

Evolent Oncology Drug List

June 2024



APPLICABLE TO	INDICATIONS	SUMMARY
ANTHRACYCLINES	BREAST CANCER	PREFERRED: Adriamycin (doxorubicin conventional) NONPREFERRED: Doxil (liposomal doxorubicin)
ANTI-BRAF AGENTS	MELANOMA	PREFERRED: Zelboraf (vemurafenib) + Cotellic (cobimetinib) NON-PREFERRED: Tafinlar (dabrafenib) + Mekinist (trametinib), Braftovi (encorafenib) + Mektovi (binimetinib)
BEVACIZUMAB	• ALL	PREFERRED: Mvasi (bevacizumab-awwb), Zirabev (bevacizumab-bvzr) NONPREFERRED: Alysmsys (bevacizumab-maly), Avastin (bevacizumab), Vegzelma (bevacizumab-adcd), Avzivi (bevacizumab-tnjn)
BONE AGENTS	• ALL	PREFERRED: Zometa (zoledronic acid), Aredia (pamidronate), Reclast (zoledronic acid) NONPREFERRED: Xgeva (denosumab), Prolia (denosumab), Jubbonti and Wyost (denosumab-bbdz)
ESA	• ALL	PREFERRED: Epogen (epoetin alfa), Procrit (epoetin alfa), Retacrit (epoetin alfa-epbx) NONPREFERRED: Aranesp (darbepoetin)
FOLIC ACID ANALOGS	• OSTEOSARCOMA • COLORECTAL CANCER • OVERDOSAGES OF FOLIC ACID ANTAGONIST	PREFERRED: Leucovorin NONPREFERRED: Khapzory (levoleucovorin), Fusilev (levoleucovorin)
HYPOMETHYLATING AGENTS	MYELODYSPLASTIC SYNDROME (MDS)	PREFERRED: Vidaza (azacitidine), Dacogen (decitabine) NONPREFERRED: Inqovi (decitabine and cedazurudine)
IRON PRODUCTS	• ALL	PREFERRED: Venofer (Iron sucrose), Ferrlecit (sodium ferric gluconate), Infed (Iron dextran), Feraheme (ferumoxytol) NONPREFERRED: Accrufer (ferric maltol), Injectafer (ferric carboxymaltose), Monoferric (ferric derisomaltose)
LHRH AGONISTS AND ANTAGONISTS	• PROSTATE CANCER • BREAST CANCER	PREFERRED: Lupron/Eligard J9217 (leuprolide 7.5mg, 22.5mg, 30mg or 45mg), Trelstar J3315 (triptorelin pamoate 3.75mg, 11.25mg or 22.5mg), Firmagon J9155 (degarelix) NONPREFERRED: Camcevi J1952 (leuprolide mesylate), Lupron Depot J1950 (leuprolide acetate 3.75mg or 11.25mg), Orgovyx J8999 (relugolix), Zoladex J9202 (goserelin acetate 3.6mg or 10.8mg)
MGF	• FEBRILE NEUTROPENIA PROPHYLAXIS Per ASCO Guidelines: Consider dose reduction and or dose delays, instead of growth factors, when treating metastatic disease. Research has shown no survival advantage in metastatic disease with the use of growth factors. Example: Use of G- CSF with FOLFOX or FOLFIRI, in metastatic colorectal cancer has NO impact on survival. Consider 5 to 7 days of a short acting MGF as an alternative to Long acting MGFs. *Long Acting MGFs (pegfilgrastim and Eflapegrastim products) are non-preferred and will be approved only if there is documented confirmation of a contraindication/intolerance to a short acting MGF, member is unable to self- administer due to limitations, AND the member is unable to travel to the office for daily injections.	PREFERRED: Neupogen (filgrastim), Nivestym (filgrastim-aafi), Releuko (filgrastim-ayow), Zarxio (filgrastim-sndz), Granix (tbo-filgrastim), Leukine (sargramostim) NONPREFERRED: Fulphila (pegfilgrastim-jmdb), Fylnetra (pegfilgrastim-pbbk), Neulasta (pegfilgrastim), Neulasta OBI (pegfilgrastim OBI), Nyvepria (pegfilgrastim-apgf), Rolvedon (eflapegrastim-xnst), Stimufend (pegfilgrastim-fpgk), Udenyca (pegfilgrastim-cbqv), Ziextenzo (pegfilgrastim-bmez)

mTOR INHIBITOR	PERIVASCULAR EPITHELIOID CELL TUMOR (PEComa)	PREFERRED: Rapamune (sirolimus) NONPREFERRED: Fyarro (sirolimus protein bound particles)
PARP INHIBITOR	BREAST CANCER	PREFERRED: Lynparza (Olaparib) NONPREFERRED: Talzenna (talazoparib)
PEMETREXED	• ALL	PREFERRED: generic pemetrexed (J9294, J9296, J9297, J9314, J9322, J9323), J9305 (Alimta or pemetrexed nos) NONPREFERRED: J9304 Pemfexy (pemetrexed)
RITUXIMAB	• ALL	PREFERRED: Truxima (rituximab-abbs), Ruxience (rituximab-pvvr), Riabni (rituximab-arxx) NONPREFERRED: Rituxan (rituximab), Rituxan Hycela (rituximab/hyaluronidase)
TAXANES	• ALL CANCER TYPES EXCEPT PANCREATIC	PREFERRED: Taxol (paclitaxel), Taxotere (docetaxel) NONPREFERRED: Abraxane, Paclitaxel Protein-Bound
TPO (Thrombopoietin) AGONISTS	THROMBOCYTOPENIA ASSOCIATED WITH LIVER DISEASE	PREFERRED: Doptelet (avatrombopag) NONPREFERRED: Mulpleta (lusutrombopag)
TRASTUZUMAB	• ALL	PREFERRED: Kanjinti (trastuzumab-anns), Trazimera (trastuzumab-qyyp) NONPREFERRED: Herceptin (trastuzumab), Herceptin Hylecta (trastuzumab/hyaluronidase-oysk), Herzuma (trastuzumab-pkrb), Ogivri (trastuzumab-dkst), Ontruzant (trastuzumab-dttb), Hercessi (trastuzumab-strf)
TYROSINE KINASE INHIBITOR for CML, ALL	• BCR-ABL+ CML • Ph+ B-Cell ALL	PREFERRED: generic Imatinib NONPREFERRED: Tassigna (nilotinib), Sprycel (dasatinib), Bosulif (bosutinib)
TYROSINE KINASE INHIBITOR for GIST	GASTROINTESTINAL STROMAL TUMOR (GIST) except when a imatinib-resistant mutation is present	PREFERRED: generic Imatinib NONPREFERRED: Ayvakit (avapritinib)

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