvica (ibrutinib)	Positive change	2. Introducation unity in Continuation with vertections as supported in the interior and cell (17), unmutated IGHV (Immunoglobulin Heavy Chain). Remove inclusion criteria: C. Recurrent/Metastatic Squamous and Non-Squamous Non-Small Cell Lung Cancer (NSCLC) I.NOTE: The preferred agent, per NCH Policy and NCH Pathway, for first line and maintenance treatment of recurrent/metastatic NSCLC is Keytruda (pembrolizumab) over	NCH Pathway Expansion
UM ONC_1263	Keytruda (pembrolizumab)	Positive change	other PD-1 or PD-11 inhibitors [i.e., Opdivo (nivolumab), Tecentriq (atezolizumab)].	NCH Pathway Expansion

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			C.Recurrent/Metastatic Squamous and Non-Squamous Non-Small Cell Lung Cancer (NSCLC)	
			1.NOTE: Per NCH Pathway & NCH Policy, [Pembrolizumab + Carboplatin + Albumin-bound Paclitaxe] is a non-preferred regimen for the treatment of NSCLC, based on the	
			lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway for the	
			preferred treatments.	
			1.2.NOTE: Keytruda (pembrolizumab) use as first line therapy for non-squamous/adenocarcinoma Non-Small Cell Lung Cancer, as a single agent or in combination with	
			platinum-based chemotherapy REQUIRES that the member's NSCLC be negative for EGFR mutations and ALK rearrangements.	
			F.Urothelial Carcinoma including Upper Urinary Tract Carcinoma and Carcinoma of Urethra	
UM ONC_1263	Keytruda (pembrolizumab)	Negative change	3.2.Keytruda may be used as monontherapy	NCH Pathway Exclusion
			F. Urothelial Carcinoma including Upper Urinary Tract Carcinoma and Carcinoma of Urethra	
			2.Keytruda may be used as monontherapy	
			H.Gastric Cancer or Esophageal and Esophagogastric Junction Cancers	
			a.As first line therapy in combination with fluoropyrimidine and platinum containing chemotherapy +/- trastuzumab (if HER positive), AND CPS of 10 or higher. This position	
			is supported by the lack of survival benefit of pembrolizumab monotherapy/pembrolizumab schemotherapy for tumors expressing lower levels of PD-L1.	
			Is supported by the lack of survival definition of period of survival definition of the lack of survival definition of survival definition of the lack of survival definition of the lack of survival definition of the lack of survival definition of survi	
			1.NOTE: Reytruda use in this disease is limited to members with liver function of Child Pugh Class A only, and members who have not received previous therapy with an	
			immune checkpoint inhibitor (e.g., Tecentriq).	
			O.Cutaneous Squamous Cell Carcinoma (CSCC)	
			1.NOTE: The preferred agent, per NCH Policy, for the treatment of members with recurrent or metastatic cutaneous squamous cell carcinoma is Libtayo (cemiplimab-rwlc)	
			over Keytruda (pembrolizumab). This position is based on the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda	
			compared to Libtayo. Please refer to UM ONC 1089 for Libtayo (cemiplimab-rwlc) policy.	
			O.Cutaneous Squamous Cell Carcinoma (CSCC)	
			1.NOTE: The preferred agent, per NCH Policy, for the treatment of members with recurrent or metastatic cutaneous squamous cell carcinoma is Libtayo (cemiplimab-rwlc)	
			over Keytruda (pembrolizumab). This position is based on the lack of Level 1 Evidence (randomized trials and or meta-analyses) to show superior outcomes with Keytruda	
			compared to Libtayo. Please refer to UM ONC 1089 for Libtayo (cemiplimab-rwlc) policy.	
			P.Microsatellite Instability-High or Mismatch Repair Deficient Cancer	
			1. Keytruda (pembrolizumab) may be used in members with a metastatic /unresectable solid tumor that has progressed following prior treatment, including all satisfactory	
			treatment alternatives and the solid tumor is positive for microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR) as confirmed by any standardized test for	
			the above biomarker.	
			Q, Triple Negative Breast Cancer (TNBC)	
			Likeytruda (pembrolizumab) may be used in combination with chemotherapy for any of the following:	
			a.As neoadjuvant or adjuvant therapy (if the member received pembrolizumah) in the neoadjuvant setting in a members with newly diagnosed high-risk early-stage TNBC (a	
			a.vs. icoaquivant. — a sprain di turciary (it the member Leverbee permovamente in the company of the member leverbee permovamente in the company of the member share in the company of the	
			tunio size 2.1 m., 2.2 unit unimeter utili nonal involvement, oi tunio size 2.2 uni unimeter legariness oi noda involvement, ANO the members have not received prior checkpoint inhibitor (PD-1/PD-L1) therapy, regardless of tumor PD-L1 expression	
			Unexpont minior (PO-1/PO-1) then pply regaines of unitor PO-1 expression D.As adjuvant therapy (ONV) if the member received pembrolizamab in the neoadjuvant setting) AND	
LIM ONC 1262	Keytruda (pembrolizumab)	Negative change	o.As adjuvant uteriary touter in the member received permonization on the neododywant setting) AND a.c.The member has not received prior checkpoint inhibitor (PD-1/PD-L1) therapy a.c.The member has not received prior checkpoint inhibitor (PD-1/PD-L1) therapy a.c.The member has not received prior checkpoint inhibitor (PD-1/PD-L1) therapy	Per Clinical Trial Analysis/Criteria
OW ONC_1203	ncya dda (pernoronzariao)	regutive change	act in member in as not received prior checkpoint ministral (ro-1/ro-1) derapy Add inclusion criteria:	rei ciinicai marAnaiysis/ciitena
			2.Note: Farydak (panobinostat) and Farydak containing regimens are Not Recommended for use per NCH Policy. This statement is based on the fact that several safer and	
LIM ONC 1271	Farvdak (panobinostat)	Negative change	and the control of th	NCCN Withdrawal
OW ONC_1271	Taryaak (panobinostat)	regutive change	Remove inclusion criteria:	NCCIV WILIIUI AWAI
			Neurose inclusion criteria. B. Ovarian Cancer	
			6. Ovariant Cancer NOTE: The Preferred PARP inhibitor, per NCH Policies and NCH Pathways, for maintenance therapy-either first line or after a platinum-sensitive relapse-in ovarian cancer is	
			Zejula (niraparib). This recommendation is based on a lack of level 1 evidence (randomized trials and/or meta-analyses) demonstrating superiority of Lynparza (olaparib) over	
			Zejula (niraparib). Please refer to UM ONC_1307 Zejula (niraparib) policy.	
