Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
	Abecma (idecabtagene vicleucel)	N/A	N/A	N/A
	, , Jene necest	1	<u> </u>	N/A- Add addendum for Fidelis Care state specific
UM ONC 1041	LHRH agonists and antagonist	N/A	N/A	criteria
			Add inclusion criteria:	
1			3. Breast cancer- Abraxane (nab-paclitaxel) may be used in combination with Tecentriq (atezolizumab) in the first line setting OR in the second	
			line/subsequent line setting if the member has not received the above regimen previously and there is no history of progression on another	
			Immune Checkpoint Inhibitor ( e.g. Keytruda)	
			5.Non-Small Cell Lung Cancer (NSCLC)	
			a. In the first line setting for metastatic, squamous, Non-Small Cell Lung Cancer, Taxol (paclitaxel) is preferred over Abraxane (nab-paclitaxel). The	
			above recommendation is based on results of KEYNOTE-407 trial which showed no difference in outcomes between the use of Taxol (paclitaxel)	
UM ONC_1179	Abraxane (nab-paclitaxel)	Negative change	and Abraxane (nab-paclitaxel).	Per Clinical Trial Analysis/Criteria
_				
			Remove exclusion criteria:	
UM ONC_1179	Abraxane (nab-paclitaxel)	Positive change	1.Off-label indications for Abraxane (nab-paclitaxel) in ovarian cancer, metastatic melanoma, urothelial carcinoma, and endometrial carcinoma.	Per Clinical Trial Analysis/Criteria
			Remove inclusion criteria:	
			Advanced/Metastatic Renal Cell Carcinoma	
			c.NOTE: Votrient (pazopanib) is PREFERRED in subsequent setting for any IMDC risk clear cell RCC per NCH pathway & NCH Policy (if not used in	
UM ONC_1195	Votrient (pazopanib)	Positive change	first line).	Per NCH L1 Pathway
			Remove inclusion criteria:	
			2.Chronic Myeloid Leukemia (CML)- b.	
UM ONC_1196	Sprycel (dasatinib)	Positive change	c.As initial or subsequent therapy for members with CML with any of the following mutations: Y253H or E255K/V.	Per Compendia Listing
			Add exclusion criteria:	
[			2.Sprycel (dasatinib) is being used on Ph or BCR-ABL negative CML or in members with the following mutations of BCR-ABL1: T315I/A, F317L/V/I/C	
UM ONC_1196	Sprycel (dasatinib)	Negative change	or V299L	Per Compendia Listing
			Add inclusion criteria:	
			2.Renal Cell Carcinoma (RCC)	
	T . 1/2 P		a.NOTE: Per NCH Policy & NCH Pathway, Torisel is only recommended as monotherapy for metastatic clear cell renal cell carcinoma, in members	S. T. S.
UM ONC_1200	Torisel (temsrolimus)	Negative change	who have failed two oral TKIs and one or more Immune Checkpoint Inhibitor	Step Therapy Criteria
			Remove inclusion criteria:	
LIM ONC 1200	Tarical (tameralimus)	Positivo shangs	b.Torisel (temsirolimus) may be used as a single agent for initial/subsequent therapy in members with metastatic/advanced non-clear cell Renal	More Cost Effective Alternative(s)
UM ONC_1200	Torisel (temsrolimus)	Positive change	Cell Carcinoma-RCC.	iviore cost effective Alternative(s)
			Add inclusion criteria:	
			B.Malignant Melanoma	
			2.NOTE: Per NCH Policy & NCH Pathway, Zelboraf (vemurafenib) in combination with a MEK inhibitor (e.g. cobimetinib) is a non-preferred	
			regimen/combination for use as adjuvant therapy in resected stage III melanoma; Opdivo (nivolumab) or Keytruda(pembrolizumab) for 1 year is	
			the preferred option in this clinical setting. This recommendation is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses)	
			supporting superior outcomes with anti-BRAF targeted therapy vs Immune Checkpoint Inhibitor therapy.	
			3.NOTE: Per NCH Pathway & NCH Policy, Zelboraf (vemurafenib) in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) is non-	
			preferred for the treatment of metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma. This recommendation is	
			based on the lack of Level 1 evidence (randomized trials and or meta-analyses) supporting superior outcomes with the above regimen in	
UM ONC_1207	Zelboraf (vemurafenib)	Negative change	comparison to [Yervoy(ipilimumab) + Opdivo(nivolumab)] the recommended regimen per NCH policy.	Per Clinical Trial Analysis/Criteria
			Add exclusion criteria:	
			B.Use of Zelboraf (vemurafenib) as a single agent or in combination with Cotellic (cobimetinib) + Tecentriq (atezolizumab) in	
			metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma.	
