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Original Development Date: Revision Date:	August 6, 2012 December 6, 2012; December 21, 2012; December 27, 2012; January 14, 2013; January 18, 2013; March 18, 2013; August, 1, 2013; October 8, 2013; November 6, 2013; December 18, 2013; January 14,2014; July 10,2014; August 8,2014; June 8,2015; October 14, 2015; February 4, 2016; March 4, 2016; May 17, 2016; February 14, 2017; March 14, 2017; March 21, 2017; July 11, 2017; August 7, 2017; November 3, 2017; December 21, 2017; January 17, 2018; February 12, 2018; March 14, 2018; March 28, 2018; April 2, 2018; April 4, 2018; April 24, 2018; May 9, 2018; June 5, 2018; June 18, 2018; July 27, 2018; August 28, 2018; October 29, 2018; December 27, 2018; February 27, 2019; March 27, 2019; June 14, 2019; August 19, 2019; December 2, 2019; January 29, 2020; March 4, 2020; May 27, 2020; June 29, 2020; August 6, 2020; August 20, 2020; September 25, 2020; October 30, 2020; July 13, 2021; August 23, 2021; September 17, 2021; October 16, 2021; December 8, 2021; March 11, 2022; June 17, 2022

ORAL ONCOLOGY CRITERIA

LENGTH OF AUTHORIZATION: Varies; Maximum of one year

REVIEW CRITERIA:

Drug Name	Indication & Dosage	Age Limit	Quantity per day	Quantity Limit
AFINITOR® (everolimus) **AFINITOR DISPERZ® (everolimus)**	Postmenopausal women with advanced hormone receptor-positive, HER2- negative breast cancer in combination with exemestane after failure of treatment with letrozole or anastrozole; progressive neuroendocrine tumors of pancreatic origin; advanced renal cell carcinoma after failure of treatment with sunitinib or sorafenib; renal angiomyolipoma and tuberous sclerosis complex; progressive, well-differentiated, non-functional neuroendocrine tumors of gastrointestinal or lung origin that are unresectable, locally advanced or metastatic: **10 mg by mouth daily.** Subependymal giant cell astrocytoma associated with tuberous sclerosis complex: **4.5 mg/m^2 by mouth once daily; adjust dose to attain trough concentrations of 5-15 ng/mL.**	minimum age = 1	**AFINITOR TABLETS**: 1 (10mg) 1 (2.5mg, 5mg, 7.5mg) **AFINITOR DISPERZ**: 2 (2mg, 5mg) 3 (3mg)	30 per 30 days 60 per 30 days (2,5 mg) 90 per 30 days (3mg)
ALECENSA® (alectinib)	Anaplastic lymphoma kinase positive metastatic non-small cell lung cancer as detected by an FDA-approved test. **600 mg by mouth twice daily.**	minimum age – 18	8 (150mg)	240 per 30 days

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ALUNBRIG™ (brigatinib)	Adult patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) as detected by an FDA-approved test. **90 mg by mouth once daily for the first 7 days; then increase to 180 mg by mouth once daily.**	minimum age =18	2 (30mg) 2 (90mg) 1 (180mg)	60 per 30 days (30mg) 30 per 30 days (90mg) 30 per 30 days (180mg)
AYVAKIT™ (avapritinib)	Treatment of adults with unresectable or metastatic GIST harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations. Treatment of adults with Advanced Systemic Mastocytosis (AdvSM) including aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL) with platelet counts > 50 x 10^9/L. **GIST: 300mg once daily** **AdvSM: 200mg once daily**	minimum age =18	(1) 25mg (1) 50mg (1) 100mg (1) 200mg (1) 300mg	30 per 30 days
BALVERSA™ (erdafitinib)	Adult patients with locally advanced or metastatic urothelial carcinoma that is susceptible to FGFR3 or FGFR2 genetic alterations and progressed during or following at least one line of prior platinum-containing chemotherapy including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy. **8mg by mouth daily with a dose increase to 9mg by mouth once daily based on serum phosphate levels and tolerability at 14-21 days.**	minimum age =18	1 (3mg) 2 (4mg) 1 (5mg)	30 per 30 days (3mg and 5mg) 60 per 30 days (4mg)

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BOSULIF® (bosutinib)	Newly-diagnosed chronic phase Ph+ CML: **400 mg by mouth once daily** Chronic, accelerated, or blast phase Philadelphia chromosome-positive chronic myelogenous leukemia (CML) with resistance, or intolerance to prior therapy: **500-600 mg by mouth daily.**	minimum age = 18	1 (500mg) 1 (400mg) 1 (100mg)	30 per 30 days
BRAFTOVI™ (encorafenib)	Unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test in combination with binimetinib. **450 mg by mouth once daily** Metastatic colorectal cancer with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy in combination with cetuximab. **300 mg by mouth orally once daily.**	minimum age = 18	6 (75mg)	180 per 30 days (75mg)
BRUKINSA™ (zanubrutinib)	Adult patients with mantle cell lymphoma who have received at least one prior therapy; Relapsed or refractory marginal zone lymphoma (MZL) who have received at least one anti-CD20-based regimen; Waldenström's macroglobulinemia. **160mg by mouth twice daily or 320mg once daily.**	minimum age = 18	4 (80mg)	120 per 30 days
CABOMETYX® (cabozantinib)	Single agent for advanced renal cell carcinoma (RCC). In combination with nivolumab, as a first-line treatment in advanced RCC.	minimum age = 18	1 (60mg) 1 (40mg) 1 (20mg)	30 per 30 days

