Former Policy #	New Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
NEW	3040	Gomekli (mirdametinib)	Positive	On February 11, 2025, the Food and Drug Administration approved mirdametinib (Gomekli, SpringWorks Therapeutics, Inc.), a kinase inhibitor, for adult and pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic plexiform neurofibromas (PN) not amenable to complete resection.	New FDA Drug/Indication
NEW	3047	Romvimza (vimseltinib)	Positive	On February 14, 2025, the Food and Drug Administration approved vimseltinib (Romvimza, Deciphera Pharmaceuticals, LLC), a kinase inhibitor, for adult patients with symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity.	New FDA Drug/Indication
UM ONC_1132	3046	Rituxan Products	Positive	On February 11, 2025, the Food and Drug Administration approved brentuximab vedotin (Adcetris, Seagen Inc., a subsidiary of Pfizer) in combination with lenalidomide and a rituximab product for adult patients with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are ineligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR T-cell therapy. 1) Converted to new Evolent policy template 2) Added new indication 3) Updated references	New FDA Drug/Indication
UM ONC_1193	3045	Revlimid (lenalidomide)	Positive	On February 11, 2025, the Food and Drug Administration approved brentuximab vedotin (Adcetris, Seagen Inc., a subsidiary of Pfizer) in combination with lenalidomide and a rituximab product for adult patients with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are ineligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR T-cell therapy. 1) Converted to new Evolent policy template 2) Added new indication 3) Updated references	New FDA Drug/Indication
UM ONC_1203	3031	Adcetris (brentuximab)	Positive	On February 11, 2025, the Food and Drug Administration approved brentuximab vedotin (Adcetris, Seagen Inc., a subsidiary of Pfizer) in combination with lenalidomide and a rituximab product for adult patients with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are ineligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR T-cell therapy. 1) Converted to new Evolent policy template 2) Added new indication 3) Updated references	New FDA Drug/Indication
UM ONC_1242	3041	Jakafi (ruxolitinib)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1259	3038	Gazyva (obinutuzumab)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1297	3051	Venclexta (venetoclax)	No clinical change	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria	Annual Review
UM ONC_1304	3039	Generic Drugs	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1347	3042	Lorbrena (lorlatinib)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1365	3053	Xpovio (selinexor)	No clinical change	1) Converted to new Evolent policy template 2) Updated exclusion criteria	Annual Review
UM ONC_1377	3032	Brukinsa (zanubrutinib	Positive	NCCN Category 2A – Used in combination with tislelizumab-jsgr for histologic (Richter) transformation to diffuse large B-cell lymphoma (clonally related or unknown clonal status) in patients with del(17p)/TP53 mutation, or who are chemotherapy refractory or unable to receive chemoimmunotherapy. Not FDA-approved indication. 1) Converted to new Evolent policy template 2) Added new indication 3) Updated references	NCCN Update
UM ONC_1379	3035	Enhertu (fam-trastuzumab deruxtecan-nxki)	Positive	On January 27, 2025, the Food and Drug Administration approved fam-trastuzumab deruxtecan-nxki (Enhertu, Daiichi Sankyo, Inc.) for unresectable or metastatic hormone receptor (HR)-positive, HER2-low (IHC 1+ or IHC 2+/ISH-) or HER2-ultralow (IHC 0 with membrane staining) breast cancer, as determined by an FDA-approved test, that has progressed on one or more endocrine therapies in the metastatic setting. 1) Converted to new Evolent policy template 2) Added new indication: “Enhertu (fam-trastuzumab deruxtecan-nxki) may be used as a single agent in adult members with hormone receptor (HR)-positive, HER-2 low (IHC 1+ or IHC 2+/ISH-) or HER-2 ultralow (IHC 0 with membrane staining) breast cancer that has progressed on one or more endocrine therapies in the metastatic setting. ” 3) Updated exclusion criteria 4) Updated references	New FDA Drug/Indication
UM ONC_1395	3033	Clolar (clofarabine)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1399	3044	Photofrin (porfimer)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1401	3050	Tukysa (tucatinib)	Positive	1) Converted to new Evolent policy template 2) Updated verbiage in Breast Cancer indication 3) Updated references	Annual Review
UM ONC_1422	3048	Tepmetko (tepotinib)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1424	3034	Cosela (trilaciclib)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1425	3037	Fotivda (tivozanib)	No clinical change	1) Converted to new Evolent policy template 2) Updated exclusion criteria	Annual Review

UM ONC_1446	3052	Welireg (belzutifan)	Positive	1) Converted to new Evolent policy template 2) Updated verbiage in Renal Cell Carcinoma indication 3) Updated exclusion criteria 4) Updated references	Annual Review
UM ONC_1458	3036	Enjaymo (sutimlimab-jome)	No clinical change	1) Converted to new Evolent policy template 2) Updated references	Annual Review
UM ONC_1477	3043	Orserdu (elacestrant)	No clinical change	1) Converted to new Evolent policy template 2) Updated maximum dosage form quantities in exclusion criteria	Annual Review
UM ONC_1499	3049	Tevimbra (tislelizumab-jsgr)	Positive	1) NCCN Category 2A – Used in combination with zanubrutinib for histologic (Richter) transformation to diffuse large B-cell lymphoma (clonally related or unknown clonal status) in patients with del(17p)/TP53 mutation, or who are chemotherapy refractory or unable to receive chemoimmunotherapy. Not FDA-approved indication 2) The FDA has approved tislelizumab-jsgr (Tevimbra) plus platinum-containing chemotherapy for the frontline treatment of adult patients with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) with a tumor PD-L1 expression of 1 or higher. 3) The FDA has approved tislelizumab-jsgr (Tevimbra) in combination with platinum- and fluoropyrimidine-based chemotherapy for the first-line treatment of patients with unresectable or metastatic, HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (≥1). 1) Converted to new Evolent policy template 2) Added new indications 3) Updated references	NCCN Update