UM ONC_1207	Zelboraf (vemurafenib)	Positive change	D.Treatment exceeds the maximum limit of 240 (240 mg) capsules tablets a month.	per FDA Labeling
			Add inclusion criteria:	
UM ONC_1226	Zaltrap (ziv-aflibercept)	Negative change	Zaltrap use is not recommended for metastatic colorectal cancer.	More Cost Effective Alternative(s)
			Add inclusion criteria:	
			2. Chronic Myelogenous Leukemia	
			i.The member has experienced disease progression / intolerance to three or more of the following tyrosine kinase inhibitors: Gleevec (imatinib),	
			Tasigna (nilotinib), or Bosulif (bosutinib), or Sprycel(dasatinib) OR	
UM ONC_1240	Synribo (omacetaxine)	Negative change	ii.The member has a T315I mutation and has failed Iclusig (ponatinib) to treat CML with this mutation.	Step Therapy Criteria
			Add inclusion criteria:	
			2.BRAF V600E or V600K mutation positive Melanoma	
			a. NOTE: For adjuvant therapy of BRAF V600 E or V600K mutation positive, stage III melanoma, the preferred agents per NCH Policies & NCH	,
			Pathway, for adjuvant therapy are Opdivo (nivolumab OR Keytruda (pembrolizumab). Tafinlar (dabrafenib) + Mekinist (trametinib) is non-preferred	1
LIM ONG 4350	Tafinlar (dahrafanil-)	Nogotius -b	for use in the adjuvant setting based on a lack of Level 1 evidence that nivolumab or pembrolizumab monotherapy is inferior to the above	Por NCU I 1 Pathway
UM ONC_1250	Tafinlar (dabrafenib)	Negative change	combination.	Per NCH L1 Pathway
			Add inclusion criteria:  NOTE: For customic therapy of metactatic PRAE V600F or V600K mutation positive, melanama the preferred and combination, per NCH Policies.	
			b.NOTE: For systemic therapy of metastatic BRAF V600E or V600K mutation positive melanoma the preferred oral combination, per NCH Policies	
			and NCH Pathway, is cobimetinib + vemurafenib.	
LIM ONG 1350	Tafinlar (dahrafonih)	Positivo shange	c.Tafinlar (dabrafenib) may be used as a single agent or in combination with Mekinist (trametinib) in members who have intolerance	Per Compendia Listing
UM ONC_1250	Tafinlar (dabrafenib)	Positive change	to/contraindication to the use of [Cobimetinib + Vemurafenib].	rei compendia Listing

Policy # P	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
			Remove inclusion criteria:	
			3.Non-Small Cell Lung Cancer (NSCLC)	
1			a.Tafinlar (dabrafenib) may be used as a single agent or in combination with Mekinist (trametinib) as first line or subsequent line therapy for	
1			recurrent or metastatic BRAF V600E mutation-positive NSCLC.	
			4.Thyroid Cancer	
1			a.The member has anaplastic, papillary, follicular, and Hürthle Cell thyroid carcinoma and Tafinlar (dabrafenib) may be used as a single agent/in	
1			combination with Mekinist (trametinib) for radioactive iodine-refractory ( if radioactive iodine therapy is appropriate) BRAF V600E mutation-	
			positive unresectable/recurrent/metastatic disease.	
UM ONC 1250 T	Tafinlar (dabrafenib)	Negative change		Per Compendia Listing
			Add inclusion criteria:	
			4.Thyroid Cancer	
1			a. The member has anaplastic, papillary, follicular, and Hürthle Cell thyroid carcinoma and Tafinlar (dabrafenib) may be used as a single agent/in	
			combination with Mekinist (trametinib) for radioactive iodine-refractory (if radioactive iodine therapy is appropriate) BRAF V600E mutation-	
UM ONC_1250 T	Tafinlar (dabrafenib)	Positive change	positive unresectable/recurrent/metastatic disease.	Per Compendia Listing
			Add inclusion criteria:	
			2.Multiple Myeloma	
			NOTE: PANOBINOSTAT containing regimens are NON-PREFERRED for use in relapsed/refractory multiple myeloma.	
			a. Farydak (panabinostat) is not recommended for use in relapsed/refractory multiple myeloma. Alternative options are available, please refer to	
UM ONC_1271 Fa	Farydak (panobinostat)	Negative change	NCH L1 pathway for multiple myeloma.	More Cost Effective Alternative(s)
			Remove inclusion criteria:	
			b.The member has relapsed/refractory multiple myeloma and Farydak (panobinostat) may be used as the following:	
			i.In combination with bortezomib and dexamethasone AND	
			ii.The member received at least 1-3 prior therapies including bortezomib and an immunodulatory agent (i.e. thalidomide, lenalidomide, or	
UM ONC_1271 F	Farydak (panobinostat)	Negative change	pomalidomide).	More Cost Effective Alternative(s)
			Remove exclusion criteria:	
			A	
1			1. Disease progression while taking Farydak (panobinostat).	
			2.Dosing exceeds single dose limit of Farydak (panobinostat) 20 mg.	
			3.Treatment exceeds the maximum duration limit of 16 treatment cycles.	