			E.D.Prostate Cancer	
LIM ONG 1373	Lunnaraa (alanarih)	Docitivo change	1.NOTE: Lynparza (olaparib) is only recommended in metastatic castration-resistant prostate cancer with mutations in DNA repair genes including but not limited to	NCH Pathway Expansion
UIVI UNC_12/3	Lynparza (olaparib)	Positive change	germline/somatic BRCA1 or BRCA2 deleterious/suspected deleterious mutations.	NCH Pathway Expansion

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B.Ovarian Cancer	
			1.NOTE: Per NCH Policy and NCH Pathway, the combination of Lynparza (olaparib) and Avastin (bevacizumab) for maintenance therapy of advanced ovarian cancer, is a non-	
			preferred regimen. The preferred regimen in the above setting in single agent Zejula (niraparib). NCH Policy does not support [Olaparib + Bevacizumab] for first line	
			maintenance therapy, after completion of platinum based therapy. This recommendation is based on the lack of Level 1 evidence showing superior outcomes with the above	
			combination compared to Lynparza (olaparib) monotherapy.	
			3.2.Lynparza (olaparib tablet) may be used as single agent for ANY of the following:	
			a. First line maintenance therapy: For members with stage II- IV ovarian cancer, with a deleterious/suspected deleterious germline or somatic BRCA 1/2 mutation or	
			homologous recombination deficiency (HRD), who have completed first line platinum-based chemotherapy, and Lynparza is being given as a single agent in the maintenance	
			setting.	
			b. For members with recurrent/metastatic ovarian cancer with or without a deleterious/suspected deleterious germline/somatic BRCA 1/2 mutation, who have completed	
			platinum-based therapy for platinum-sensitive relapse.	
			C.Members with recurrent/metastatic ovarian cancer, with a deleterious/suspected deleterious germline/somatic BRCA 1/2 mutation, who have disease progression after 3	
UM ONC 1273	Lynparza (olaparib)	Negative change	or more lines of prior therapy.	NCH Pathway Exclusion
O.I. O.I.C_12.75	zymparza (orapana)	regulive ununge	Add inclusion criteria:	Trent damay Exclusion
			C.Breast Cancer	
			1. Member is positive for a deleterious/suspected deleterious germline BRCA 1/2 mutation and has metastatic/recurrent breast cancer, regardless of HER2 and ER/PR-status	
			AND Lynparza (olaparib) will be used as monotherapy	
			2.Lynparza (olaparib) may be use as adjuvant therapy for early stage (stages I-III)/non-metastatic HER2 negative breast cancer if the member is that is positive for agermline	
			BRCA 10 BRCA 2 mutation.	
			Pancres Adenocarcinoma	
			Lippagra (Olaparib) may be usedwill be use as monotherapy in a Mmember has with a deleterious/suspected deleterious germline BRCA 1/2 mutation who and has	
			netstatic pancreatic adenocarcinoma with stable/responding disease after 4-6 months of first line platinum-based chemotherapy (including cisplatin + gemeitabline or an extension of the properties of the propert	
UM ONC 1273	Lynparza (olaparib)	Negative change	metastatu partu aata uuerituutin aikun stani t espanning uisease aren 4 0 montis 0 mst mie piatinum useau tremourerapy mituumig tispiaum y gemutasme or an oxaliplatin-based regimen).	Per Compendia Listing
OIVI OIVC_1273	Lyriparza (diapario)	ivegative change	DARIPHAUT-UASEU TEGITIETI). Add inclusion criteria:	rei Compendia Listing
			Aud inclusion citeria. B. Thyroid Cancer	
UM ONC 1283	Lenvima (lenvatinib)	Negative change	B. Hyriou canice. 2. The member has anaplastic thyroid carcinoma and Lenvatinib is being used as monotherapy as first or subsequent line therapy	Per Compendia Listing
OIVI ONC_1265	Lenvina (lenvatino)	ivegative change	2. The member has anapiastic difficult carcinomia and centralino is being used as intributierapy as inscior sousequent line therapy Remove inclusion criteria:	Per Compendia Listing
			Nentroye inclusion to Tierra. C. Renal Cell Carcinoma (RCC)	
			1	
			1.NOTE: The preferred tyrosine kinase inhibitor, per NCH Policies & NCH Pathway, for first line metastatic RCC is: a.Votrient (pazopanib) for good risk disease	
			b.Cabometyx (cabozantinib) for intermediate or poor risk disease.	
			D.Hepatocellular Carcinoma (HCC)	
			1.NOTE: The preferred regimen, per NCH Policies & NCH Pathway, for first line therapy of unresectable or metastatic HCC is [Tecentriq (atezolizumab) + Avastin	
			(bevacizumab)].	
UM ONC 1283	Lenvima (lenvatinib)	D:+:	1.Lenvima (lenvatinib) may will be used as monotherapy for members with unresectable or metastatic hepatocellular cancer. Lenvima (lenvatinib) is preferred for members with no worse than Child Turcotte Pugh class A cirrhosis.	NGU BUIL
OIVI ONC_1265	Lenvina (lenvatino)	Positive change	was to work that the detect of the cost of	NCH Pathway Expansion
			Add inclusion criteria: Lenvima (Benvathib) may be used in metastatic renal cell carcinoma as a single agent for any line of therapy for non-clear cell carcinoma-OR with Afinitor (everolimus) as	
			subsequent therapy for clear cell carcinoma who have experienced disease progression on prior therapy with an anti-angiogenesis agent (an oral TKI and/or bevacizumab)AND	
			an immune checkpoint inhibitor.	