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	Patients with hepatocellular carcinoma who have been previously treated with sorafenib. Adult and pediatric patients 12 years of age and older with locally advanced or metastatic differentiated thyroid cancer (DTC) that has progressed following prior VEGFR-targeted therapy and who are radioactive iodine-refractory or ineligible. Single agent: **60mg by mouth once daily; 40 mg orally, once daily, in pediatric patients with BSA less than 1.2 m^2.** In combination with nivolumab: **40mg by mouth once daily.**			
CALQUENCE® (acalabrutinib)	Mantle cell lymphoma (MCL) who have received at least one prior therapy. Chronic lymphocytic leukemia or small lymphocytic lymphoma. **100mg by mouth every 12 hours until disease progression or unacceptable toxicity occurs.**	minimum age = 18	2 (100mg)	60 per 30 days
CAPRELSA® (vandetanib)	Symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease. **300mg by mouth once daily.**	minimum age = 18	2 (100mg) 1 (300mg)	60 per 30 days
COMETRIQ® (cabozantinib)	Progressive, metastatic medullary thyroid cancer: **140 mg by mouth daily.**	minimum age =18	N/A	60 mg carton – 84 per 30 days 100 mg carton – 56 per 30 days 140 mg carton – 112 per 30 days
COPIKTRA™ (duvelisib)	Relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic	minimum age =18	2 (25mg)	60 per 30 days

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	lymphoma (SLL) after at least two prior systemic therapies. **25mg by mouth twice daily.**		2 (15mg)	
COTELLIC® (cobimetinib)	Metastatic or unresectable melanoma with a BRAF V600E or V600K mutation, in combination with vemurafenib. **60mg by mouth once daily for 21 days and 7 days off. Confirm the presence of BRAF V600E or V600K mutation in tumor specimens prior to initiation of therapy.**	minimum age = 18	3 (20mg)	63 every 30 days
DAURISMO™ (glasdegib)	Newly diagnosed acute myeloid leukemia who are ≥ 75 years old; or who have comorbidities that preclude use of intensive induction chemotherapy. **100mg by mouth once daily on days 1-28 of the 28 day cycle.**	minimum age = 18	1 (100mg) 3 (25mg)	30 every 30 days (100mg) 90 every 30 days (25mg)
EMCYT® (estramustine)	Palliative treatment of patients with metastatic and/or progressive carcinoma of the prostate: **10-16 mg/kg/day by mouth divided three times daily to four times daily.**	minimum age = 18	N/A	N/A
ERIVEDGE® (vismodegib)	Basal cell carcinoma: **150 mg by mouth daily.**	minimum age = 18	1 (150mg)	30 per 30 days
ERLEADA™ (apalutamide)	Non-metastatic castration-resistant prostate cancer and metastatic castration-sensitive prostate cancer. **240mg by mouth once daily.**	minimum age = 18	4 (60mg)	120 per 30 days
EXKIVITY™ (mobocertinib)	Locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has	minimum age = 18	4 (40mg)	120 per 30 days

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	progressed on or after platinum-based chemotherapy. **160 mg orally once daily.**			
FARESTON® (toremifene)	Metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors: **60 mg by mouth daily.**	minimum age = 18	1 (60mg)	30 per 30 days
FOTIVDA® (tivozanib)	Treatment of adult patients with relapsed or refractory advanced renal cell carcinoma (RCC) following two or more prior systemic therapies. **1.34mg by mouth once daily for 21 days on treatment followed by 7 days off (28-day cycle)**	minimum age = 18	1 (1.34mg, 0.89mg)	21 per 28 days
GAVRETO™ (pralsetinib)	Adult patients with metastatic rearranged during transfection (*RET*) fusion- positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test. Adults and pediatrics ≥ 12 years with advanced or metastatic *RET*-mutant medullary thyroid cancer (MTC) who require systemic therapy. Adults and pediatrics ≥ 12 years with advanced or metastatic *RET* fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate). **400mg by mouth daily.**	minimum age = 12	4 (100mg)	120 per 30 days
GILOTRIF® (afatinib)	First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) mutations	minimum age = 18	1 (40mg) 1 (30mg) 1 (20mg)	30 per 30 days

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	as detected by an FDA-approved test OR treatment of patients with metastatic, squamous NSCLC progressing after platinum-based chemotherapy. **40 mg by mouth once daily.**			
HEXALEN® (altretamine)	Ovarian cancer: **260 mg/m²/day by mouth divided four times daily for 14 or 21 days of a 28-day cycle.**	minimum age = 18	N/A	N/A
IBRANCE® (palbociclib)	Adult patients with hormone receptor positive, human epidermal growth factor receptor 2 negative advanced or metastatic breast cancer in combination with: an aromatase inhibitor as initial endocrine based therapy in postmenopausal women or in men; or fulvestrant in patients with disease progression following endocrine therapy. **125 mg by mouth once daily with food (with an aromatase inhibitor or fulvestrant) for 21 days followed by 7 days off. *ANC baseline required prior to starting therapy.**	minimum age =18	1 (75mg, 100mg, 125mg)	21 per 30 days
ICLUSIG® (ponatinib)	**CP-CML: 45mg by mouth once daily with a reduction to 15mg by mouth once**	minimum age = 18	3 (15mg) 1 (45mg)	30 per 30 days