UM ONC_1271 F	Farydak (panobinostat)	Positive change	4.Treatment exceeds the maximum limit of 6 (20mg) capsules/month, 12 (10 mg) capsules/month, or 6 (15 mg) capsules/month.	More Cost Effective Alternative(s)
			Add exclusion criteria:	
UM ONC_1271 F	Farydak (panobinostat)	Negative change	Farydak(panabinostat) is not recommended for use in myeloma.	More Cost Effective Alternative(s)
			Add inclusion criteria:	
			lbrance (Palbociclib) may be used in members with ER/PR positive and HER2 negative recurrent or metastatic breast cancer and the member has	
UM ONC_1272 Ib	Ibrance (palbociclib)	Negative change	intolerance/contraindication to Kisqali (ribociclib).	Per Compendia Listing
			Add inclusion criteria:	
			2. Ovarian 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-	D. NGULA D. II
UM ONC_1273 Ly	Lynparza (olaparib)	Negative change	analyses) demonstrating superiority of Lynparza (olaparib) over Zejula (niraparib).	Per NCH L1 Pathway
			Add inclusion criteria:	
			5. Prostate Cancer  NOTE: Lypacing (Clanarib) is only recommended in metastatic castration resistant prostate cancer with mytations in DNA repair genes including	
			NOTE: Lynparza (Olaparib) is only recommended in metastatic castration-resistant prostate cancer with mutations in DNA repair genes including but not limited to germline/somatic BRCA1 or BRCA2 deleterious/suspected deleterious mutations.	
1			a.The member has metastatic castration-resistant prostate Cancer AND	
1			b. Tumor is positive for germline or somatic BRCA 1/2 or other DNA Repair gene mutation/genomic aberration, as confirmed on a CLIA approved	
LIM ONG 1272	Lunnarra (alanarih)	Docitive chance	diagnostic test (e.g. Foundation One CDx or BRAC Analysis CDx)	Per Compondia Listing
UM ONC_1273 Ly	Lynparza (olaparib)	Positive change	Remove exclusion criteria:	Per Compendia Listing
1			3.Dosing exceeds single dose limit of Lynparza (olaparib) 400 mg (capsule) or 300 mg (tablet).	
,				
UM ONC 1273 L	Lynparza (olaparib)	Negative change	4. Treatment exceeds the maximum limit of 480 (50 mg) capsules/18060 (100 mg) and 120 (150 mg) tablets per month.	Per FDA Labeling

Add exclusion criteria:	Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
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UM ONC 1274 Option (initialization)  Wegative charge  White (1972)  Wedatas (perincidus)  White (1972)  White (1972)  White (1972)  Wedatas (perincidus)  White (1972)  White					
UNION_1277 Vencional (venericals)  Negative change  Pooline (nivolumab)  Negative change  Pooline (nivolumab					
Lin Tipin agreed of the cotton and Sharefit vs Suited (suitation) in the IMMC howards Risk category in the DruckAbar PR trial.  Lin Lindgin's Supriphora  NOTE. The preferred immune. Checkpoint thinkbox, for members with relapsed referration production and interest of the control of the cont					
E-hospier's tymphoma  NOTE: The preferred immune Chedipote Inhibitor, for members with relapsed/refractory Hospier's tymphoma Bincluding members who failed or an rind candidate. for autologous stem out transplants) is Keytrude (perchadustrub.  Lingdown with the selection of the					
NOTE: The preferred immune Checopoint inhibitor, for members with relapsed referation productions and interest in the preferred immune Checopoint inhibitor (and interest in the preferred immune Checopoint inhibitor).  Li Ophro may be used in a member with The remember has classical frequently in the preferred of progressance after autologous hematoposine in the preferred of progressance after a preferred and preferred preferred and preferr					
are not candidates for putologous stem cell transplant (is Keytruda (permototormab).  1. Opdion one with the member has relapsed or progressed after autologous hematopisetic stem cell transplantation (1957, NAD post-transplantation 17-Acter's (brenturation avoidant) of his progressed after autologous hematopisetic stem cell transplantation (1957, NAD post-transplantation 17-Acter's (brenturation avoidant) of his progressed after a 3 or more potor intend of yellow (privation) and the emitode has not immuned. Cesspoid inclination AVO.  2. NOTE: Open (inclination with Autority fortrassanda voidant) is a Note Preferred regime per ROT Profice. This Acter's (permotormal voidants) as Note Preferred regime per ROT Profice. This Acter's (permotormal voidants) as Note Preferred (permo per ROT Profice.)  4. ACTION: 15 Press ender to the Profit Pathway decorrect for the Profit Pathway of the preferred (bredgenet shallbare as Keytruda (permotordurants)).  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the Note Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the National Action Interest to the Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender to the National Action Interest to the Pathway decorrect for the latest recommended regimen for CLL.  4. ACTION: 15 Press ender					
LO Option may be used in a member has classical rologin's Lumphorons that has relapted or progressed after autologous hematopicities developed in the state of th					
hematopoletic stem cell transplantation (PSCT) AND post transplantation post transplantation (P					
prior fines of systems therapy, and the member has not received prior therapy with an immune Cheagopant Inhibitor AND 2.NOTE: Opidous (includinally plain in combination with Addertis (perturbation by Addertis (Perturbation AND 4.NOTE (2004) (involumed))  Negative change  UM ONC 1274 Opdito (involumeb)  Negative change  2. Chronic (prephopos (caubems (caubems) (and prephopos) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a					