			2.NOTE: Keytruda(pembrolizumab) + Lenvima(lenvatinib) is a Non-Preferred regimen per NCH Policy for any line of therapy for metastatic renal cell carcinoma. This position is	
LIM ONG 1303	Lenvima (lenvatinib)	Nogative change	based on the lack of Level 1 evidence (randomized trials and or meta-analyses) showing superior outcomes with the above regimen compared to the regimens recommended	Day Carrage dia Listia
UM ONC_1283	Lenvima (ienvaunib)	Negative change	per NCH Policy and NCH Pathway.	Per Compendia Listing
			Add exclusion criteria:	
			A. Disease progression while taking Lenvima (lenvatinib) or on a prior lenvatinib containing regimen.	[
			B. Member with grade 3 or 4 renal failure/impairment or hepatotoxicity.	
			C.The max dose should not exceed 24 mg/day for thyroid cancer, 18 20 mg/day for renal cell cancer, 12 mg/day for hepatocellular cancer, and 20 mg/day for endometrial	
[]			cancer.	
UM ONC_1283	Lenvima (lenvatinib)	Negative change	D.Treatment exceeds the maximum monthly limit of 39 (24 mg); 30 (20 mg); 30 (18 mg); 30 (14 mg); 30 (10 mg); 30 (8 mg), or 30 (4 mg).	FDA labeling

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B.Multiple Myeloma	
			1.NOTE: Ninlaro (ixazomib) c	
			1. Ninlaro (ixazomib) may be used for members who have experienced disease progression on, contraindications, or intolerance to NCH Preferred Velcade (bortezomib) based	
			regimens, Revlimid (lenalidomide), AND Darzalex (daratumumab) in ANY of the following as follows:	
			a.As initial or subsequent therapy:	
			b.As single agent maintenance therapy.	
			C.lxazomib + Pomalidomide +/- Dexamethasone may be used as subsequent therapy following two prior lines of therapy including an immunomodulatory agent (e.g.,	
			lenalidomide, thalidomide) and a proteasome inhibitor (e.g., bortezomib, carfilzomib).	
			a. In combination with Decadron (dexamethasone) with or without Revlimid (lenalidomide)	
			b.In combination with Cytoxan (cyclophosphamide) and Decadron (dexamethasone)	
UM ONC_1284	Ninlaro (ixazomib)	Negative change	e.In combination with Decadron (dexamethasone) and Pomalyst (pomalidomide).	NCH Pathway Exclusion
			Add exclusion criteria:	
UM ONC_1284	Ninlaro (ixazomib)	Negative change	A.Disease progression on Ninlaro (ixazomib) or Ninlaro (ixazomib) containing regimen.	Per Compendia Listing
			Remove inclusion criteria:	
			B.Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)	
			1.NOTE: Please note that per NCH Policy & NCH Pathway, the combination of Venclexta (venetoclax) and Gazyva (obinutuzumab) for first line therapy of CLL/SLL is a Non-	
			Preferred Regimen. This recommendation is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) to show superior outcomes with the above	
UM ONC_1297	Venclexta (venetoclax)	Positive change	combination when compared with Venclexta (venetoclax) and Rituximab biosimilars.	NCH Pathway Expansion
ł			Add inclusion criteria:	
			C.Acute Myeloid Leukemia (AML)	
			1. Venclexta (venetoclax) may be used in combination with either Dacogen (decitabine), or Vidaza (azacitidine), or low dose cytarabine for members with AML who have	
			unfavorable-risk cytogenetics or are unsuitable for intensive remission induction therapy or decline intensive therapy; either of the above combinations may be used for	
			remission induction therapy & post-remission therapy OR	
UM ONC 1297	Venclexta (venetoclax)	Negative change	1.2. Venclexta (venetoclax) may be used in combination with Dacogen (decitabine), Vidaza (azacitidine), or low dose cytarabine for members with relapsed/refractory AML.	Per Compendia Listing
			Add inclusion criteria:	
			D.Mantle Cell Lymphoma	
			Note: Per NCH Policy & NCH Pathway, [Venclexta (venetoclax) +/- rituximab] and [Venclexta (venetoclax) + Imbruvica (ibrutinib)] are non-preferred regimens based on the	
			lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred regimens. Please refer to NCH pathway for the	
			preferred treatments for relapsed/refractory Mantle Cell Lymphoma.	
			1. Venclexta (venetoclax) may be used as a single agent or in combination with rituximab/ibrutinib for relapsed/refractory Mantle Cell Lymphoma, if the member is intolerant	
UM ONC 1297	Venclexta (venetoclax)	Negative change	to/has a contraindication to/has experienced disease progression on any of the NCH Pathway recommended therapies.	NCH Pathway Exclusion
	Tanada (Canada III)		Remove exclusion criteria:	Terradinal Exclusion
UM ONC_1297	Venclexta (venetoclax)	Negative change	B. Exclusions described above for specific diagnoses.	NCH Pathway Expansion
				, ,
í			Add exclusion criteria:	
		1	C.Treatment exceeds the maximum limit of 480120 (100 mg) or 240120 (50 mg), 5 (10 mg) tablets per month.	
		1	D.Treatment exceeds the maximum months duration limit of 12 months when used in combination with Gazyva (Obinutuzumab) or with Imbruvica (ibrutinib) for the	
UM ONC_1297	Venclexta (venetoclax)	Negative change	treatment of CLL (unless the the member is MRD+ at the end of 12 months). Venclexta (venetoclax) + rituximab may be used up to 2 years duration limit.	FDA labeling
_	. ,		Remove inclusion criteria:	
		1	B.Ovarian Cancer	
		1	1.NOTE: Rucaparib is a non-preferred PARP-inhibitor per NCH Policy for ovarian cancer. The preferred PARP inhibitor is Zejula (niraparib). Please refer to UM ONC 1307 Zejula	
		1	(niraparit) policy.	