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	daily upon achievement of ≤1% BCR-ABL1^{IS}.			
IDHIFA® (enasidenib)	Relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test. **100mg by mouth once daily.**	minimum age = 18	2 (50mg) 1 (100mg)	30 per 30 days
IMBRUVICA® (ibrutinib)	Chronic lymphocytic leukemia/small lymphocytic lymphoma, Chronic lymphocytic leukemia/small lymphocytic lymphoma with 17 p deletion, chronic graft verses host disease or Waldenström's Macroglobulinemia: **420 mg taken orally once daily.** Mantle cell lymphoma who have received at least one prior therapy or Marginal zone lymphoma who require systemic therapy and have received at least one prior anti-CD20-based therapy: **560mg by mouth once daily.**	minimum age = 18	1 (70mg) 1 (140 mg) 1 (280mg) 1 (420mg) 1 (560mg)	120 per 30 days
INLYTA® (axitinib)	In combination with avelumab, for the first-line treatment of patients with advanced renal cell carcinoma (RCC). In combination with pembrolizumab, for the first-line treatment of patients with advanced RCC. As a single agent, for the treatment of advanced RCC after failure of one prior systemic therapy. **5 mg by mouth twice daily with avelumab 800 mg every 2 weeks.**	minimum age = 18	4 (1mg) 2 (5mg)	120 per 30 days

	5 mg by mouth twice daily with pembrolizumab 200 mg every 3 weeks or 400 mg every 6 weeks. **As a single agent the starting dose is 5 mg by mouth twice daily.**			
INQOVI® (decitabine/cedazuridine)	Myelodysplastic syndromes (MDS), including previously treated and untreated, de novo and secondary MDS with the following French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups. **1 tablet by mouth once daily on days 1-5 of each 28 day cycle.**	minimum age = 18	1 (35mg/100mg)	5 per 28 days
INREBIC® (fedratinib)	Intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF). **400 mg orally once daily with or without food for patients with a baseline platelet count of greater than or equal to 50 x 10/L.**	minimum age = 18	4 (100mg)	120 per 30 days
JAKAFI® (ruxolitinib)	Polycythemia vera in adults who have had an inadequate response to or are intolerant of hydroxyurea; intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-	minimum age = 12	2 (5mg, 10mg, 15mg, 20mg, and 25mg)	60 per 30 days

	essential thrombocythemia myelofibrosis in adults; Steroid-refractory acute graft-versus-host disease (GVHD) in adult and pediatric patients 12 years and older; Chronic graft-versus-host disease (cGVHD) after failure of one or two lines of systemic therapy in adult and pediatric patients 12 years and older. Polycythemia Vera: **Start at 10mg by mouth twice daily** Myelofibrosis: **5mg-25mg by mouth twice daily. Based on the platelet count. Greater than 200 X 10^9/L: 20 mg given by mouth twice daily; 100 X 10^9/L to 200 X 10^9/L: 15 mg given by mouth twice daily; 50 X 10^9/L to less than 100 X 10^9/L: 5 mg given by mouth twice daily.** Acute Graft Versus Host Disease: **Start at 5mg by mouth twice daily** Chronic Graft Versus Host Disease: **Start at 10mg by mouth twice daily.**			
KISQALI® (ribociclib)	Treatment of adult patients with hormone receptor (HR)- positive, human epidermal growth factor receptor 2 (HER2) negative advanced or metastatic cancer in combination with an aromatase inhibitor as initial endocrine-based therapy; or fulvestrant as initial endocrine-based therapy or following disease progression on endocrine therapy in postmenopausal women or in men.	minimum age =18	3 (200mg)	63 per 28 days

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	KISQALI: **600mg by mouth once daily for 21 consecutive days followed by 7 days off.**			
KISQALI FEMARA CO-PACK (ribociclib and letrozole)	Initial endocrine-based therapy for the treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative advanced or metastatic breast cancer. KISQALI: **600mg by mouth once daily for 21 consecutive days followed by 7 days off.** FEMARA: **2.5mg once daily throughout the 28 day cycle.**	minimum age =18	3 (200mg)	63 per 28 days
KOSELUGO (selumetinib)	Treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN). **25 mg/m^2 by mouth twice daily, reduce the dose to 20 mg/m^2 by mouth twice daily for moderate hepatic impairment (Child-Pugh B).**	minimum age = 2	8 (10mg) 4 (25mg)	240 per 30 days (10mg) 120 per 30 days (25mg)
LENVIMA® (lenvatinib)	Recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer (DTC). In combination with everolimus, for the treatment of patients with advanced renal cell carcinoma (RCC) following one prior anti-angiogenic therapy. In combination with pembrolizumab, for the first line treatment of patients with advanced RCC.	minimum age =18	N/A	30 per 30 days (4mg) 60 per 30 days (8mg) 30 per 30 days (10 mg) 90 per 30 (12mg) 60 per 30 days (14 mg) 90 per 30 days (18mg) 60 per 30 days (20 mg)

