

Policy #	New Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
NEW	ECG 3008	Datroway (datopotamab deruxtecan-dlnk)	Positive	On January 17, 2025, the Food and Drug Administration approved datopotamab deruxtecan-dlnk (Datroway, Daiichi Sankyo, Inc.), a Trop-2-directed antibody and topoisomerase inhibitor conjugate, for adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC1+ or IHC2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.	New FDA Drug/Indication
UM ONC_1043	ECG 3021	Tarceva (Erlotinib)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria	Annual Review
UM ONC_1063	ECG 3017	Oncaspar (pegaspargase)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1089	ECG 3013	Libtayo (cemiplimab-rwlc)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1135	ECG 3023	Vectibix (panitumumab)	Positive	Converted to new Evolent policy template Added new indication Updated references On January 16, 2025, the Food and Drug Administration approved sotorasib (Lumakras, Amgen Inc.) with panitumumab (Vectibix, Amgen Inc.) for adult patients with KRAS G12C-mutated metastatic colorectal cancer (mCRC), as determined by an FDA-approved test, who have received prior fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.	New FDA Drug/Indication
UM ONC_1179	ECG 3000	Abraxane™ (nab-paclitaxel)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1204	ECG 3006	Caprelsa (vandetanib)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria Updated references	Annual Review
UM ONC_1209	ECG 3007	Criteria for Evidence-Based Cancer Therapies	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1226	ECG 3027	Zaltrap (ziv-aflibercept)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1228	ECG 3024	Xtandi (enzalutamide)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1232	ECG 3020	Stivarga (regorafenib)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria Updated references	Annual Review
UM ONC_1238	ECG 3011	Kadcyla (ado-trastuzumab emtansine)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1274	ECG 3018	Opdivo (nivolumab)	Positive	Converted to new Evolent policy template Added new formulation to approved indications Updated references On December 27, 2024, the Food and Drug Administration approved nivolumab and hyaluronidase-nvhy (Opdivo Qvantig, Bristol Myers Squibb Company) for subcutaneous injection across approved adult, solid tumor nivolumab (Opdivo, Bristol Myers Squibb Company) indications as monotherapy, monotherapy maintenance following completion of Opdivo plus Yervoy (ipilimumab) combination therapy, or in combination with chemotherapy or cabozantinib.	New FDA Drug/Indication
UM ONC_1290	ECG 3026	Yondelis (trabectedin)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1324	ECG 3012	Kymriah (tisagenlecleucel)	Positive	Converted to new Evolent policy template Added "Follicular Lymphoma" to indications section	Annual Review
UM ONC_1329	ECG 3025	Yescarta (axicabtagene ciloleucel)	Positive	Converted to new Evolent policy template Added "Follicular Lymphoma" to indications section	Annual Review

UM ONC_1331	ECG 3005	Calquence (acalabrutinib)	Positive	Converted to new Evolent policy template Added new indication Updated references On January 16, 2025, the Food and Drug Administration granted traditional approval to acalabrutinib (Calquence, AstraZeneca) with bendamustine and rituximab for adults with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT).	New FDA Drug/Indication
UM ONC_1352	ECG 3003	Asparlas (calaspargase pegol-mknl)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1373	ECG 3009	Endari (l-glutamine)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1374	ECG 3004	Balversa (erdafitinib)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria	Annual Review
UM ONC_1375	ECG 3001	Adakveo (crizanlizumab)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1408	ECG 3028	Zepzelca (lurbinectedin)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria	Annual Review
UM ONC_1413	ECG 3022	Tecartus (brexucabtagene autoleucel)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1420	ECG 3016	Margenza (margetuximab-cmkb)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1440	ECG 3014	Lumakras (sotorasib)	Positive	Converted to new Evolent policy template Added new indication Updated dosing limits in exclusion criteria Updated references On January 16, 2025, the Food and Drug Administration approved sotorasib (Lumakras, Amgen Inc.) with panitumumab (Vectibix, Amgen Inc.) for adult patients with KRAS G12C-mutated metastatic colorectal cancer (mCRC), as determined by an FDA-approved test, who have received prior fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.	New FDA Drug/Indication
UM ONC_1472	ECG 3002	Adstiladrin (nadofaragene firadenovec-vncg)	No clinical change	Converted to new Evolent policy template Updated references	Annual Review
UM ONC_1474	ECG 3015	Lunsumio (mosunetuzumab-axgb)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1475	ECG 3019	Rezlidhia (olutasidenib)	No clinical change	Converted to new Evolent policy template	Annual Review
UM ONC_1478	ECG 3029	Zynyz (retifanlimab-dlwr)	Positive	Converted to new Evolent policy template Added new indication Updated references Updated exclusion criteria NCCN Category 2A – preferred second-line and subsequent therapy for metastatic anal carcinoma if no prior immunotherapy received Not FDA-approved indication	NCCN Update
UM ONC_1495	ECG 3010	Iwifin (eflornithine)	No clinical change	Converted to new Evolent policy template Updated exclusion criteria Updated references	Annual Review