

Prior Authorization Criteria Update: Oncology

Purpose of the Update:

This update identifies antineoplastic drugs recently approved by the FDA to add to the oncology policy (see **Table 1**).

Table 1. New oncology drugs

<u>Generic Name</u>	<u>Brand Name</u>
sevabertinib	HYRNUO
ziftomenib	KOMZIFTI

Recommendation:

- Update prior authorization criteria to include new, recently approved antineoplastic drugs.

Oncology Agents

Goal(s):

- To ensure appropriate use for oncology medications based on FDA-approved and compendia-recommended (i.e., National Comprehensive Cancer Network® [NCCN]) indications.
- Incorporate 2-step review process for drugs on the high-cost drug carve-out list.

Length of Authorization:

- Up to 1 year

Requires PA:

- Initiation of therapy for drugs listed in **Table 1** (applies to both pharmacy and provider administered claims). This does not apply to oncologic emergencies administered in an emergency department or during inpatient admission to a hospital.

Covered Populations:

- Elzonris (tatagraxofusp-erzs): FFS and CCO populations beginning 1/1/26
- All others: FFS only

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Table 1: National Comprehensive Cancer Network (NCCN) Categories for Recommendations

Category 1	Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate
Category 2A	Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate
Category 2B	Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate
Category 3	Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate
For the 'Uniformed NCCN consensus' defined in Category 1 and 2A, a majority Panel vote of at least 85% is required. For the 'NCCN consensus' defined in Category 2B, a Panel vote of at least 50% (but less than 85%) is required. Strong Panel disagreement regardless of the quality of evidence is a vote of at least 25%.	

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request for treatment of an oncologic emergency (e.g., superior vena cava syndrome [ICD-10 I87.1] or spinal cord compression [ICD-10 G95.20]) administered in the emergency department?	Yes: Approve for length of therapy (if specified) or 12 months, (if duration is unspecified).	No: Go to #3
3. Is the request for any continuation of therapy?	Yes: Approve for length of therapy (if specified) or 12 months (if duration is unspecified).	No: Go to #4

<p>4. Is the diagnosis funded by OHP?</p>	<p>Yes: Go to #6</p>	<p>No: If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #5.</p>
<p>5. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?</p>	<p>Yes: Go to #6</p>	<p>No: Pass to RPh. Deny; medical necessity.</p>
<p>6. Is the indication FDA-approved for the requested drug?</p> <p><u>Note:</u> This includes all information required in the FDA-approved indication, including but not limited to the following as applicable: diagnosis, stage of cancer, biomarkers, place in therapy, and use as monotherapy or combination therapy.</p>	<p>Yes: Go to #8</p>	<p>No: Go to #7</p>
<p>7. Is the indication recommended by National Comprehensive Cancer Network (NCCN) Guidelines® for the requested drug?</p> <p><u>Note:</u> This includes all information required in the NCCN recommendation, including but not limited to the following as applicable: diagnosis, stage of cancer, biomarkers, place in therapy, and use as monotherapy or combination therapy.</p>	<p>Yes: Go to #8</p>	<p>No: Go to #9</p>
<p>8. Are there equally or higher recommended alternative agents based on NCCN categories of evidence (Table 1) for the requested indication and place in therapy?</p> <p>Note: When efficacy is similar, the choice of agent should be determined by safety, and then cost. In the absence of a safety concern, the prescriber is expected to use the least costly alternative.</p>	<p>Yes: HCDCO list: Pass to RPh. Pend; Refer to DMAP for secondary review. All other requests: Approve for length of therapy (if specified) or 12 months (if duration is unspecified).</p>	<p>No: HCDCO list: Pass to RPh. Pend; Refer to DMAP for secondary review. All other requests: Approve for length of therapy (if specified) or 12 months (if duration is unspecified).</p>
<p>9. Is there documentation based on chart notes that the patient is enrolled in a</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Go to #10</p>

clinical trial to evaluate efficacy or safety of the requested drug?	Note: The Oregon Health Authority is statutorily unable to cover experimental or investigational therapies.	
10. Is the request for a rare cancer which is not addressed by National Comprehensive Cancer Network (NCCN) Guidelines® and which has no FDA approved treatment options?	Yes: Go to #11	No: Pass to RPh. Deny; medical appropriateness.
<p>11. All other diagnoses must be evaluated for evidence of clinical benefit.</p> <p>The prescriber must provide the following documentation:</p> <ul style="list-style-type: none"> • medical literature or guidelines supporting use for the condition, • clinical chart notes documenting medical necessity, and • documented discussion with the patient about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy. <p>RPh may use clinical judgement to approve drug for length of treatment or deny request based on documentation provided by prescriber. If new evidence is provided by the prescriber, please forward request to Oregon DMAP for consideration and potential modification of current PA criteria.</p>		

Table 1. Oncology agents which apply to this policy (Updated 11/6/2026)

New Antineoplastics are immediately subject to the policy and will be added to this table at the next P&T Meeting. [Biosimilars for drugs on this list are included in the policy but may not be specifically listed.](#)