		1	(Integrally Person). C. Prostate Cancer	
			L. Prostate Cancer I. NOTE: Per NCH Pathway & NCH Policy, Rubraca is a non-preferred regimen for the treatment of metastatic castration-resistant prostate cancer. The preferred agent in this	
			1.NOTE. Fet Note radiuway & Note Found, would be a not present or regiment or new extension to measurable classical cast advice resistant prostate cancer. The presence agent in time setting is Lynparza (Olaparib). This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with	
LIM ONC 1301	Rubraca (rucaparib)	Positive change	setting is tyripiar a (uraparity), rins recommendation is usased on the lack or Level 1 Evidence climical trial and/or meta-analyses) to snow superior outcomes with Rubraca (rucaparib) compared to Lynparza (olaparib). Please refer to UM ONC 1273 Lynparza (olaparib) policy.	NCH Pathway Expansion
OIAL OIAC 1201	nabraca (racapano)	1 Ositive triange	numaca (rucapanin) compared to Eymparea (mapanin). Prease refer to one one_1275 Eymparea (mapanin) policy.	INCH Falliway Expansion

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DAMONIE Pas relapando on this programme discuss with a destroinal jusquested collections grammed. You with SEALIZ murities AND Linear Company of the Company				2.1.Rucaparib may be used as a single agent when ALL of the following criteria are met:	
Manual Francisco Seal For Comments of Co				a.The member has stage II - ##/# V ovarian carcinoma AND	
A florance processor by a control processor by a control as a relative poster. Character (Control Character) Character (Control Character) Character (Control Character) Character (Control Character) Character) Character (Control Character) Character) Character (Control Character) Char				b.Member has relapsed or has progressive disease with a deleterious/suspected deleterious germline/ somatic BRCA1/2 mutation AND	
A florance processor by a control processor by a control as a relative poster. Character (Control Character) Character (Control Character) Character (Control Character) Character (Control Character) Character) Character (Control Character) Character) Character (Control Character) Char				i-Member has received at least 3 prior chemotherapy regimens OR	
C Protest Concer I Allurate Concer I Allurate Concer I Allurate Incorpants Weglieve change UM ONC_1301 Nutriate Incorpants Neglieve change I Neglieve change				ii.i. Member has completed two or more lines of platinum-based therapy with a complete or partial response AND	
Les Allegardin may be used a six spile agent in prostate concer when All. the following orders are well. All Mombers has negative discount contract Contraction Security of the American Security o				c.Rubraca (rucaparib) will be used as a single agent and as maintenance therapy:	
AMember has missisted costation feelisted from the Costation feeling from the Costation feeling feeling from the Costation feeling from the Costation feeling from the Costation feeling feeling from the Costation feeling feeling from the Costation feeling from the Costation feeling feeling feeling feeling feeling feeling feeling feeling				C.Prostate Cancer	
b. Member has experienced disease propression on or or after the same based through specific formation of the property of the				2.1.Rucaparib may be used as a single agent in prostate cancer when ALL the following criteria are met:	
Comment Annual Comm				a. Member has metastatic Castration-Resistant Pprostate Cancer AND	
Comment Annual Comm				b. Member has experienced disease progression on an or after - taxane based therapy (e.g. docetaxel) and Androgen Receptor Directed therapy (e.g., Abiraterone and/or	
Member's cancer in passible for 88CA 1 or 2 multiple for 180CA 1 or					
MONC_1301 Rubosa (rucaparitity) Regative Change Add exclusion criteria: ADd exact progression while receiving flathors (rucaparity) or another PABP inhibitor (file_Zigula (rinspirity) or Lymparas (Duperity). PAL labeling PAL					
Add desculsion orderics A Disease progression while receiving flutherad (nuceparts) or another PASP inhibitor (§ a. Ziyuda (friagants) or (mynara (Obparts)). (DA labeling (DA labelin	UM ONC 1301	Rubraca (rucaparib)	Negative change		NCH Pathway Expansion
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s.The member has newly diagnosed stage. If-V over an carcinoma and has undergone surgery (with or without optimal debulking) and has completed first line platinum-based demotratery AND Niraparity and has undergone surgery (with or without optimal debulking) and has completed first line platinum-based demotratery AND Niraparity and part of the preferred agent per NCH Policy. 8 NCH sathway in this setting. The readmendation is haved an extra analysed to expend to interpret the preferred agent per NCH Policy. 8 NCH sathway in this setting. The readmendation is haved an extra analysed to expend the special part of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of plant has deserted under the set of the policy of the po					
based chemotherapy Alto Niraparils being used as a single agent for maintenance therapy (regardless of BRCA mutation test results). b. NOTE-Stapping the the Professor per KICE Plains, A KICES altway in this case that based of each side designably and company and the part of the professor per KICE Plains, A KICES altway and the pass of Chiparably and Europarably and Europarably alence. c. The member has recurrent pass and electrons/suspected deleterious/suspected deleterious/sus					