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	For the first-line treatment of patients with unresectable hepatocellular carcinoma (HCC). In combination with pembrolizumab, for the treatment of patients with advanced endometrial carcinoma that is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), who have disease progression following prior systemic therapy and are not candidates for curative surgery or radiation. DTC: **24 mg by mouth once daily** RCC: **18 mg by mouth once daily and 5 mg of everolimus once daily; 20 mg orally once daily with pembrolizumab 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks.** HCC: **12 mg for patients ≥ 60 kg or 8 mg for patients < 60 kg.** Endometrial Carcinoma: **20mg by mouth once daily with pembrolizumab 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks.**			90 per 30 days (24 mg)
LORBRENA® (lorlatinib)	Adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test. **100mg by mouth once daily.**	minimum age =18	1 (100mg) 3 (25mg)	30 per 30 days (100mg) 90 per 30 days (25mg)
LONSURF® (trifluridine and tipiracil)	Metastatic colorectal cancer after failure of standard agents (fluoropyrimidine-,	minimum age = 18	N/A	80 per 30 days

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	oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR therapy); Metastatic gastric cancer or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that included a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, HER2/neu-targeted therapy: **35 mg/m^2 (based on the trifluridine component) by mouth twice daily on days 1-5 and 8-12 of a 28-day cycle (max single dose=** **80 mg; max daily dose = 160 mg)**			
LUMAKRAS™ (sotorasib)	*KRAS G12C*-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA-approved test, who have received at least one prior systemic therapy. **960mg by mouth once daily.**	minimum age=18	8 (120mg)	240 per 30 days
LYNPARZA® (olaparib) ***tablets***	**Ovarian cancer:** a) Maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic BRCA-mutated advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. **b)** In combination with bevacizumab for the maintenance treatment of adult	minimum age=18	4 (150mg) 4 (100mg)	120 per 30 days

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	patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either: a deleterious or suspected deleterious BRCA mutation, and/or genomic instability. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. c) Maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy. d) Adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. **Breast cancer:** a) Adult patients with deleterious or suspected deleterious gBRCAm, HER2-negative metastatic breast cancer, who have been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have			

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	been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. b) Adult patients with deleterious or suspected deleterious gBRCAm, HER2-negative metastatic breast cancer who have been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. **Pancreatic cancer:** a) Maintenance treatment of adult patients with deleterious or suspected deleterious gBRCAm metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. **Prostate cancer:** a) Adult patients with deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer			

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	(mCRPC) who have progressed following prior treatment with enzalutamide or abiraterone. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. **300mg by mouth twice daily.**			
LYSODREN® (mitotane)	Adrenocortical carcinoma: **9-10 g/day by mouth divided three times daily to four times daily; max: 19 g/day.**	minimum age = 18	38 (500mg)	1,140 per 30 days
MEKINIST® (trametinib)	Single agent or in combination with dabrafenib for unresectable or metastatic melanoma with BRAF V600E or V600K mutations; for the treatment of patients with melanoma with BRAF V600E or V600K mutations in combination with dabrafenib; for the treatment of patients with metastatic non-small cell lung cancer with BRAF V600 E mutation; for the treatment of patients with locally advanced or metastatic anaplastic thyroid cancer thyroid cancer with BRAP V600E mutation with no satisfactory locoregional treatment options, in combination with dabrafenib. Mutations must be verified by an FDA approved test. Not to be used concomitantly with immunotherapy drugs: **2 mg by mouth daily.**	minimum age = 18	3 (0.5mg) 1 (2mg)	90 per 30 days (0.5mg) 30 per 30 days (2mg)
MEKTOVI® (binimetinib)	Unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test, in combination with encorafenib. **45 mg by mouth twice daily.**	minimum age = 18	6 (15mg)	180 per 30 days

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NERLYNX® (neratinib)	Adjuvant treatment of adult patients with early stage HER2-positive breast cancer, to follow adjuvant trastuzumab based therapy; for the treatment of adult patients with advanced or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 based regimens in the metastatic setting, in combination with capecitabine. **240mg by mouth once daily as adjuvant treatment**; **240mg by mouth once daily on days 1-21 of a 21-day cycle plus capecitabine** **Dose escalation: 120mg daily on days 1-7, 160mg daily on days 8-14, then 240mg daily thereafter.**	minimum age =18	6 (40mg)	180 per 30 days
NEXAVAR® (sorafenib)	Advanced renal cell carcinoma, unresectable hepatocellular carcinoma, locally recurrent or metastatic, progressive, differentiated thyroid carcinoma refractory to radioactive iodine treatment. **400mg by mouth twice daily without food.**	minimum age =18	4 (200mg)	120 per 30 days
NILANDRON® (nilutamide)	Metastatic prostate cancer. **300mg once daily for 30 days then 150mg once daily thereafter.**	minimum age =18	2 (150mg) for one month then 1 (150mg)	60 per 30 days for one month then 30 per 30 days
NINLARO® (ixazomib)	Multiple myeloma in combination with lenalidomide and dexamethasone in patients who have received at least one prior therapy: **4 mg once daily on days 1, 8 and 15 of a 28 day cycle**	minimum age = 18	1 (4mg) 1 (3mg) 1 (2.3mg)	3 per 30 days