Generic Name	Brand Name
abemaciclib	VERZENIO
abiraterone acet,submicronized	YONSA
abiraterone acetate	ZYTIGA
abiraterone acetate/niraparib tosylate	AKEEGA
acalabrutinib	CALQUENCE
adagrasib	KRAZATI
ado-trastuzumab emtansine	KADCYLA
afatinib dimaleate	GILOTRIF
afamitresgene autoleucel	TECELRA
alectinib HCl	ALECENSA
amivantamab-vmjw	RYBREVAANT
alpelisib	PIQRAY
asciminib	SCSEMBLIX
apalutamide	ERLEADA
asparaginase (Erwinia chrysanthemi)	ERWINAZE
asparaginase Erwinia chrysanthemi (recombinant)-rywn	RYLAZE
atezolizumab	TECENTRIQ
avapritinib	AYVAKIT
avelumab	BAVENCIO
avutometinib and defactinib	AVMAPKI FAKZYNJA CO-PACK
axicabtagene ciloleucel	YESCARTA
axitinib	INLYTA
azacitidine	ONUREG
belantamab mafodotin-blmf	BLENREP
belinostat	BELEODAQ
belzutifan	WELIREG
bendamustine HCl	BENDAMUSTINE HCL
bendamustine HCl	TREANDA
bendamustine HCl	BENDEKA
binimetinib	MEKTOVI
blinatumomab	BLINCYTO
bosutinib	BOSULIF
brentuximab vedotin	ADCETRIS
brexucabtagene autoleucel	TECARTUS
brigatinib	ALUNBRIG
cabazitaxel	JEVTANA
cabozantinib s-malate	CABOMETYX
cabozantinib s-malate	COMETRIQ
calaspargase pegol-mknl	ASPARLAS
capivasertib	TRUQAP
capmatinib	TABRECTA
carfilzomib	KYPROLIS
cemiplimab-rwlc	LIBTAYO
ceritinib	ZYKADIA

Generic Name	Brand Name
ciltacabtagene autoleucel	CARVYKTI
cobimetinib fumarate	COTELLIC
copanlisib di-HCl	ALIQOPA
cosibelimab-ipdl	UNLOXCYT
crizotinib	XALKORI
dabrafenib mesylate	TAFINLAR
dacomitinib	VIZIMPRO
daratumumab	DARZALEX
daratumumab/hyaluronidase-fihj	DARZALEX FASPRO
darolutamide	NUBEQA
datopotamab deruxtecan-dlnk	DATROWAY
decitabine and cedazuridine	INQOVI
degarelix acetate	FIRMAGON
denileukin diftitox-cxdl	LYMPHIR
dordaviprone	MODEYSO
dostarlimab-gxly	JEMPERLI
dinutuximab	UNITUXIN
durvalumab	IMFINZI
duvelisib	COPIKTRA
eflornithine	IWILFIN
elacestrant	ORSERDU
elotuzumab	EMPLICITI
elranatamab-bcmm	ELREXFIO
enasidenib mesylate	IDHIFA
encorafenib	BRAFTOVI
enfortumab vedotin-ejfv	PADCEV
ensartinib	ENSACOVE
entrectinib	ROZLYTREK
enzalutamide	XTANDI
epcoritamab-bysp	EPKINLY
erdafitinib	BALVERSA
eribulin mesylate	HALAVEN
everolimus	AFINITOR
everolimus	AFINITOR DISPERZ
fam-trastuzumab deruxtecan-nxki	ENHERTU
fedratinib	INREBIC
fruquintinib	FRUZAQLA
futibatinib	LYTGObi
gilteritinib	XOSPATA
glasdegib	DAURISMO
glofitamab-gxbm	COLUMVI
ibrutinib	IMBRUVICA
idecabtagene vicleucel	ABECMA
idelalisib	ZYDELIG
imetelstat	RYTELO

Generic Name	Brand Name
Imlunestrant tosylate	INLURIYO
infigratinib	TRUSELTIQ
ingenol mebutate	PICATO
inotuzumab ozogamicin	BESPONSA
ipilimumab	YERVOY
isatuximab	SARCLISA
ivosidenib	TIBSOVO
ixazomib citrate	NINLARO
larotrectinib	VITRAKVI
lazertinib	LAZCLUZE
lenvatinib mesylate	LENVIMA
lifileucel	AMTAGVI
linvoseltamab-gcpt	LYNOZYFIC
lisocabtagene maraleucel	BREYANZI
loncastuximab tesirine-lpyl	ZYNLONTA
lorlatinib	LORBRENA
lurbinctedin	ZEPZELCA
lutetium Lu 177 dotate	LUTATHERA
lutetium Lu 177 vipivotide tetraxetan	PLUVICTO
margetuximab-cmkb	MARGENZA
melphalan flufenamide	PEPAXTO
melphalan hcl/hepatic delivery kit (HDS)	HEPZATO KIT
midostaurin	RYDAPT
mirvetuximab soravtansine-gynx	ELAHERE
mobecertinib	EXKIVITY
momelotinib	OJJAARA
mosunetuzumab-axgb	LUNSUMIO
motixafortide	APHEXDA
moxetumomab pasudotox-tdfk	LUMOXITI
nadofaragene firadenovec-vncg	ADSTILADRIN
naxitamab-ggqk	DANYELZA
necitumumab	PORTRAZZA
neratinib maleate	NERLYNX
niraparib and abiraterone acetate	AKEEGA
niraparib tosylate	ZEJULA
nirogacestat hydrobromide	OGSIVEO
nivolumab	OPDIVO
nivolumab and hyaluronidase-nvhy	OPDIVO QVANTIG
nivolumab; relatlimab-rmbw	OPDUALAG
nogapendekin alfa inbakicept-pmln	ANKTIVA
obecabtagene autoleucel	AUCATZYL
obinutuzumab	GAZYVA
ofatumumab	ARZERRA
olaparib	LYNPARZA