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c. The member has recurrent platinum-sensitive ovarian cancer and Niraparib is being used as a single agent for maintenance therapy, after completion of platinum-based chemotherapy (regardless of BRCA nutation test results). A017. Jejus (niraparib) DM ONC_1307 Zejula (niraparib) Positive change Homewer inclusion criteria: B. Colorectal Cancer LNOTE: Lonsurf + Avastin/biosimilars is a Non-Preferred regimen per NCH Policy. LThe member has unresectable/advanced/metastatic colorectal cancer and Lonsurf (trifluridine/tipiracil) Positive change UM ONC_1311 Lonsurf (trifluridine/tipiracil) Positive change LThe member swho have progressed through all clinically appropriate regimens for the above disease except Stavarg (regardless of platinum sensitivity) and has a single agent or in combination with bevoctrumab in member swho have progressed through all clinically appropriate regimens for the above disease except Stavarg (regardless of platinum sensitivity) and has a single agent or in combination with bevoctrumab in member swho have progressed through all clinically appropriate regimens for the above disease except Stavarg (regardless of lamb) and Lonsurf (trifluridine/tipiracil) Positive change UM ONC_1311 Lonsurf (trifluridine/tipiracil) Negative change Lonsurf (trifluridine/tipiracil) Negative change Add excusion criteria: Coastric or Gastricesophageal Junction (SEJ) Adenocarcinoma Lonsurf (trifluridine/tipiracil) Negative change Per Compendia Listing Add excusion criteria: Coastric or Gastricesophageal Junction (SEJ) Adenocarcinoma Lonsurf (trifluridine/tipiracil) Negative change Lonsurf (trifluridine/tipiracil) Neg				D. Morte, independent of the report of the restriction of the restrict	
chemotherapy (regardless of BRCA mutation test results). NOTE: Zeplula (integrants) is the Prederied agent per NCH Policy, & NCH Pathway in this cetting d. The member has a long prior lines of chemotherapy and Niraparib is being used as a single agent. NCH Pathway Expansion NCH Pathway Expansion				and or meta analyses; to support the superiority of other maintenance regimens, specifically Explored (diapano) and (Explored (diapano) + mastin (devaluation)) over Ecolor (diapano) and (Explored (diapano) + mastin (devaluation)) over Ecolor (diapano) and (diapano) + mastin (devaluation) over Ecolor (diapano) and (diapano) + mastin (devaluation) over Ecolor (diapano) and (diapano) and (diapano) + mastin (devaluation) over Ecolor (diapano) and	
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d.The member has a deleterious/suspected deleterious germline/somatic BRCA 1/2 mutation has with recurrent ovarian cancer (regardless of platinum sensitivity) and has had 3 or more prior lines of chemotherapy and Niraparib is being used as a single agent. NCH Pathway Expansion Remove inclusion criteria: 8. Colorectal cancer 1.NOTE: Lonsurf (riffuridine/tipiracil) Positive change Add inclusion criteria: 8. Colorectal cancer 1.NOTE: Lonsurf (riffuridine/tipiracil) Positive change Add inclusion criteria: 8. Colorectal cancer 1.NOTE: Lonsurf (riffuridine/tipiracil) is being used as a single agent or in combination with bevacizumab in members who have progressed through all clinically appropriate regimens for the above disease-except Stivarga (regardless) and Lonsurf (triffuridine/tipiracil) is being used as a single agent or in combination with bevacizumab in members who have progressed through all clinically appropriate regimens for the above disease-except Stivarga (regardless) and Lonsurf (triffuridine/tipiracil) and Lonsurf (triffuridine/tipiracil) and Lonsurf (triffuridine/tipiracil) Positive change UM ONC_1311 Lonsurf (triffuridine/tipiracil) Negative change Lonsurf (triffuridine/tipiracil) Negative change Add exclusion criteria: 8. Dosing exceeds single dose limit of Lonsurf (triffuridine/tipiracil) gavanced/recurrent/ metastatic Gastric or GEI (Gastro-Esophageal Junction) adenocarcinoma and Lonsurf (triffuridine/tipiracil) and Lonsurf (triffuridine/ti					
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LNOTE: Lonsurf + Avastin/biosimilars is a Non-Preferred regimen per NCH Policy. 1.The member has unresectable/advanced/metastatic colorectal cancer and Lonsurf Add inclusion criteria: 8.Colorectal Cancer 1.The member has unresectable/advanced/metastatic colorectal cancer and Lonsurf (trifluridine/tipiracil) is being used as a single agent or in combination with bevacizumab in members who have progressed through all clinically appropriate regimens for the above disease-except Stivarga (regerafenib) and Lonsurf (trifluridine/tipiracil). Add inclusion criteria: C.Gastric or Gastrocsophageal Junction (GEJ) Adenocarcinoma 1.The member has unresectable/dovanced/metastatic colorectal cancer and Lonsurf (trifluridine/tipiracil) and Lonsurf (trifluridine/tipiracil). Per Compendia Listing Add inclusion criteria: C.Gastric or Gastrocsophageal Junction (GEJ) Adenocarcinoma 1.The member has unresectable/locally appropriate regimens for the above disease-except Stivarga (regerafenib) and Lonsurf (trifluridine/tipiracil). Per Compendia Listing Add inclusion criteria: C.Gastric or Gastrocsophageal Junction (GEJ) Adenocarcinoma 1.The member has unresectable/locally appropriate regimens for the above disease-except Stivarga (regerafenib) and Lonsurf (trifluridine/tipiracil). Per Compendia Listing Add inclusion criteria: C.Gastric or Gastrocsophageal Junction (GEJ) Adenocarcinoma 1.The member has unresectable/locally appropriate regimens for the above disease-except Stivarga (regerafenib) and Lonsurf (trifluridine/tipiracil) and Lonsurf (trifluridine/tipiracil) adenocarcinoma and Lonsurf (trifluridine/tipiracil) adenocarcinoma and Lonsurf (trifluridine/tipiracil) is being used as third-line or subsequent therapy following 2 prior lines of therapy as a single agent. Add inclusion criteria: B.Dosing exceeds single dose limit of Lonsurf (trifluridine/tipiracil) 80 mg (based on the trifluridine component). C.Treatment exceeds the maximum limit of 80 (20 mg) or 120 60 (15 mg) tablets/month. Remove inclusion crit					
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1.The member is not a surgical candidate or has unresectable/locally advanced/recurrent/ metastatic Gastric or GEI (Gastro-Esophageal Junction) adenocarcinoma and Lonsurf (trifluridine/tipiracil) Lonsurf (trifluridine/tipiracil) Negative change Negative chan					
UM ONC_1311 Lonsurf (trifluridine/tipiracil) Negative change Add exclusion criteria: B. Dosing exceeds single dose limit of Lonsurf (trifluridine/tipiracil) so being used as third-line or subsequent therapy following 2 prior lines of therapy as a single agent. Per Compendia Listing Add exclusion criteria: B. Dosing exceeds single dose limit of Lonsurf (trifluridine/tipiracil) 80 mg (based on the trifluridine component) UM ONC_1311 Lonsurf (trifluridine/tipiracil) Negative change C. Treatment exceeds the maximum limit of 80 (20 mg) or 120 (15 mg) tablets/month. Remove inclusion criteria: C. Small Cell Lung Cancer (Extensive Stage) 1. NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).					