ANDTE: Option (envolumeb) per in combination with Addersis Spetral on Judge (in Spetral Institution) is also and on Preferred regimen per Not Pelicy. This excommendation is based on the lock of Level a Level of Level and Level (in Sept.) However, and the level of Level and Level and Level of Level and					
Additional compared to either single agent Opdivo (involumab) or single agent Addrer's (brentaximab).   Colored Concert					
M.O.N.C., 1274   Dodition (nivolumab)   Negative change   Negati					
UM ONC_1297 Vendesta (venetociax)  Negative change  NOTE: For metastatic MSF-High colorectal cancer, the preferred Decipion Inhibitor is Keytruda (pembrolizumab).  Per Clinical Trial Analysis/Criteria  Add Inclusion criteria:  UM ONC_1297 Vendesta (venetociax)  NOTE: 27 Peace that per NOS Pathway document for the laster recommended regimens for CLL.  ANTH - Remission induction therapy Apport-emission therapy for membres with unfavorable-risk cytogenetics/membres ususalable for intensive remission induction therapy intensive remission induction therapy in membres with unfavorable-risk cytogenetics/membres ususalable for intensive remission induction therapy intensive remission induction therapy in membres with unfavorable-risk cytogenetics/membres ususalable for intensive remission induction therapy intensive removable intensive therapy.  Add Inclusion criteria  NOTIFE Please refor to the NCH Pathway document for the laster recommended regimens for CLL.  AND REPORT Please refor to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Please refor to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Please refor to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Please refor to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Please refore to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Please refore to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Reaparities to the NCH Pathway document for the laster recommended regimens for CLL.  And Inclusion criteria:  NOTIFE Reaparities in the NCH Pathway document for the laster recommended regimens for C			ĺ		
Per Clinical Trial Analysis/Criteria  UM ONC_1297 Venclexta (venetoclax)  Described to the North Per Policy and Expense of the North Pathway document for the latest recommended regimens for CLL.  3. AM.1 Remission induction theraps, Post premission induction theraps (venetoclax)  Add inclusion criteria:  b. AOTE: Please refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  Add inclusion criteria:  b. AOTE: Please refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  Add inclusion criteria:  b. AOTE: Please refer to the NCH Pathway (becomended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  Per Clinical Trial Analysis/Criteria  Box AOTE: Please refer to the NCH Pathway (become not be lack of Level 1 evidence (randomized trials and/or meta- banalyses) to show superior outcomes with the above combination of Venclosta (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- banalyses) to show superior outcomes with the above combination of Venclosta (venetoclax)  Negative change  UM ONC_1207 Venclosta (venetoclax)  Negative change  Add inclusion criteria:  Negative change  Add inclusion criteria:  Add incl					
2. Crorole (symphory)c (Leukemia (CLI)/Small (ymphory)c (tymphorna (SLI) 3. AML. Remission induction therapy & post-remission threapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive remission induction therapy & post-remission threapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive therapy.  4. Mante Cell (ymphoma 5. AML. Remission induction therapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive therapy.  4. Mante Cell (ymphoma 5. AML. Remission induction therapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive therapy.  4. Mante Cell (ymphoma 5. AML. Remission induction therapy for members with unfavorable-risk cytogenetics are unsuitable for intensive therapy.  4. Mante Cell (ymphoma 5. AMI. Remission induction therapy for members with unfavorable-risk cytogenetics are unsuitable for intensive therapy.  4. Mante Cell (ymphoma 5. AMI. Remission induction therapy for members with unfavorable-risk cytogenetics are unsuitable for intensive therapy.  5. MOTE 2P. Please note that per NCH Policy &	UM ONC_1274	Opdivo (nivolumab)	Negative change		Per Clinical Trial Analysis/Criteria
AMI- Remission induction therapy is post-remission induction therapy of comment of the latest recommended regimens for CLL 3. AMI- Remission induction therapy of post-remission therapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive remission induction therapy was post-remission induction therapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive remission induction therapy may be post-remission induction therapy of a Mante Cell tymphoma.  ANGIT Plasse refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  And inclusion criteria:  NOTOTE 22: Plesse refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  And inclusion criteria:  NOTOTE 22: Plesse refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  And inclusion criteria:  Notote 22: Plesse refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  Per DA Labeling  And inclusion criteria:  Notorea Crucaparity  Notoca (rucaparity)  Negative change  And inclusion criteria:  Notorea Crucaparity  Notoca (rucaparity)  Not					
