PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Lurbinectedin (e.g., Zepzelca)	2021001	**Continuation coverage criteria for metastatic small cell lung cancer updated.** 1. Individual continues to meet the initial approval criteria; **AND** 2. Submission of clinical documentation showing stability and/or improvement in condition (e.g., lowered or stabilized tumor volume, decreased number of metastatic lesions, improvement in symptoms and quality of life). **FDA labeled indication for extensive-stage small cell lung cancer added.** **INITIAL APPROVAL:** 1. Individual is diagnosed with extensive-stage small cell lung cancer (EX-SCLC) (Zepzelca, 2025); **AND** 2. Individual is an adult (Zepzelca, 2025); **AND** 3. Individual is using in combination with atezolizumab or atezolizumab with hyaluronidase for maintenance treatment (Zepzelca, 2025); **AND** 4. **Individual has not experienced disease progression** after first-line induction therapy with atezolizumab (or atezolizumab with hyaluronidase), carboplatin and etoposide (Zepzelca, 2025); **AND** 5. Lurbinectedin is being dosed according to the FDA guidelines. **CONTINUATION OF THERAPY:** 1. Submission of clinical documentation showing stability and/or improvement in condition (e.g., lowered or stabilized tumor volume, decreased number of metastatic lesions, improvement in symptoms and quality of life); **AND**	No	3/16/2026	https://insideblueapps/coverage/report.aspx?policyNumber=2021001

		2. Lurbinectedin is being dosed according to the FDA guidelines.			
Ziv-aflibercept (e.g., Zaltrap)	2017003	**Coverage criteria updated.** **Off-label Indications** **The use of this drug for off-label indications not listed below is subject to policy 2000030.** **INITIAL APPROVAL:** 1. Colon Cancer: a. Second-line and subsequent therapy for progression of advanced or metastatic disease (proficient mismatch repair/microsatellite-stable [pMMR/MSS] or ineligible for or progressed on checkpoint inhibitor immunotherapy for deficient mismatch repair/microsatellite instability-high [dMMR/MSI-H] or polymerase epsilon/delta [POLE/POLD1] mutation with ultra-hypermutated phenotype [e.g., TMB greater than 50 mut/Mb]) in combination with irinotecan or with FOLFIRI (fluorouracil, leucovorin, and irinotecan) regimen, if not previously given, in individuals not previously treated with irinotecan-based therapy (NCCN 2A); **OR** b. Initial treatment for individuals with unresectable metachronous metastases (proficient mismatch repair/microsatellite-stable [pMMR/MSS]; deficient mismatch repair/microsatellite instability-high [dMMR/MSI-H] or polymerase epsilon/delta [POLE/POLD1] mutation with ultra-hypermutated phenotype [e.g., TMB greater than 50 mut/Mb] and individual is not a candidate for immunotherapy) and previous FOLFOX (fluorouracil,	No	3/16/2026	https://insideblueapps/coverage/report.aspx?policyNumber=2017003

		leucovorin, and oxaliplatin) or CAPEOX (capecitabine and oxaliplatin) within the past 12 months (NCCN 2A): i. In combination with irinotecan; **OR** ii. In combination with FOLFIRI (fluorouracil, leucovorin, and irinotecan) regimen; **OR** **2. Rectal Cancer:** a. Initial treatment for individuals with unresectable metachronous metastases (proficient mismatch repair/microsatellite-stable [pMMR/MSS] or deficient mismatch repair/microsatellite instability-high [dMMR/MSI-H] or polymerase epsilon/delta [POLE/POLD1] mutation with ultra-hypermutated phenotype [e.g., TMB greater than 50 mut/Mb] and are not candidates for immunotherapy) and previous FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CAPEOX (capecitabine and oxaliplatin) within the past 12 months (NCCN 2A): i. In combination with irinotecan; OR ii. In combination with FOLFIRI (fluorouracil, leucovorin, and irinotecan) regimen; OR b. Second-line and subsequent therapy for progression of advanced or metastatic disease (proficient mismatch repair/microsatellite-stable [pMMR/MSS] or ineligible for or progressed on checkpoint inhibitor immunotherapy for deficient mismatch repair/microsatellite instability-high [dMMR/MSI-H] or polymerase epsilon/delta [POLE/POLD1] mutation with ultra-hypermutated phenotype [e.g., TMB greater than			

