

Policy #	Policy Name	Type of Change	Brief Description of Policy Change	Reason for Changes
NEW	Aucatzyl (obecabtagene autoleucl)	Positive	Aucatzyl (obecabtagene autoleucl) may be used in adult members with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).	New FDA Drug/Indication
NEW	Revuforj (revumenib)	Positive	Revuforj (revumenib) may be used in adult and pediatric members 1 year and older for relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation. Members must have one of the following types of acute leukemia: 1) Acute lymphoblastic leukemia 2) Acute myeloid leukemia 3) Mixed phenotype acute leukemia	New FDA Drug/Indication
NEW	Vyloy (zolbetuximab-clzb)	Positive	Vyloy (zolbetuximab-clzb) may be used in combination with fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of adult members with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test.	New FDA Drug/Indication
NEW	Radiopharmaceuticals	Positive	Consolidated five radiopharmaceutical policies [Azedra (iobenguane I-131), Lutathera (lutetium Lu 177 dotatate), Pluvicto (lutetium Lu 177 vipivotide tetraxetan), Xofigo (radium Ra 223 dichloride), Zevalin (ibritumomab tiuxetan)] into one policy	Other
UM ONC_1193	Revlimid (lenalidomide)	Positive	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Added new MM indication for initial therapy for transplant-ineligible members in combination with isatuximab-irfc + bortezomib +/- steroid 4) Updated single dose limits in exclusion criteria 5) Added new reference 6) Updated NCH verbiage to Evolent	Annual Review
UM ONC_1203	Adcetris (brentiximab)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Updated NCH verbiage to Evolent	Annual Review
UM ONC_1218	Provenge (sipuleucel-T)	No clinical change	1) Added Evolent disclaimer language 2) Added Coding Information section with HCPCS code 3) Updated exclusion criteria 4) Added new references 5) Updated NCH verbiage to Evolent	Annual Review
UM ONC_1263	Keytruda (pembrolizumab)	Positive	1) Updated cervical cancer indication to add use in combination with chemoradiotherapy in members with newly diagnosed, previously untreated, high-risk locally advanced FIGO 2014 Stage III-IVA cervical cancer 2) Added FIGO staging table 3) Added Evolent disclaimer language 4) Added Coding Information section with HCPCS code 5) Updated references	Other
UM ONC_1274	Opdivo (nivolumab)	Positive	1) Added use in combination with doxorubicin, vinblastine, and dacarbazine as first line therapy for members with newly diagnosed, stage III-IV classical Hodgkin's Lymphoma 2) Added staging table for Hodgkin's Lymphoma 3) Added Evolent disclaimer language 4) Added Coding Information section with HCPCS code 5) Added new reference	Other

UM ONC_1276	Onivyde (irinotecan liposome injection)	Positive	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated NCH verbiage to Evolent</p> <p>4) Added the following note under indication section to highlight low-value regimen: "Onivyde (irinotecan liposome) is not supported by Evolent Policy for the first-line treatment of metastatic pancreatic adenocarcinoma. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to Evolent recommended alternative agents/regimens available at: <a href="https://www.evolent.com/pathways">https://www.evolent.com/pathways</a>.</p> <p>5) Added new reference</p>	Annual Review
UM ONC_1284	Ninlaro (ixazomib)	No clinical change	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Added new reference</p> <p>4) Updated NCH verbiage to Evolent</p>	Annual Review
UM ONC_1301	Rubraca (rucaparib)	No clinical change	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated maximum dosage form quantities in exclusion criteria</p> <p>4) Updated NCH verbiage to Evolent</p>	Annual Review
UM ONC_1326	Vyxeos (daunorubicin and cytarabine liposomal)	No clinical change	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated NCH verbiage to Evolent</p>	Annual Review
UM ONC_1340	Tibsovo (ivosidenib)	No clinical change	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated NCH verbiage to Evolent</p> <p>4) Updated references</p>	Annual Review
UM ONC_1392	Reblozyl (luspatercept-aamt)	Positive	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated NCH verbiage to Evolent</p> <p>4) Updated MDS indication section to exclude members with del (5q) mutations. FDA label does not restrict, but NCCN and MEDALIST trial excludes patients with del (5q) mutation.</p>	Annual Review
UM ONC_1411	Blenrep (belantamab mafodotin-blmf)	Positive	<p>1) Added Evolent disclaimer language</p> <p>2) Added Coding Information section with HCPCS code</p> <p>3) Updated NCH verbiage to Evolent</p> <p>4) Will archive policy (reviewed 12/2023 for archival since belantamab mafodotin-blmf has been voluntarily withdrawn from the U.S. market and is no longer FDA approved for the treatment of adults with relapsed or refractory multiple myeloma)</p>	Annual Review
UM ONC_1441	Rybrevent (amivantamab-vmjw)	Positive	<p>1) Added the following note under indication section to highlight low-value regimen: Rybrevent (amivantamab-vmjw) in combination with Lazcluze (lazertinib) is not supported by Evolent Policy for the first-line treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to Evolent recommended alternative agents/regimens available at: <a href="https://www.evolent.com/pathways">https://www.evolent.com/pathways</a>.</p> <p>2) Added Evolent disclaimer language</p> <p>3) Added Coding Information section with HCPCS code</p>	Other

UM ONC_1455	Scemblix (asciminib)	Positive	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated maximum dosage form quantities in exclusion criteria  4) Added new indication  5) Updated references</p> <p>On October 29, 2024, the Food and Drug Administration granted accelerated approval to asciminib (Scemblix, Novartis AG) for adult patients with newly diagnosed Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP).</p>	New FDA Drug/Indication
UM ONC_1470	Tecvyli (teclistamab-cqyv)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated NCH verbiage to Evolent  4) Added continuation request verbiage</p>	Annual Review
UM ONC_1476	Jaypirca (pirtobrutinib)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated maximum dosage form quantities in exclusion criteria  4) Updated NCH verbiage to Evolent</p>	Annual Review
UM ONC_1489	Adzynma (ADAMTS13, recombinant-krhn)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated indication verbiage</p>	Annual Review
UM ONC_1491	Fruzaqla (fruqintinib)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated maximum dosage form quantities in exclusion criteria</p>	Annual Review
UM ONC_1492	Loqtorzi (toripalimab-tpzi)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated indication verbiage  4) Updated exclusion criteria</p>	Annual Review
UM ONC_1493	Ogsiveo (nirogacestat)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated maximum dosage form quantities in exclusion criteria</p>	Annual Review
UM ONC_1494	Truqap (capiasertib)	No clinical change	<p>1) Added Evolent disclaimer language  2) Added Coding Information section with HCPCS code  3) Updated maximum dosage form quantities in exclusion criteria</p>	Annual Review
UM ONC_1509	Lazcluze (lazertinib)	Positive	<p>1) Added the following note under indication section to highlight low-value regimen: Lazcluze (lazertinib) in combination with Rybrevant (amivantamab-vmjw) is not supported by Evolent Policy for the first-line treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to Evolent recommended alternative agents/regimens available at: <a href="https://www.evolent.com/pathways">https://www.evolent.com/pathways</a>.  2) Added Evolent disclaimer language  3) Added Coding Information section with HCPCS code</p>	Other