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NUBEQA™ (darolutamide)	Patients with non-metastatic castration-resistant prostate cancer. **600mg by mouth twice daily.**	minimum age = 18	4 (300mg)	120 per 30 days
ODOMZO® (sonidegib)	Locally advanced basal cell carcinoma if not candidates for surgery or radiation **200 mg by mouth daily.**	minimum age = 18	1 (200mg)	30 per 30 days
ONUREG (azacitidine)	For continued treatment of adults with acute myeloid leukemia who achieved first complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following intensive induction chemotherapy and are not able to complete intensive curative therapy. **300 mg by mouth once daily on days 1-14 of a 28-day cycle**	minimum age = 18	1 (200mg) 1 (300mg)	14 per 28 days
ORGOVYX (relugolix)	Adults with advanced prostate cancer. **360 mg on the first day of treatment followed by 120 mg taken by mouth once daily**	minimum age = 18	1 (120mg)	30 per 30 days
PEMAZYRE™ (pemigatinib)	Adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test. **13.5 mg by mouth once daily for 14 consecutive days followed by 7 days off therapy in 21-day cycles.**	minimum age = 18	1 (4.5mg) 1 (9mg) 1 (13.5mg)	21 per 28 days
PIQRAY® (alpelisib)	In combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated,	minimum age = 18	2 (150mg) 1 (200mg)	60 per 30 days

	advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen. **300mg by mouth once daily.**		1 (50mg)	
PURIXAN® (mercaptopurine oral suspension) **Considered only in patients who cannot swallow tablets**	**Acute lymphoblastic leukemia** *Maintenance*: **1.5 to 2.5 mg/kg (50 to 75 mg/m^2) by mouth as a single daily dose.**	N/A	N/A	**Considered only in patients who cannot swallow tablets** 100 mL/30 days
QINLOCK™ (ripretinib)	Adult patients with advanced gastrointestinal stromal tumor who have received prior treatment with 3 or more kinase inhibitors, including imatinib. **150mg by mouth once daily.**	minimum age = 18	3 (50mg)	90 per 30 days
RETEVMO™ (selpercatinib)	Adult patients with metastatic *RET* fusion-positive non-small cell lung cancer (NSCLC). Adult and pediatric patients 12 years of age and older with advanced metastatic *RET*-mutant medullary thyroid cancer (MTC) who require systemic therapy. Adult and pediatric patients 12 years of age and older with advanced or metastatic *RET* fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate). **Less than 50 kg: 120 mg by mouth twice daily** **50 kg or greater: 160 mg by mouth twice daily**	minimum age = 12	6 (40mg) 4 (80mg)	180 per 30 days
ROZLYTREK™ (entrectinib)	Adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors	minimum age = 12	(5) 100mg	150 per 30 days

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	are *ROS1*-positive. Adult and pediatric patients 12 years of age and older with solid tumors that: have a neurotrophic tyrosine receptor kinase (*NTRK)* gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have progressed following treatment or have no satisfactory alternative therapy. *ROS1*-positive metastatic non-small cell lung cancer: **600mg by mouth once daily.** NTRK Gene Fusion-Positive Solid Tumors: Adults: **600 mg by mouth once daily.** Pediatric Patients 12 Years and Older: **Based on body surface area (BSA) as shown below** **BSA greater than 1.50 m^2: 600 mg by mouth once daily; BSA 1.11 to 1.50 m^2: 500 mg by mouth once daily; BSA 0.91 to 1.10 m^2: 400 mg by mouth once daily**		(3) 200mg	
RUBRACA® (rucaparib)	Maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. Treatment of adult patients with a deleterious *BRCA* mutation (germline and/or somatic)-associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with two or more chemotherapies; based on	minimum age = 18	4 (300mg) 4 (250mg) 4 (200mg)	120 per 30 days

	an FDA-approved companion diagnostic for RUBRACA. Treatment of adult patients with a deleterious *BRCA* mutation (germline and/or somatic)-associated metastatic castration-resistant prostate cancer who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy. **600mg by mouth twice daily.**			
RYDAPT® (midostaurin)	Newly diagnosed acute myeloid leukemia (AML) who are FLT3 mutation-positive, as detected by a FDA approved test; in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation chemotherapy; the treatment of patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with associated hematological neoplasm (SM-AHN), or mast cell leukemia (MCL). AML**: 50 mg by mouth twice daily with food on days 8 to 21 of each cycle of induction with cytarabine and daunorubicin and on days 8 to 21 of each cycle of consolidation with high-dose cytarabine.** ASM, SM-AHN, and MCL: **100 mg by mouth twice daily.**	minimum age = 18	8 (25mg)	224 per 28 days
SCEMBLIX® (asciminib)	Adults with Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML) in chronic phase who also have the T3151 mutation; Adults with Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML) in chronic phase who previously	minimum age = 18	20mg 40mg	300 per 30 days

