Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
NEW	Ziihera (zanidatamab-hrii)	Positive	On November 20, 2024, the Food and Drug Administration granted accelerated approval to zanidatamab-hrii (Ziihera, Jazz Pharmaceuticals, Inc.), a bispecific HER2-directed antibody, for previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test.	New FDA Drug/Indication
NEW	Bizengri (zenocutuzumab-zbco)	Positive	On December 4, 2024, the Food and Drug Administration granted accelerated approval to zenocutuzumab-zbco (Bizengri, Merus N.V.) for adults with the following: 1) advanced, unresectable, or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy, or 2) advanced, unresectable, or metastatic pancreatic adenocarcinoma harboring a NRG1 gene fusion with disease progression on or after prior systemic therapy	New FDA Drug/Indication
NEW	Unloxcyt (cosibelimab-ipdl)	Positive	On December 13, 2024, the Food and Drug Administration approved cosibelimab-ipdl (Unloxcyt, Checkpoint Therapeutics, Inc.), a programmed death ligand-1 (PD-L1) blocking antibody, for adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation.	New FDA Drug/Indication
NEW	Ensacove (ensartinib)	Positive	On December 18, 2024, the Food and Drug Administration approved ensartinib (Ensacove, Xcovery Holdings, Inc.) for adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) who have not previously received an ALK-inhibitor.	New FDA Drug/Indication
UM ONC_1042	Somatostatin Analog: Sandostatin™ (octreotide) and Somatuline™ (lanreotide)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1133	Erbitux (cetuximab)	Positive	On December 20, 2024, the Food and Drug Administration granted accelerated approval to encorafenib (Braftovi, Array BioPharma Inc., a subsidiary of Pfizer Inc.) with cetuximab and mFOLFOX6 for patients with metastatic colorectal cancer (mCRC) with a BRAF V600E mutation, as detected by an FDA-approved test. 1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added new indication 4) Updated references	New FDA Drug/Indication
UM ONC_1195	Votrient (pazopanib)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1201	Yervoy (ipilimumab)	Positive	1) Updated colorectal cancer indication verbiage to state the following: Yervoy (ipilimumab) may be used in combination with Opdivo (nivolumab) for the treatment of adult and pediatric members 12 years and older with microsatellite instability-high (MSI-H), deficient mismatch repair (dMMR), or polymerase epsilon/delta (POLE/POLD1) mutation unresectable, metastatic, or recurrent colorectal cancer 2) Added Evolent disclaimer language 3) Added Coding Information section with HCPCS code	Other
UM ONC_1244	Promacta (eltrombopag)	Positive	1) Added other brand product “Alvaiz” to policy 2) Added Evolent disclaimer language 3) Added Coding Information section with HCPCS code 4) Updated indication section 5) Updated dosing limits in exclusion criteria 6) Updated references	Other
UM ONC_1260	Beleodaq (belinosat)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1270	Blincyto (blinatumomab)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1274	Opdivo (nivolumab)	Positive	Updated colorectal cancer indication verbiage to state the following: “Opdivo (nivolumab) may be used in combination with Yervoy (ipilimumab) for the treatment of adult and pediatric members 12 years and older with microsatellite instability-high (MSI-H), deficient mismatch repair (dMMR), or polymerase epsilon/delta (POLE/POLD1) mutation unresectable, metastatic, or recurrent colorectal cancer	Other
UM ONC_1282	Imlygic (Talimogene Laherparepvec)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1314	Imfinzi (durvalumab)	Positive	On December 4, 2024, the Food and Drug Administration approved durvalumab (Imfinzi, AstraZeneca) for adults with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy. 1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added new indication 4) Updated dosing limits in exclusion criteria 5) Updated references	New FDA Drug/Indication
UM ONC_1335	Braftovi (encorafenib)	Positive	On December 20, 2024, the Food and Drug Administration granted accelerated approval to encorafenib (Braftovi, Array BioPharma Inc., a subsidiary of Pfizer Inc.) with cetuximab and mFOLFOX6 for patients with metastatic colorectal cancer (mCRC) with a BRAF V600E mutation, as detected by an FDA-approved test. 1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added maximum dosage for NSCLC in exclusion criteria 4) Added new indication 5) Updated references	New FDA Drug/Indication
UM ONC_1361	Rylaze (asparaginase Erwinia chrysanthemi recombinant-rywn)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review

UM ONC_1407	Trodelvy (sacituzumab govitecan-hziy)	Positive	1) Added the following note under urothelial cancer indication: On November 22, 2024, the FDA announced the final withdrawal of the approval of sacituzumab govitecan-hziy (Trodelvy) for adult patients with locally advanced or metastatic urothelial cancer (mUC) who previously received a platinum-containing chemotherapy and either a programmed death receptor-1 (PD-1) or a programmed death-ligand 1 (PD-L1) inhibitor. 2) Added new reference 3) Added Evolent disclaimer language 4) Added Coding Information section with HCPCS code	FDA/NCCN/Manufacturer Withdrawal
UM ONC_1414	Gavreto (pralsetinib)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1459	Kimmtrak (tebentafusp-tebn)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added new reference	Annual Review
UM ONC_1468	Antiemetics	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code	Annual Review
UM ONC_1471	Elahere (mirvetuximab soravtansine-gynx)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added maximum single dose limit to exclusion criteria	Annual Review