S. AML - Remission induction therapy & post-remission therapy for members with unfavorable-risk cytogenetics/members unsuitable for intensive remission induction therapy members with decline intensive therapy.  4. Mantie Cell Lymphoma.  Add inclusion criteria:  5. NOTE: Plass entor that per NCH Policy & NCH Pathway document for the latest recommended treatment options for Mantie Cell Lymphoma.  Add inclusion criteria:  5. NOTE: Plass entor that per NCH Policy & NCH Pathway, the combination of Vendexta (venetociax) and Gazyva (obinutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab) for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for first line behavior of the lack of Level 1 evidence (randomizutuzumab for firs					
Emission induction therapy/members who decline intensive therapy.   Amante Cell Lymphoma   a.NOTE: Please refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.   Per Clinical Trial Analysis/Criteria				· · · · · · · · · · · · · · · · · · ·	
UM ONC_1297 Vendexta (venetoclax)  Positive change  A Manife Cell Lymphoma  ANOTE: Please refer to the NCH Pathway document for the latest recommended treatment options for Mantle Cell Lymphoma.  Per Clinical Trial Analysis/Criteria  Add inclusion criteria:  D. NOTE: Please note that per NCH Policy & NCH Pathway, the combination of Vendexta (venetodax) and Gazyva (obinutzuumab) for first line therapy of CLU/SLL is a Non-Preferred Regimen. This recommendation is based on the lack of Level 1: evidence (randomized trials and/or meta-snalyses) to show superior outcomes with the above combination when compared with Vendexta (venetoclax) and Standard meta-snalyses) is obtained to the standard or meta-snalyses (so show superior outcomes with the above combination with either decitabine or azacitidine for members with AML who have unfavorable-risk cytogenetics or are unsurable for intensive remission induction therapy or decline intensive therapy, either of the above combinations may be seed.  UM ONC_1297 Vendexta (venetoclax)  Negative change  Remove exclusion criteria:  UM ONC_1301 Rubraca (rucapari(b)  Negative change  Add inclusion criteria:  2 Ovarian Cancer  Add esclusion criteria:  3 Negative change  Add inclusion priceria:  4 Add inclusion criteria:  4 Add inclusion criteria:  4 Overage of the price red PARP inhibitor is Niraparib.  Add inclusion criteria:  4 Overage of the price red PARP inhibitor is Niraparib.  Add inclusion criteria:  5 Overage of the price red PARP inhibitor is Niraparib.  Add inclusion criteria:  5 Overage of the price red PARP inhibitor is Niraparib.  Add inclusion c				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Add inclusion criteria:  b.NOTE #22: Please note that per NCH Policy & NCH Pathway, the combination of Vendesta (venetodax) and Gazyva (obinutuzumab) for first line therapy of CLU_SLI 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 combination when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  3. Acute Myeloid Leukemia (AML)  3. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  3. Acute Myeloid Leukemia (AML)  5. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  3. Acute Myeloid Leukemia (AML)  6. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  3. Acute Myeloid Leukemia (AML)  6. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  8. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (venetodax) when compared with Vendesta (venetodax) when compared with Vendesta (venetodax) when compared with Vendesta (venetodax) and Ritxuimab biosimilars.  9. Vendesta (veneto	LINA ONIC 4207	\(\frac{1}{2} = \frac{1}{2} =	D:4:b	· ·	Dan Clinian I Trial Analysis (Critaria
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a.Niraparib monotherapy may be used in ANY one of the following: i.The member has newly diagnosed stage III/IV ovarian carcinoma and has undergone surgery (with or without optimal debulking) and has completed first line platinum-based chemotherapy AND Niraparib is being used as a single agent for maintenance therapy (regardless of BRCA mutation test results). NOTE: Niraparib is the Preferred agent per NCH Policy & NCH Pathway in this setting. This recommendation is based on the lack of Level 1 evidence (randomized clinical trial and or meta-analyses) to support the superiority of other maintenance regimens, specifically  Vegative change  UM ONC_1307 Zejula (niraparib)  Negative change  Add exclusion criteria:  2.Concurrent use with other anti-cancer therapy including bevacizumab.  Add inclusion criteria:			1		
completed first line platinum-based chemotherapy AND Niraparib is being used as a single agent for maintenance therapy (regardless of BRCA mutation test results). NOTE: Niraparib is the Preferred agent per NCH Policy & NCH Pathway in this setting. This recommendation is based on the lack of Level 1 evidence (randomized clinical trial and or meta-analyses) to support the superiority of other maintenance regimens, specifically olaparib and [olaparib+bevacizumab] over niraparib alone.  UM ONC_1307 Zejula (niraparib) Negative change			ĺ		
