Evolent Oncology Drug List (ODL)

January 2025

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:** Alymsys (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.	**PREFERRED:** Nivestym (filgrastim-aafi), Releuko (filgrastim-ayow), Zarxio (filgrastim-sndz), Granix (tbo-filgrastim), Leukine (sargramostim), Neulasta (pegfilgrastim), Neulasta Onpro (pegfilgrastim OBI), Nyvepria (pegfilgrastim-apgf) **NONPREFERRED:** Fulphila (pegfilgrastim-jmdb), Fylnetra (pegfilgrastim-pbbk), Rolvedon (eflapegrastim-xnst), Stimufend (pegfilgrastim- fpgk), Udenyca (pegfilgrastim-cbqv), Udenyca OBI/Autoinjector (pegfilgrastim-cbqv), Ziextenzo (pegfilgrastim-bmez), Neupogen (filgrastim), Nypozi (filgrastim-txid)

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 (J9292, 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-arrx) **NONPREFERRED:** Rituxan (rituximab), Rituxan Hycela (rituximab/hyaluronidase)
TAXANES	**• ALL CANCER TYPES EXCEPT PANCREATIC**	**PREFERRED:** Taxol (paclitaxel), Taxotere (docetaxel) **NONPREFERRED:** Abraxane, Paclitaxel Protein-Bound, Docivyx (docetaxel) clinical exception: polysorbate 80 contraindication
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:** Tasigna (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)

This Medical Oncology Drug List is provided for informational purposes only and may not be all inclusive. The listing of a drug does not determine or imply that the drug is a covered or non-covered health service. Evolent reserves the right to modify this List as it deems necessary. This Medical Oncology Drug List is intended to be used in connection with the independent professional medical judgment of a qualified health care provider and does not constitute the practice of medicine or medical advice. Coverage for health services or drugs is determined by the member specific benefit plan or, if applicable, Medicaid member handbook or Medicare Advantage Evidence of Coverage, and applicable state and federal laws, regulations and government program guidance that may require or prohibit coverage for a specific service or drug.