Generic Name	Brand Name
olaratumab	LARTRUVO
olatumab vedotin-piiq	POLIVY
omacetaxine mepesuccinate	SYNRIBO
omidubicel-onlv	OMISIRGE
osimertinib mesylate	TAGRISSO
olutasidenib	REZLIDHIA
pacritinib	VONJO
palbociclib	IBRANCE
panobinostat lactate	FARYDAK
pazopanib HCl	VOTRIENT
pembrolizumab	KEYTRUDA
pembrolizumab;berahyaluronidase alfa-pmph	KEYTRUDA QLEX
pemigatinib	PEMAZYRE
penpulimab-kcqx	none
pertuzumab	PERJETA
pertuzumab/trastuzumab/haluronidas e-zzxf	PHESGO
pexidartinib	TURALIO
pirtobrutinib	JAYPIRCA
polatumab vedotin-piiq	POLIVY
pomalidomide	POMALYST
ponatinib	ICLUSIG
pralatrexate	FOLOTYN
pralsetinib	GAVRETO
quizartinib	VANFLYTA
ramucirumab	CYRAMZA
regorafenib	STIVARGA
relugolix	ORGOVYX
repotrectinib	AUGTYRO
retifanlimab-dlwr	ZYNYZ
revumenib	REVUFORJ
ribociclib succinate	KISQALI
ribociclib succinate/letrozole	KISQALI FEMARA CO-PACK
ripretinib	QINLOCK
romidepsin	ISTODAX
romidepsin	ROMIDEPSIN
ropeginterferon alfa-2b-njft	BESREMI
rucaparib camsylate	RUBRACA
ruxolitinib phosphate	JAKAFI
sacituzumab govitecan-hziy	TRODELVY
selinexor	XPOVIO
selpercatinib	RETEVMO
<u>sevabertinib</u>	<u>HYRNUO</u>
siltuximab	SYLVANT
sipuleucel-T/lactated ringers	PROVENGE

Generic Name	Brand Name
sirolimus albumin-bound nanoparticles	FYARRO
sonidegib phosphate	ODOMZO
sotorasib	LUMAKRAS
sunvozertinib	ZEGFROVY
tafasitamab-cxix	MONJUVI
tagraxofusp-erzs	ELZONRIS
talazoparib	TALZENNA
taletrectinib	IBTROZI
talimogene laherparepvec	IMLYGIC
talquetamab-tgvs	TALVEY
tarlatamab-dlle	IMDELLTRA
tazemetostat	TAZVERIK
tebentafusp-tebn	KIMMTRAK
teclistamab-cqyv	TECVAYLI
telisotuzumab vedotin-tllv	EMRELIS
tepotinib	TEPMETKO
tisagenlecleucel	KYMRIAH
tislelizumab-jsgr	TEVIMBRA
tisotumab vedotin-tftv	TIVDAK
tivozanib	FOTIVDA
toripalimab-tpzi	LOQTORZI
tovorafenib	OJEMDA
trabectedin	YONDELIS
trametinib dimethyl sulfoxide	MEKINIST
trastuzumab-anns	KANJINTI
trastuzumab-dkst	OGIVRI
trastuzumab-dttb	ONTRUZANT
trastuzumab-hyaluronidase-oysk	HERCEPTIN HYLECTA
trastuzumab-pkrb	HERZUMA
trastuzumab-qyyp	TRAZIMERA
trastuzumab-strf	HERCESSI
tremolimumab	IMJUDO
treosulfan	GRAFAPEX
trifluridine/tipiracil HCl	LONSURF
trilaciclib	COSELA
tucatinib	TUKYSA
umbralisib	UKONIQ
vandetanib	VANDETANIB
vandetanib	CAPRELSA
vemurafenib	ZELBORAF
venetoclax	VENCLEXTA
venetoclax	VENCLEXTA STARTING PACK
vimseltinib	ROMVIMZA
vismodegib	ERIVEDGE

Generic Name	Brand Name
vorasidenib	VORANIGO
zanidatamab-hrii	ZIIHERA
zanubrutinib	BRUKINSA
zenocutuzumab-Zbco	BIZENGRI
<u>ziftomenib</u>	<u>KOMZIFTI</u>
ziv-aflibercept	ZALTRAP
zongertinib	HERNEXEOS

P&T/DUR Review: 6/2020 (JP)
Implementation: 10/1/20