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B.Dosing exceeds single dose limit of Lonsurf (trifluridine/tipiracil) 8 mg (based on the trifluridine component). C.Treatment exceeds the maximum limit of 80 (20 mg) or 120 60 (15 mg) tablets/month. Remove inclusion criteria: C.Small Cell Lung Cancer (Extensive Stage) 1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).	UM ONC_1311	Lonsurf (trifluridine/tipiracil)	Negative change		Per Compendia Listing
UM ONC_1311 Lonsurf (trifluridine/tipiracil) Negative change C.Treatment exceeds the maximum limit of 80 (20 mg) or 120 (15 mg) tablets/month. Remove inclusion criteria: C.Small Cell Lung Cancer (Extensive Stage) 1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).					
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C.Small Cell Lung Cancer (Extensive Stage) 1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).	UM ONC_1311	Lonsurf (trifluridine/tipiracil)	Negative change	C.Treatment exceeds the maximum limit of 80 (20 mg) or 120 😜 (15 mg) tablets/month.	FDA labeling
C.Small Cell Lung Cancer (Extensive Stage) 1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).					
1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).				Remove inclusion criteria:	
Please refer to the NCH Pathway document. This recommendation is based on the lack of Level 1 evidence (randomized trial and/or meta-analysis) to support superior				1.NOTE: Per NCH Policy and NCH Pathway, the preferred checkpoint inhibitor for first line therapy of Extensive Stage Small Cell Lung Cancer is Tecentriq (atezolizumab).	
				Please refer to the NCH Pathway document. This recommendation is based on the lack of Level 1 evidence (randomized trial and/or meta-analysis) to support superior	
UM ONC_1314 Imfinzi (durvalumab)	UM ONC_1314	Imfinzi (durvalumab)	Positive change	outcomes with Imfinzi (durvalumab) based therapy over Tecentriq (atezolizumab) based therapy, in first line treatment of extensive-stage small cell lung cancer.	NCH Pathway Expansion

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			C.Small Cell Lung Cancer (Extensive Stage)	
			1.Imfinzi (durvalumab) may be used in combination with [carboplatin/ cisplatin + etoposide] followed by single agent maintenance Imfinzi (durvalumab), for members with	
UM ONC_1314	Imfinzi (durvalumab)	Positive change	extensive stage small cell lung cancer, if there is a history of intolerance to Tecentriq (atezolizumab).	Per Compendia Listing
			Add exclusion criteria:	
			D.Dosing exceeds single dose limit of Imfinzi (durvalumab) 10mg/kg (every 2 weeks), 20 mg/kg (every 3 weeks), 1500 mg (every 3 weeks for SCLC), or 1500 mg (every 4	
UM ONC_1314	Imfinzi (durvalumab)	Negative change	weeks), or maximum duration of 12 months for NSCLC consolidation therapy.	FDA labeling
			Add inclusion criteria:	
			B. Diffuse Large B-Cell Lymphoma (DLBCL)	
			1. The member has relapsed/refractory DLBCL and Polivy (polatuzumab vedotin) is being used as a single agent or in combination with bendamustine and with or without ritu	
UM ONC_1362	Polivy (polatuzumab vedotin)	Positive change	ximab	Per Compendia Listing
			Remove inclusion criteria:	
			B.Multiple Myeloma	
			1.NOTE: Xpovio (selinexor) is a Non-Preferred drug for use in Multiple Myeloma per the NCH Policy. Several other alternative treatment options are available.	
			C. Diffuse Large B-cell Lymphoma (DLBCL)	
UM ONC_1365	Xpovio (selinexor)	Positive change	1.NOTE: Xpovio (selinexor) is a Non-Preferred drug per NCH Policy, for relapsed/refractory Diffuse Large B-Cell Lymphoma (and all related Large B-Cell Lymphomas).	NCH Pathway Expansion
			Add inclusion criteria:	
			2. Xpovio (Selinexor) may be used for relapsed/refractory multiple myeloma in combination with Bortezomib/Daratumumab +/- Dexamethasone in members who have	
	Marie College and		received one prior therapy OR in combination with Pomalidomide +/- Dexamethasone following 2 prior lines of therapy including a proteasome inhibitor (e.g., bortezomib,	
UMI UNC_1365	Xpovio (selinexor)	Positive change	carfilzomib, ixazomib) and an immunomodulatory agent (e.g., lenalidomide, thalidomide, pomalidomide).	Per Compendia Listing
			Remove inclusion criteria:	
LIM ONC 1265	Xpovio (selinexor)	Positive change	A.Lack of documentation of disease progression on the drugs mentioned in the Inclusion Criteria.	NCH Pathway Expansion
OW ONC_1303	Apovio (seiliexor)	rositive change	Actions of documentation of disease progression on the drugs mendoned in the inclusion Criteria. Add exclusion criteria	NCH Patriway Expansion
			B. Dosing exceeds single dose limit of Xpovio (selinexor) 60 mg (for DBLCL) or 100 mg (for MM).	
UM ONC 1365	Xpovio (selinexor)	Negative change	6. For sing exceeds the maximum limit of 20 (20 mg), 16 (40 mg), 8 (50 mg), 8 (60 mg), 8 (90 mg), 20 mg), 16 (40 mg), 17 mg (10 mg), 18 mg), 18 mg (10 mg), 18 mg), 18 mg (10 mg), 18	FDA labeling
OW ONC_1303	Apovio (Sciniczor)	Wegative change	e-neutricite cacecas die maximum mine of 20 (20 mg), 10 (40 mg), 0 (50 mg), 0	T DA Tabeling
			Add inclusion criteria:	
			B.NTRK-Fusion Positive Metastatic Solid Tumors	
			a. The member has recurrent/metastatic/unresectable solid tumor (e.g., NSCLC) with a positive NTRK fusion in the tumor tissue (test confirmation required) AND Rozlytrek	
			(entrectinib) will be used as a single agent as initial or subsequent therapy, if not previously used as initial treatment.	
			b. Member has experienced disease progression on standard/conventional systemic therapy.	