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	received two (2) or more tyrosine kinase inhibitors. Ph+ CML in CP: **80 mg orally once daily or 40 mg twice daily.** Ph+ CML in CP with the T315I Mutation: **200 mg orally twice daily.**			
SPRYCEL® (dasatinib)	Newly diagnosed adults with Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML) in chronic phase; adults with chronic, accelerated, or myeloid or lymphoid blast phase Ph+ CML with resistance or intolerance to prior therapy including imatinib; adults with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) with resistance or intolerance to prior therapy; pediatric patients 1 year of age and older with Ph+ CML in chronic phase; pediatric patients 1 year of age and older with newly diagnosed Ph+ ALL in adults. Chronic phase CML in adults: **100mg by mouth daily** Accelerated phase CML, myeloid or lymphoid blast phase CML, or Ph+ ALL in adults: **140mg by mouth daily.** Chronic phase CML and ALL in pediatrics dose is based on body weight and should be recalculated at least every 3 months: **10 to < 20kg: 40mg, 20 to < 30kg: 60mg, 30 to <45kg:70mg, 45kg: 100mg**	N/A	2 (20mg, 80mg) 1 (50mg, 70mg, 100mg, 140mg)	60 per 30 days (20mg, 80mg); 30 per 30 days (50mg, 70mg, 100mg, 140mg)
STIVARGA® (regorafenib)	Hepatocellular carcinoma who have been previously treated with	minimum age = 18	4 (40mg)	120 per 30 days

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	Sorafenib; Locally advanced, unresectable or metastatic gastrointestinal stromal tumor who have been previously treated with imatinib mesylate and sunitinib malate; Metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy: **160 mg by mouth once daily for the first 21 days of each 28-day cycle**.			
TABLOID® (thioguanine)	Acute nonlymphocytic leukemia (not recommended for use during maintenance therapy or similar long-term continuous treatments due to the high risk of liver toxicity). The dosage which will be tolerated and effective varies according to the stage and type of neoplastic process being treated: **Initial dose -**Pediatric patients and adults: **Approximately 2 mg/kg of body weight per day**. (If, after 4 weeks on this dosage, there is no clinical improvement and no leukocyte or platelet depression, the dosage may be cautiously increased to 3 mg/kg/day).	N/A	N/A	N/A
TABRECTA™ (capmatinib)	Treatment of adult patients with metastatic non-small cell lung cancer whose tumors have a mutation that leads to mesenchymal-epithelial transition exon 14 skipping as detected by an FDA-approved test. **400 mg by mouth twice daily with or without food.**	minimum age = 18	4 (150mg) 4 (200mg)	120 per 30 days

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TAFINLAR® (dabrafenib)	Single agent or in combination with trametinib for unresectable or metastatic melanoma with BRAF V600E or V600K mutation; the adjuvant treatment of patients with melanoma in combination with trametinib with BRAF V600E or V600K mutations, and involvement of lymph node(s), following complete resection; treatment in combination with trametinib of patients with metastatic non-small cell lung cancer with BRAF V600E mutation; treatment in combination with trametinib of patients with locally advanced or metastatic anaplastic thyroid cancer with BRAF V600E mutation and with no satisfactory locoregional treatment options. Mutations must be verified by an FDA approved test. Not to be used concomitantly with immunotherapy drugs: **150 mg by mouth twice daily**	minimum age = 18	4 (50mg) 4 (75mg)	120 per 30 days
TAGRISSO® (osimertinib)	First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test; Adjuvant therapy after tumor resection in adult patients with NSCLC whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test; Single agent for metastatic EGFR T790M mutation positive NSCLC, as detected by an FDA-approved test, whose disease has progressed on or after EGFR TKI therapy. **80 mg by mouth once daily.**	minimum age = 18	1 (80mg) 1 (40mg)	30 per 30 days

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TALZENNA™ (talazoparib)	For adult patients with deleterious or suspected deleterious germline BRCA-mutated (*gBRCAm*) HER2-negative locally advanced or metastatic breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic test. **1mg by mouth once daily.**	minimum age = 18	4 (0.25mg) 2 (0.5mg) 1 (0.75mg) 1 (1mg)	30 per 30 days
TARCEVA® (erlotinib)	Metastatic non-small cell lung cancer in patients whose tumors have epidermal growth factor receptor exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test receiving first-line, maintenance, or second or greater line treatment after progression following at least one prior chemotherapy regimen: **150 mg by mouth daily.** First line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer, in combination with gemcitabine: **100 mg by mouth daily.**	minimum age = 18	1 (25mg, 100mg, 150mg)	30 per 30 days
TARGRETIN® (bexarotene)	**Capsule:** Cutaneous manifestations of cutaneous T-cell lymphoma in patients who are refractory to at least one prior systemic therapy: **300 mg/m^2/day.**	minimum age = 1	N/A	N/A
TASIGNA® (nilotinib)	Adult and pediatric patients greater than or equal to 1 year of age with newly diagnosed Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase; treatment of adult patients with chronic phase (CP) and accelerated phase (AP) Philadelphia chromosome positive chronic myelogenous leukemia (Ph+ CML) resistant or intolerant to prior therapy that included imatinib;	minimum age = 1	4 (200mg) 4 (150mg) 4 (50mg)	120 per 30 days