completed first line platinum-based chemotherapy AND Niraparib is being used as a single agent for maintenance therapy (regardless of BRCA mutation test results). NOTE: Niraparib is the Preferred agent per NCH Policy & NCH Pathway in this setting. This recommendation is based on the lack of Level 1 evidence (randomized clinical trial and or meta-analyses) to support the superiority of other maintenance regimens, specifically olaparib and [olaparib+bevacizumab] over niraparib alone.  UM ONC_1307 Zejula (niraparib) Negative change			ĺ	i.The member has newly diagnosed stage III/IV ovarian carcinoma and has undergone surgery (with or without optimal debulking) and has	
mutation test results). NOTE: Niraparib is the Preferred agent per NCH Policy & NCH Pathway in this setting. This recommendation is based on the lack of Level 1 evidence (randomized clinical trial and or meta-analyses) to support the superiority of other maintenance regimens, specifically olaparib and [olaparib+bevacizumab] over niraparib alone.  UM ONC_1307 Zejula (niraparib) Negative change Zejul			1		
Lack of Level 1 evidence (randomized clinical trial and or meta-analyses) to support the superiority of other maintenance regimens, specifically   Description   Descrip			1		
UM ONC_1307 Zejula (niraparib)  Negative change  olaparib and [olaparib+bevacizumab] over niraparib alone.  Add exclusion criteria:  2. Concurrent use with other anti-cancer therapy including bevacizumab.  Per Clinical Trial Analysis/Criteria  Per Clinical Trial Analysis/Criteria  Add inclusion criteria:  Add inclusion criteria:			ĺ		
UM ONC_1307 Zejula (niraparib) Negative change 2.Concurrent use with other anti-cancer therapy including bevacizumab. Per Clinical Trial Analysis/Criteria Add inclusion criteria:	UM ONC_1307	Zejula (niraparib)	Negative change		Per Clinical Trial Analysis/Criteria
Add inclusion criteria:				Add exclusion criteria:	
	UM ONC_1307	Zejula (niraparib)	Negative change	2.Concurrent use with other anti-cancer therapy including bevacizumab.	Per Clinical Trial Analysis/Criteria
UM ONC_1324   Kymriah (tisagenlecleucel)   Negative change   B-Cell Lymphomas - 2.Members must have previously received at least two lines of therapy, including rituximab and an anthracycline (for DBCL)   Per Clinical Trial Analysis/Criteria				Add inclusion criteria:	
	UM ONC_1324	Kymriah (tisagenlecleucel)	Negative change	B-Cell Lymphomas - 2.Members must have previously received at least two lines of therapy, including rituximab and an anthracycline (for DBCL)	Per Clinical Trial Analysis/Criteria

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
		1	Add exclusion criteria:	
			Member does not have adequate bone marrow reserve defined by ALL of the following:	
			1.Absolute neutrophil count (ANC) ≥ 1000/uL; and	
			2.Absolute lymphocyte count (ALC) > 300/uL; and	
			3.Platelet Count ≥ 50,000/uL	
			C.Member does not have adequate renal, hepatic, cardiac and pulmonary function defined as:	
			1.Creatinine clearance ≥ 60 mL/min	
			2.Serum ALT ≤5 times the upper limit of normal	
			3. Cardiac ejection fraction ≥ 45%, no evidence of pericardial effusion as determined by an echocardiogram (ECHO), and no clinically significant	
			pleural effusion	
			4. Baseline oxygen saturation > 91% on room air.	
			D. History of seizures or other CNS disorder	
	w . 1 /r . 1 . 1 . 1		E. History of autoimmune disease	
UM ONC_1324	Kymriah (tisagenlecleucel)	Negative change	B.F.Active serious infection.	Per Clinical Trial Analysis/Criteria
			Add inclusion criteria:	
			B.Indolent B Cell NHL (Follicular B Cell Lymphoma grades 1-3a, Marginal Zone Lymphoma, Small Lymphocytic Lymphoma with an absolute	
			lymphocyte count < 5 x 109, lymphoplasmacytic lymphoma/Waldenstrom's Macroglobulinemia[with IgM paraprotein or >10% of lymphoplasmacytic cells in the bone marrow]	
			NOTE: Per NCH Pathway & NCH Policy Aligopa (copanlisib) is a Non-Preferred agent in any setting for the treatment of Follicular B-cell	
			lymphoma, Marginal Zone Lymphoma & SLL. This recommendation is based on the fact that the ONLY endpoint for the CHRONOS-1 trial -that led	
UM ONC 1327	Aligopa (copanlisib)	Negative change	to the FDA approval of this drug- was ORR- Overall Response Rate.	Per Clinical Trial Analysis/Criteria
UM ONC 1327	Aligopa (copanlisib)	Negative change	Add exclusion criteria: Not recommended	More Cost Effective Alternative(s)
	, deba (copae)	Tragative thange	Remove exclusion criteria:	inore cost Errective vincernative(s)
			A.Aliqopa (copanlisib) is being used after disease progression with the same regimen or prior PI3K inhibitors [e.g. Zydelig (idelalisib) or Copiktra	
			(duvelisib)].	
			B.Concurrent use with other chemotherapy, immunotherapy, or ongoing systemic corticosteroid.	
UM ONC_1327	Aliqopa (copanlisib)	Positive change	C.Dosing exceeds single dose limit of Aliqopa (copanlisib) 60 mg.	More Cost Effective Alternative(s)
			Add inclusion criteria:	
			2.The member has chemotherapy-refractory disease, defined as one or more of after the following:	
			a. No response to last line of therapy. Two or more lines of systemic chemotherapy OR	
UM			b.For DLBCL, two or more lines of systemic chemotherapy, including rituximab and an anthracycline.	
ONC_1329	Yescarta (axicabtagene ciloleucel)	Positive change	Disease progression or relapse less <12 months after autologous stem cell transplantation (ASCT).	Per Clinical Trial Analysis/Criteria
			Add exclusion criteria:	
			E.The member does not have adequate bone marrow reserve defined by ALL of the following:	
			1.Absolute neutrophil count (ANC) ≥ 1000/uL	
			2.Absolute lymphocyte count (ALC) ≥ 100/uL	
			3.Platelet Count ≥ 75,000/uL.	