			C.Non-small cell lung cancer (NSCLC)	
			1.NOTE: The preferred agent, per NCH Policy and NCH Pathway, for first line therapy of ROS1 positive NSCLC with CNS metastases is Rozlytrek (entrectinib); for members	
			without CNS metastases, the preferred agent is Zalkori (crizotinib). This recommendation is based on the lack of Level 1 evidence (randomized clinical trial and/or meta-	
			analyses) to show superior outcomes on rate of CNS progression with Zalkori (crizotinib) compared with Rozlytrek (entrectinib)	
			2. The member has recurrent, advanced, or metastatic NSCLC and Rozlytrek (entrectinib) may be used as a single agent in members with any of the following:	
			a.ROS-1 rearrangement-positive tumors with CNS metastases as first-line therapy, or with ROS-1 rearrangement with/without CNS metastases for subsequent line therapy	
			following prior therapy with Xalkori (crizotinib) or Zykadia (certifinib). OR	
UM ONC_1367	Rozlytrek (entrectinib)	Positive change	b. In members with NTRK gene fusion positive funds (certains).	Per Clinical Trial Analysis/Criteria
/-			Add exclusion criteria:	and the state of t
UM ONC_1367	Rozlytrek (entrectinib)	Negative change	D.Treatment exceeds the maximum limit of 3090 (100 mg) and 9060 (200 mg) tablets/month.	FDA labeling
			Add inclusion criteria:	
			8. Sickle Cell Disease	
LIM ONG 1272	Endari (Lalutamina)	Docitivo change	1.Endari (I-glutamine) may be used, with or without hydroxyurea, in members 5 years of age and older with Sickle Cell Disease (e.g., hemoglobin 5S, HbS-beta0-thalassemia,	EDA labalia
OIVI OINC_13/3	Endari (I-glutamine)	Positive change	and other related genotypes of Sickle Cell Disease) related complications, including pain crisis or acute chest syndrome, within the past 12 months.	FDA labeling
LIM ONC 1272	Endari (I-glutamine)	Negative change	Add exclusion criteria: Desiral exceeds single date limit of Endasi (Lejutamino) 4.5 cm (Legutamino) 4.5	EDA labeling
DIVI DINC_13/3	criuari (i-giutariline)	Negative change	B.Dosing exceeds single dose limit of Endari (I-glutamine) 15 gm (equivalent to 3 packets).	FDA labeling
UM ONC 1375	Adakveo (crizanlizumab)	No Clinical Changes	N/A	N/A
OIVI OIVC_13/3	naakveo (enzamizamau)	ivo cimicai changes	N/A	IN/A

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B. Sickle Cell Disease (including Homozygous Hemoglobin S, sickle Hemoglobin C disease, Hemoglobin S Beta-Thalassemia, or other genotypic variants of Sickle Cell Disease)	
			1.Oxbryta (voxelotor) may be used in members +24 years of age and ol der with any of the above diagnoses, with a Hgb level of 5.5-10.5 gm/dL, prior therapy with	
UM ONC 1376	Oxbryta (voxelotor)	Positive change	hydroxyurea for 3 months, and a history of 1 or more vaso-occlusive crises in the past 12 months, Oxbryta (voxelotor) may be used with or without hydroxyurea.	New FDA Indication
			Add exclusion criteria:	
UM ONC_1376	Oxbryta (voxelotor)	Negative change	A.The member continued to require blood transfusion or there was a lack of hemoglobin increase of at least 1gm/dL in the last 3 months.	FDA labeling
			Remove inclusion criteria:	
			NOTE: Per NCH Pathway & NCH Policy, single agent Enhertu (fam-trastuzumab deruxtecan-nxki) is non-preferre d for the treatment of Head and Neck Cancers and Colorectal	
			Cancer based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred regimens. Please refer to	
			NCH pathway for the preferred treatments in the above settings.	
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change		NCH Pathway Expansion
			Add inclusion criteria:	
UM ONC 1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive change	2. The member has experienced disease progression on energy or more prior regimens that included a fluoropyrimidine, a platinum agent, and trastuzumab	Per Compendia Listing
2 0.1.0_13/3		. salere ununge	Add exclusion criteria:	
			B.Dosing exceeds single dose limit of Enhertu (fam-trastuzumab deruxtecan-nxki) 5.4 mg/kg (for breast cancer) and 6.4 mg/kg (for colorectal, gastric, esophageal, or GE	
UM ONC_1379	Enhertu (fam-trastuzumab deruxtecan-nxki)	Negative change	junction cancer, or head and neck cancer).	FDA labeling
			Remove inclusion criteria:	
			B.Multiple Myeloma (MM)	
			1.NOTE: The preferred anti-CD38 agent, per NCH Policies, is Darzalex (daratumumab). This recommendation is based on a lack of Level 1 evidence (randomized trials and/or	
			meta-analyses) showing superior patient outcomes with Sarclissa (isatuximab-irfc) vs Darzalex (daratumumab). Please see UM ONC_1280 Darzalex and Darzalex Faspro	
			(daratumumab) policy.	
			2.NOTE: Sarclissa (isatuximab-irfc) use is NOT supported by NCH Policy for members with myeloma/plasma cell dyscrasia, who have experienced disease progression on prior	
			therapy with Darzalex/Darzalex Faspro (daratumumab).	
			3.6.Sarclisa (isatuximab-irfc) may be used for members with relapsed or refractory MM who have an intolerance or contraindication to Darzalex (daratumumab) and any of the following:	
			a. Sarclisa (isatuximab-irfc) is being used in combination with Pomalyst (pomalidomide) and steroid AND the member has failed 2 received prior therapies with a proteasome	
			a. 3 a real season is a continuo mentre de la continuo del continuo del continuo de la continuo del continu	
UM ONC 1393	Sarclisa (isatuximab-irfc)	Positive change	b. Sarclisa (statumab-irfq) is being used in combination with Kyprolis (carfilzomib) and steroid following 1 prior line of therapy other than Kyprolis (carfilzomib).	NCH Pathway Expansion
OW ONC_1333	Sarcisa (isacaximas irie)	1 ositive thange	assarina (tataanina) interior seeing asee in containatan wan typrois (carnizonia) and second following 2 profit interior are tapy order data typrois (carnizonia):	TVCTT attiway Expansion
1			Add inclusion criteria:	
1			NOTE: Per NCH Pathway & NCH Policy, Tukysa (tucatinib) is non-preferred in members with metastatic HER2 positive breast cancer, except in members with brain metastases.	