	treatment of pediatric patients greater than or equal to 1 year of age with chronic phase (CP) or accelerated phase (AP) Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) with resistance or intolerance to prior tyrosine-kinase inhibitor (TKI) therapy. Newly diagnosed Ph+ CML-CP: **300 mg orally twice daily for adults.** Resistant or intolerant Ph+ CML-CP and CML-AP**: 400 mg orally twice daily for adults** Pediatric patients: **230mg/m^2 twice daily (maximum single dose of 400mg)**			
TAZVERIK™ (tazemetostat)	Treatment of adults and pediatric patients aged 16 years and older with metastatic or locally advanced epithelioid sarcoma not eligible for complete resection. Adult patients with relapsed or refractory follicular lymphoma whose tumors are positive for an enhancer of zeste homolog 2 (EZH2) mutation as detected by an FDA-approved test and who have received at least 2 prior systemic therapies. Adult patients with relapsed or refractory follicular lymphoma who have no satisfactory alternative treatment options. **800mg by mouth twice daily.**	minimum age = 16	(8) 200mg	240 per 30 days
TEPMETKO ® (tepotinib)	Adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymalepithelial	minimum age = 18	2 (225mg)	60 per 30 days

	transition (MET) exon 14 skipping alterations. *(Note: An FDA-approved test for detection of MET exon 14 skipping alterations in NSCLC for selecting patients for treatment with TEPMETKO is not available).* **450 mg by mouth once daily.**			
THALOMID® (thalidomide)	Newly diagnosed multiple myeloma (MM) in combination with dexamethasone. Acute treatment of the cutaneous manifestations of moderate to severe erythema nodosum leprosum (ENL). MM: **200mg by mouth once daily with dexamethasone 40mg per day on days 1-4, 9-12 and 17-20 every 28 days.** ENL: **100mg to 300mg by mouth daily for an episode of cutaneous ENL. Up to 400mg by mouth per daily for severe cutaneous ENL**.	minimum age = 12	(7) 50mg (3) 100mg (2) 150mg (2) 200mg	210 per 30 days
TIBSOVO® (ivosidenib)	Patients with a susceptible IDH1 mutation as detected by an FDA-approved test with: Relapsed or refractory acute myeloid leukemia (AML); Patients with newly diagnosed AML who are ≥75 years old or who have comorbidities that preclude use of intensive induction chemotherapy; Locally advanced or metastatic cholangiocarcinoma who have been previously treated. **500mg by mouth once daily.**	minimum age = 18	2 (250mg)	60 per 30 days
TRUSELTIQ™ (infigratinib)	Previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2	minimum age = 18	1 (100mg)	63 per 28 days

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	(FGFR2) fusion or other rearrangement as detected by an FDA-approved test. **125mg by mouth for 21 days, followed by 7 days off, in a 28-day cycle.** **Mild and Moderate Renal Impairment/Mild Hepatic Impairment: 100mg by mouth for 21 days, followed by 7 days off, in a 28-day cycle.** **Moderate Hepatic Impairment: 75mg by mouth for 21 days, followed by 7 days off, in a 28-day cycle**		3 (25mg)	
TUKYSA™ (tucatinib)	In combination with trastuzumab and capecitabine for treatment of adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting. **300 mg by mouth twice daily with or without food.**	minimum age = 18	4 (50mg) 4 (150mg)	120 per 30 days
TURALIO™ (pexidartinib)	Adult patients with symptomatic tenosynovial giant cell tumor associated with severe morbidity or functional limitations and not amenable to improvement with surgery.	minimum age = 18	4 (200mg)	120 per 30 days
TYKERB® (lapatinib)	HER2- positive metastatic breast cancer: **1,250-1,500 mg by mouth daily** (*dose modifications may require dosages as high as 5,500mg/day*).	minimum age = 18	6 (250mg)	180 per 30 days
UKONIQ™ (umbralisib)	Adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based	minimum age = 18	4 (200mg)	120 per 30 days

	regimen and relapsed or refractory follicular lymphoma (FL) who have received at least three prior lines of systemic therapy **800mg by mouth once daily.**			
VENCLEXTA® (venetoclax)	Chronic lymphocytic leukemia (CLL) or small lymphocytic leukemia (SLL). In combination with azacitidine or decitabine or low-dose cytarabine for the treatment of newly-diagnosed acute myeloid leukemia (AML) in adults who are age 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy. CLL/SLL**: ramp up schedule over 5 weeks to the achieved dose of 400mg by mouth once daily.** AML**: ramp up schedule over 4 weeks to 400mg-600mg by mouth daily.**	minimum age = 18	2 (10mg) 1 (50mg) 6 (100mg)	Starting Pack = 42 per 30 days, 100 mg = 180 per 30 days
VEPESID® (etoposide)	Small cell lung cancer: **Oral dose is two times the IV dose: (e.g. two times 35 mg/m^2/day for 4 days to 50mg/m^2/ day for 5 days) rounded to the nearest 50 mg.**	N/A	N/A	N/A
VERZENIO™ (abemaciclib)	Monotherapy for patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting. In combination with fulvestrant for the treatment of women with HR-positive,	minimum age = 18	monotherapy: 2 (50mg, 100mg, 150mg and 200mg) with fulvestrant, tamoxifen and an aromatase inhibitor maximum dose:	60 per 30 days