			F.The member does not have adequate renal, hepatic, cardiac and pulmonary function defined as:	
			1.Creatinine clearance ≥ 60 mL/min 2.Serum ALT/AST <2.5 times the upper limit of normal	
			3. Total bilirubin <1.5 mg/dl, except in subjects with Gilbert's syndrome	
			4. Cardiac ejection fraction ≥ 50%, no evidence of pericardial effusion as determined by an echocardiogram (ECHO), and no clinically significant	
			pleural effusion	
			5. Baseline oxygen saturation > 92% on room air.	
			G.Primary central nervous system lymphoma	
			H.Active central nervous system malignancy	
			I.History of seizures or other CNS disorder	
			J.History of autoimmune disease	
UM			K.Prior Allogeneic hematopoietic stem cell transplant (HSCT)	
ONC_1329	Yescarta (axicabtagene ciloleucel)	Negative change	L.Active serious infection	Per Clinical Trial Analysis/Criteria
			Add inclusion criteria:	
			B.Melanoma	
			1.NOTE: The preferred BRAF and MEK inhibitor combination regimen, per NCH policy and pathway, for unresectable/metastatic BRAF mutation	
			positive melanoma is the combination of Cotellic (cobimetinib) + Zelboraf (vemurafenib) over Mektovi (binimetinib) + Braftovi (encorafenib). This	
			recommendation is based on the lack of Level 1 evidence ( randomized trials and or meta-analyses) showing the superiority of Braftovi	
			(encorafenib) + Mektovi (binimetinib) over the preferred regimen.	
			1.Braftovi (encorafenib) may be used in BRAFV600E or V600K mutation positive unresectable/metastatic melanoma in members who have intolerance/contraindication to Zelboraf (vemurafenib) + Cotellic (cobimetinib).	
			C.Metastatic Colorectal Cancer	
			2.Braftovi (encorafenib) will be used in combination with Erbitux (cetuximab) or Vectibix (panitumumab) after prior therapy with an oxaliplatin	
UM ONC_1335	Braftovi (encorafenib)	Negative change	and/or irinotecan containing regimen.	Per Clinical Trial Analysis/Criteria
	,	+ 3		

Dollar #	Dollar Nama	Tune of Change	Prior Description of Delign Change	Passan for Changes
Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
1			Add inclusion criteria:	
			B.Indolent Non Hodgkin's Lymphoma (Follicular Non-Hodgkin Lymphoma (NHL), Marginal Zone Lymphoma)	
			1. Copiktra (duvelisib) may be used as monotherapy for members with relapsed Indolent NHL who have experienced disease progression on or	
			after 2 prior lines of therapy (prior therapies must have included any 2 of the following: rituximab monotherapy/rituximab+chemotherapy/RIT-	
			Radio Immuno Therapy e.g. Zevalin).	
			hronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (CLL/SLL)	
			CLL/SLL	
			2.Copiktra (duvelisib) will be used as a single agent following disease progression on at least two prior therapies, including bendamustine +	
			rituximab Treanda (bendamustine) + Rituxan (rituximab) and ibrutinib (unless there is intolerance/contraindication to ibrutinib). The latter	
			recommendation is based on the lack of Level 1 evidence ( randomized trials and/or meta-analyses) to show the superiority of duvelisib over either	
UM ONC 1346	Copiktra (duvelisib)	Negative change	BR or ibrutinib.	Per Clinical Trial Analysis/Criteria
OW ONC_1540	copikera (davensia)	regutive change	Add exclusion criteria:	i er einnedi marvinarysisy emema
UM ONC 1346	Coniktra (duvolicih)	Negative change		Per FDA Labeling
UNI UNC_1346	Copiktra (duvelisib)	ivegative change	C.Treatment exceeds the maximum limit of 60 (25 mg) or 60 (15 mg) tablets/month.	FEI FDA Labelling
			Add inclusion criteria:	
			Breast cancer	
			iv.Member has experienced disease progression on or after therapy with an aromatase inhibitor + a CDK4/6 inhibitor (e.g., abemaciclib,	
UM ONC_1360	Pigray (alpelisib)	Negative change	palbociclib, or ribociclib).	Step Therapy Criteria
			Add exclusion criteria:	
1			2. Previous Fulvestrant therapy	
			3.Previous therapy with an mTOR inhibitor e.g. everolimus	
UM ONC_1360	Pigray (alpelisib)	Negative change	6. Treatment exceeds the maximum limit of 60 (150 mg), 60 (100 mg), or 120 (50 mg) tablets/month.	Per Clinical Trial Analysis/Criteria
		1	Remove exclusion criteria:	
			Receipt of previous chemotherapy for advanced/metastatic disease	
UM ONC 1360	Pigray (alpelisib)	Positive change	needpt of preference distinction of the analysis and an accept of the analysis and an accept of the	
OW ONC_1500	i iqi ay (aipensia)	r ositive change		
			Add inclusion criteria:	
			B.Multiple Myeloma	
			NOTE: Xpovio is a Non-Preferred drug for use in Multiple Myeloma per the NCH Policy. Several other alternative treatment options are available.	
			1.Xpovio (selinexor) may be used as a single agent for a member with relapsed/refractory multiple myeloma who has experienced disease	
			progression on at least 4 prior lines of therapy including two one-proteasome inhibitor (e.g. bortezomib, carfilzomib, ixazomib), two one-	
			immunomodulatory agent (e.g. lenalidomide, thalidomide, pomalidomide), and Darzalex (daratumumab).	