			This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior clinical outcomes with Tukysa (tucatinib)	
1			compared to another anti-HER2 based regimen. Please refer to NCH Pathway for the preferred treatments recommended for use in metastatic HER2 positive breast cancer.	
1			1.Tukysa (tucatinib) may be used in members with metastatic HER2 positive breast cancer and brain metastases OR in members without brain metastases if there is disease	
1			progression on, contraindication, or intolerance to 3 or more prior anti HER-2 therapies in the metastatic setting including Kadcyla (ado- trastuzumab) and a trastuzumab	
			containing regimen [e.g., Trastuzumab + Pertuzumab/Lapatinib +/- Chemotherapy] AND	
1			2. Tukysa (tucatinib) will be used in combination with trastuzumab/trastuzumab biosimilar product (i.e., Kanjinti or Ogivri) and Xeloda (capecitabine).	
LINA ONG 1404	Tulung (Augsticile)	No marking also and	1- Huysa (tucations) may be used in combination with trastaurmab (i.e., Kanjinti or Ogivin) and Xoloda (capecitabine) in members with recurrent unresectable or metastatic-	NCU Pathoner Fordusian
UM ONC_1401	Tukysa (tucatinib)	Negative change	HELL C POSITIVE DECOR CONCERT, WITH OF WITHOUT OF THE METASTASES, FOROVERING PROF ARTHUR DOSCO FERMINENCY IN THE METASTASE SETTING.	NCH Pathway Exclusion
UM ONC_1408	Zepzelca (lurbinectedin)	No Clinical Changes	N/A	N/A
		0	Remove inclusion criteria:	
1			B.Metastatic HER-2 + Breast Cancer	
I			2.Margenza (margetuximab) may be used in combination with chemotherapy in members with metastatic HER-2+ breast cancer who have received prior therapy with at least	
			2 prior anti-HER2 therapies, at least one of which was for metastatic disease. Examples of prior anti-HER2 therapies include but are not limited to trastuzumab +/-	
UM ONC_1420	Margenza (margetuximab-cmkb)	Negative change	chemotherapy, trastuzumab + pertuzumab +/- chemotherapy, and Kadcyla (ad-trastuzumab emtansine).	NCH Pathway Exclusion

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Add inclusion criteria:	
			B.Non-Small Cell Lung Cancer	
			1.Tepmetko (tepotinib) may be used as monotherapy for members with metastatic/locally advanced Non-Small Cell Lung Cancer, with positive MET exon 14 skipping	
			mutations, confirmed by either tissue biopsy orf liquid biopsy (e.g., Guardant 360 or an equivalent FDA approved test), as initial or subsequent line therapy if was not used	
			previously.	
			2.Members with asymptomatic brain metastases less than 1 cm or less in longest diameter and or members with treated brain metastases are also eligible to receive above	
UM ONC_1422	Tepmetko (tepotinib)	Negative change	therapy, provided their disease is positive for a MET exon 14 skipping mutations.	Per Compendia Listing
			Add inclusion criteria:	
			B.Marginal Zone Lymphoma	
			1.NOTE: In light of the FDA safety alert for the possible increased risk of death, Ukoniq (umbralisib) is not recommended for use in the treatment of Lymphomas. Please refer	
			to NCH pathways for alternative therapies in the treatment of relapsed/refractory Marginal Zone Lymphoma.	
			C.Follicular Lymphoma	
			1. NOTE: In light of the FDA safety alert for the possible increased risk of death, Ukoniq (umbralisib) is not recommended for use in the treatment of Lymphomas. Please refer	
			Liver I. Implied the DA address are to a the possible interested is so deed, owning (uniformized to technique) of use in the deathers of representation of the DA address and the deathers of representation of the DA address and the deathers of representation of the DA address and the deathers of representation of the DA address and the	
UM ONC 1423	Ukonig (umbralisib)	Negative change	to Neil pathways for attenuative therapies in the treatment of relapsed/ferractory fornitural cymphotoma.	FDA safety alert
0111 0110_1120	enernal (ambransis)	regulive change	Remove inclusion criteria:	T DA Salety diere
			B.Marginal Zone Lymphoma	
			1. Ukoniq (umbralisib) may be used as monotherapy for members with Marginal Zone Lymphoma, who have received (and progressed on or after) at least one prior regimen	
			that included an anti-CD20 antibody (e.g., rituximab/biosimilars).	
			C.Follicular Lymphoma	
			1. Ukonia (umbralisib) may be used as monotherapy for members with Follicular Lymphoma, who have received (and progressed on or after) at least 3 prior lines of therapy,	
UM ONC_1423	Ukoniq (umbralisib)	Negative change	including one regimen that included an anti-CD20 antibody (e.g., rituximab/biosimilars).	FDA safety alert
			Remove inclusion criteria:	
			B.Endometrial Carcinoma	
			1.NOTE: The preferred immunotherapy-per NCH Policy- for dMMR/MSI-High, recurrent, or advanced/metastatic endometrial carcinoma, that has progressed on prior	
			platinum chemotherapy is Keytruda (pembrolizumab). This recommendation is based on a lack of level 1 evidence (randomized trial and/or meta-analysis) showing superior	
			efficacy of Jemperli (dostarlimab-gxly) over Keytruda (pembrolizumab). Please see UM ONC_1263 Keytruda (pembrolizumab) policy.	
			C.Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Solid Tumors	
			1.NOTE: Per NCH policy, the preferred immunotherapy for recurrent, advanced, or metastatic MSI-H/dMMR solid tumors is Keytruda (pembrolizumab). This recommendation	
			is based on a lack of level 1 evidence (randomized trials and/or meta-analyses) showing superior efficacy of Jemperli (dostarlimab-gxly) over Keytruda (pembrolizumab). Please	
UM ONC_1433	Jemperli (dostarlimab-gxly)	Positive change	see UM ONC_1263 Keytruda (pembrolizumab) policy.	NCH Pathway Expansion