		50 mut/Mb]) in combination with irinotecan or with FOLFIRI (fluorouracil, leucovorin, and irinotecan) regimen, if not previously given, in individuals not previously treated with irinotecan-based therapy. **CONTINUATION OF THERAPY:** 1. Individual has been previously approved and received Ziv-aflibercept (e.g., Zaltrap) through a medical benefit in the previous year or the individual has previously met all indication-specific criteria for coverage; **AND** 2. Individual has not progressed while receiving treatment with ziv-aflibercept.			
Atezolizumab and Atezolizumab with Hyaluronidase (e.g., Tecentriq and Tecentriq Hybreza)	2016016	**Coverage criteria updated for Atezolizumab (e.g., Tecentriq).** FDA labeled indications for small cell lung cancer updated to include in combination with lurbinectedin, for the maintenance treatment of adult individuals with ES-SCLC whose disease has not progressed after first-line induction therapy with atezolizumab (e.g., Tecentriq) or atezolizumab and hyaluronidase-tqjs, carboplatin and etoposide. Off-label indications updated to include thymomas and thymic carcinomas, chronic lymphocytic leukemia/small lymphocytic lymphoma-histologic transformation, bladder cancer-primary carcinoma of the urethra, and colon cancer. Continuation criteria added for off-label indications. **Coverage criteria updated for Atezolizumab with Hyaluronidase (e.g., Tecentriq Hybreza).** FDA labeled indications for small cell lung cancer updated to include in combination with lurbinectedin, for the maintenance treatment of adult individuals with ES-SCLC whose disease has not progressed after first-line induction therapy with atezolizumab	No	3/16/2026	https://insideblueapps/coverage/report.aspx?policyNumber=2016016

		with hyaluronidase (e.g., Tecentriq Hybreza) or intravenous atezolizumab, and carboplatin plus etoposide. FDA labeled indication for alveolar soft part sarcoma updated to include pediatric individuals (12 years of age and older who weigh 40 kg or greater). Off-label indications updated to include thymomas and thymic carcinomas, chronic lymphocytic leukemia/small lymphocytic lymphoma-histologic transformation, bladder cancer-primary carcinoma of the urethra, and colon cancer. Continuation criteria added for off-label indications.			
Elivaldogene autotemcel (e.g., Skysona)	2023007	Redundancy for criterion, "Elivaldogene autotemcel (e.g., Skysona) must be prescribed by or in consultation with a physician who specializes in the treatment of adrenoleukodystrophy (ALD)", removed as this is stated in the banner statement, "The use of this drug/therapy requires documentation of direct involvement and ordering by a physician with expertise in specified condition and in a center approved for administration of CAR-T or gene product." Policy guidelines updated to include acute myeloid leukemia as hematologic malignancy warning, "the individual should receive periodical monitoring for hematological malignancies, including Myelodysplastic Syndrome (MDS) and acute myeloid leukemia."	No	3/16/2026	https://insideblueapps/coverage/report.aspx?policyNumber=2023007
Tafasitamab-cxix (e.g., Monjuvi)	2021005	**FDA labeled continuation coverage criteria updated.** Moved criterion for "Absence of unacceptable toxicity from the drug, including myelosuppression, infections, and anaphylactic reactions," under policy guidelines. **Off-label indication for initial approval of B-cell lymphomas updated.**	No	3/16/2026	https://insideblueapps/coverage/report.aspx?policyNumber=2021005

		Classic follicular lymphoma as second-line and subsequent therapy in combination with lenalidomide and rituximab for no response, relapsed, or progressive disease individuals with indication for treatment (greater than or equal to 1 prior systemic therapy including an anti CD20 monoclonal antibody). **Off-label continuation coverage criteria updated.** Moved criterion for “Absence of unacceptable toxicity from the drug, including myelosuppression, infections, and anaphylactic reactions,” under policy guidelines.			