			C.Diffuse Large B-cell Lymphoma (DLBCL)	
			NOTE: Xpovio is a Non-Preferred drug per NCH Policy, for relapsed/refractory Diffuse Large B-Cell Lymphoma (and all related Large B-Cell	
UM ONC 1365	Xpovio (selinexor)	Negative change	Lymphomas)	Step Therapy Criteria
OW ONC_1505	Apovio (seimexor)	regulive change	-ympromoti Add exclusion criteria:	otep merupy emenu
UM ONC 1365	Xpovio (selinexor)	Negative change	D.Treatment exceeds the maximum limit of 8 (40, 60mg, or 80 mg) -8 (80mg), or 4 (100mg) tablets/month.	Per FDA Labeling
OIVI OIVC_1303	Apovio (seimexor)	ivegative change		Tel TDA Labelling
			Add inclusion criteria:	
			B.Mantle Cell Lymphoma, CD-19 positive	
			Tecartus (brexucabtagene autoleucel) may be used as monotherapy will be used in members 18 years or older with relapsed/refractory Mantle Cell	
			Lymphoma that has progressed that on 2 prior therapieswas either relapsed or refractory to up to 5 prior regimens. Prior therapy should have	
			includedincluding a chemo-immunotherapy regimen (e.g.e.g., R-CHOP, or BR, R-HyperCVAD) and a BTK (Bruton Tyrosine Kinase) inhibitor (e.g.	
			ibrutinib, acalabrutinib, or zanubrutinib).	
			Member should have a confirmed diagnosis of Mantle Cell Lymphoma, either with cyclinD1 overexpression or a positive t(11;14) translocation in	
UM ONC_1413	Tecartus (brexucabtagene autoleucel)	Negative change	the lymphoma cells.	Per Clinical Trial Analysis/Criteria
		1	Add exclusion criteria:	
			B.CD-19 positivity not confirmed.	
			C. Diagnosis of Mantle Cell Lymphoma not confirmed by either a positive cyclin D1 expression or a positive t(11;14) translocation in lymphoma	
			cells.	
			A.D.The member does not have adequate bone marrow reserve defined by ALL the following:	
			1. Absolute neutrophil count (ANC) ≥ 1000 cells/uL	
			2. Absolute lymphocyte count (ALC) ≥ 100 cells/uL	
			3.Platelet Count ≥ 75,000/uL.	
			B.E.The member does not have adequate renal, cardiac, and pulmonary function defined as:	
			1.Creatinine clearance ≥ 60 mL/min	
			2.Cardiac ejection fraction ≥ 50% and there is no evidence of pericardial effusion as determined by an echocardiogram (ECHO)	
			3.EKG has no clinically significant findings	
			4.Baseline oxygen saturation >92% on room air.	
			C.F.Prior Allogeneic hematopoietic stem cell transplant (HSCT)	
			D.G.History of CNS Imphoma (including Imphomatous meningitis), history of brain metastases, or any CNS disorder	
			E.H.Active serious infection	
LINA ONIC 4443	Toggetus (brownesht :::t-l- "	Negative -b		Per Clinical Trial Analysis/Criteria
UM ONC_1413	Tecartus (brexucabtagene autoleucel)	Negative change	I.Does not exceed duration limit as one time administration.	rei Cillical IIIal Allalysis/Criteria
			Add inclusion criteria:	
			B.Metastatic HER-2 + Breast Cancer	
			NOTE: Margenza(margetuximab) is a Non-Preferred drug per NCH Policy based on a lack of level 1 evidence demonstrating superiority over	
UM ONC_1420	Margenza (margetuximab-cmkb)	Negative change	trastuzumab containing regimens.	More Cost Effective Alternative

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
UM ONC 1421	Breyanzi (lisocabtagene maraleucel)	Negative change	Add inclusion criteria:  B. Diffuse Large B-Cell Lymphoma, confirmed CD-19 positive  1. Breyanzi (lisocabtagene maraleucel) may be used, as monotherapy, for the treatment of adult members with relapsed or refractory large B-cell lymphoma (CD-19 positive) after disease progression on/after two or more lines of systemic therapy, including chemoimmunotherapy containing anti-CD20 and anthracycline (unless anthracyclines are contraindicated) and/or and/or hematopoietic stem cell transplant.	Per FDA Labeling
OW ONC_1421	Breyarizi (iisocabtagerie maraieucei)	ivegative change	Add exclusion criteria:	Terron Labeling
			C.Does not exceed duration limit as one time administration.	
			D.The member does not have adequate bone marrow reserve.	
			E.The member does not have adequate renal, hepatic, cardiac and pulmonary function defined as:	
			1.Creatinine clearance > 30 mL/min	
			2.Serum ALT ≤5 times the upper limit of normal	
			3.Cardiac ejection fraction ≥ 40%, no evidence of pericardial effusion as determined by an echocardiogram (ECHO), and no clinically significant	
			pleural effusion	
			4.Baseline oxygen saturation > 91% on room air.	
			F.Primary central nervous system lymphoma.	
			G.Active serious infection.	
UM ONC_1421	Breyanzi (lisocabtagene maraleucel)	Negative change	H.Inflammatory disorders.	Per Clinical Trial Analysis/Criteria