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	(HER2)-negative advanced or metastatic breast cancer with disease progression following endocrine therapy. In combination with endocrine therapy (tamoxifen or an aromatase inhibitor) for the adjuvant treatment of adult patients with HR-positive, HER2-negative, node-positive, early breast cancer at high risk of recurrence and a Ki-67 score ≥20% as determined by an FDA approved test. In combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of postmenopausal women and men, with HR-positive, HER2-negative advanced or metastatic breast cancer. Monotherapy: **200mg by mouth twice daily.** With fulvestrant, tamoxifen or an aromatase inhibitor: **150mg mg by mouth twice daily.**		2 (150mg)	
VITRAKVI® (larotrectinib)	Adult and pediatric patients with solid tumors that have a neurotrophic receptor tyrosine kinase (*NTRK*) gene fusion without a known acquired resistance mutation; are metastatic or where surgical resection is likely to result in severe morbidity and have no satisfactory alternative treatments or that have progressed following treatment. Adults and pediatric patients with body surface area of at least 1.0 m^2: **100mg by mouth twice daily.** Pediatric patients with body surface area of less than 1.0 m^2: **100mg/m^2 by mouth twice daily.**	N/A	6 (25mg) 2 (100mg) 5 (20mg/ml)	90 per 30 days

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VIZIMPRO® (dacomitinib)	First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test. **45mg by mouth once daily.**	minimum age = 18	1 (15mg, 30mg, 45mg)	30 per 30 days
VONJO™ (pacritinib)	Intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis in adults with a platelet count below 50×10^9 /L. **200mg by mouth twice daily.**	minimum age = 18	4 (100mg)	120 per 30 days
XALKORI® (crizotinib)	Metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK) or ROS1-positive as detected by an FDA approved test. **250mg by mouth twice daily.** For the treatment of pediatrics ≥ 1 year of age and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) that is ALK-positive. **280 mg/m^2 orally twice daily until disease progression or unacceptable toxicity.**	minimum age = 1	2 (200mg, 250mg)	60 per 30 days
XOSPATA® (gilteritinib)	Relapsed or refractory acute myeloid leukemia with a FMS-like tyrosine kinase 3 mutation as detected by an FDA approved test. **120mg by mouth once daily.**	minimum age = 18	3 (40mg)	90 per 30 days
XPOVIO™ (selinexor)	Relapsed or refractory multiple myeloma (RRMM) in adult patients who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-	minimum age = 18	4 (20mg) 40mg, 50mg, 60mg	32 per 30 days

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	CD38 monoclonal antibody. Used in combination with dexamethasone. For the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after at least 2 lines of systemic therapy. In combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. RRMM: **80mg by mouth on days 1 and 3 of each week.** DLBCL: **60 mg by mouth on days 1 and 3 of each week.** Multiple Myeloma in Combination with bortezomib and dexamethasone: **100 mg taken orally once weekly.**			
YONSA®(abiraterone acetate)	Metastatic castration resistant prostate cancer in combination with methylprednisolone. **500 mg by mouth once daily.**	minimum age = 18	4 (125mg)	120 per 30 days
ZELBORAF® (vemurafenib)	Metastatic or unresectable melanoma with BRAF V600E mutation; Erdheim-Chester Disease with BRAF V600 mutation as detected by an FDA-approved test: **960mg by mouth every 12 hours.**	minimum age = 18	8 (240mg)	240 per 30 days
ZEJULA® (niraparib)	The maintenance treatment of adult patients with advanced epithelial ovarian, fallopian	minimum age = 18	3 (100mg)	90 per 30 days

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	tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy. **For patients weighing less than 77 kg (170 lbs) OR with a platelet count of less than 150,000/µL, the recommended dose is 200 mg by mouth once daily.** **For patients weighing greater than or equal to 77 kg (170 lbs) AND who have a platelet count greater than or equal to 150,000/µL, the recommended dose is 300 mg by mouth once daily.** For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. **300 mg by mouth once daily** For the treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with three or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency positive status defined by either: a deleterious or suspected deleterious *BRCA* mutation, or genomic instability and who have progressed more than six			

	months after response to the last platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for ZEJULA. **300 mg by mouth once daily.**			
ZOLINZA® (vorinostat)	Cutaneous T-cell lymphoma: **400 mg by mouth daily.**	minimum age = 18	4 (100mg)	120 per 30 days
ZYDELIG® (idelalisib)	Treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab, for whom rituximab alone would be considered appropriate therapy due to other co-morbidities. **150mg by mouth twice daily.**	minimum age = 18	2 (100mg) 2 (150mg)	60 per 30 days
ZYKADIA®(ceritinib)	Metastatic non-small cell lung cancer whose tumors are anaplastic lymphoma kinase positive as detected by the FDA approved test: **750mg by mouth once daily.**	minimum age = 18	5 (150mg)	150 per 30 days

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