

Bladder Cancer (Urothelial) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0a __0is __I __II __III __IV __Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op __ Adjuvant/Post-Op __First Line __Second Line __Third Line __Third Line+ __ Maintenance

Goal of Treatment: __Curative __Non-Curative

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarker:

Platinum Resistant/Refractory? __ Yes __ No

Neoadjuvant Therapy | Clinical Stage II, III, or IV without evidence of metastases (cT2, cT3, cT4a, cT4b, M0)

CMV: cisplatin (Platinol), methotrexate, and vinblastine (Velban) 3 cycles

Gemcitabine (Gemzar) and cisplatin (Platinol) 4 cycles

Adjuvant Therapy | Stage I or II after TURBT* or following resection of recurrent or persistent disease

BCG: bacillus calmette-guerin, intravesical

Metastatic Disease | First line therapy (1st line)

Gemcitabine (Gemzar) and cisplatin** (Platinol)

Metastatic Disease | Second line therapy (2nd line)

Gemcitabine (Gemzar)

Paclitaxel (Taxol)

*TURBT: transurethral resection of bladder tumor

** In the setting of recurrent/metastatic disease, a substitution of carboplatin for cisplatin will be considered a Pathway option.

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Breast Cancer Pathways: Neoadjuvant

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __IA __IB __IIA __IIB __IIIA __IIIB __IIIC __IV __Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op __ Adjuvant/Post-Op

ECOG Performance Status: __ 0 __ 1 __ 2 __ 3 __ 4

Biomarker:

Estrogen Receptor: __Positive __Negative

Progesterone Receptor: __Positive __Negative

HER2 status: __Positive __Negative by __IHC __FISH

Menopausal Status: Pre / Peri / Post / NA (patient is male)

OncotypeDx: __Low* __Intermediate __High __Not Done/Not Reported

Neoadjuvant Therapy | HER2 Negative

AC → weekly T: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) (every 3 weeks) followed by weekly paclitaxel (Taxol)

ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by weekly paclitaxel (Taxol)

TC: docetaxel (Taxotere) and cyclophosphamide (Cytoxan)

Neoadjuvant Therapy | HER2 Positive

AC → TH: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by paclitaxel (Taxol) and trastuzumab (Herceptin)

TCH: docetaxel (Taxotere), carboplatin (Paraplatin) and trastuzumab (Herceptin)

Neoadjuvant Therapy | HER2 Positive | Hormone receptor (ER/PR) negative

TCH+P: docetaxel (Taxotere), carboplatin (Paraplatin), trastuzumab (Herceptin) and pertuzumab (Perjeta)

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Breast Cancer Pathways: Adjuvant

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __IA __IB __IIA __IIB __IIIA __IIIB __IIIC __IV __Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op __ Adjuvant/Post-Op

ECOG Performance Status: __ 0 __ 1 __ 2 __ 3 __ 4

Biomarker:

Estrogen Receptor: __Positive __Negative

Progesterone Receptor: __Positive __Negative

HER2 status: __Positive __Negative by __IHC __FISH

Menopausal Status: Pre / Peri / Post / NA (patient is male)

OncotypeDx: __Low* __Intermediate __High __Not Done/Not Reported

Adjuvant Therapy | HER2 Negative*

AC → weekly T: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) (every 3 weeks) followed by weekly paclitaxel (Taxol)

ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by weekly paclitaxel (Taxol)

TC: docetaxel (Taxotere) and cyclophosphamide (Cytoxan)

Adjuvant Therapy | HER2 Positive

AC → TH: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by paclitaxel (Taxol) and trastuzumab (Herceptin)

TCH: docetaxel (Taxotere), carboplatin (Paraplatin) and trastuzumab (Herceptin)

TH: paclitaxel (Taxol) and trastuzumab (Herceptin) **(Pathway for stage I HER2+ breast cancer only)**

*Adjuvant chemotherapy pathways do NOT apply to individuals with Hormone-Receptor positive, lymph node negative, OncotypeDX™ LOW risk score

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Breast Cancer Pathways: Advanced/Metastatic Disease

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __IA __IB __IIA __IIB __IIIA __IIIB __IIIC __IV __Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line +

Estrogen Receptor: __Positive __Negative

Progesterone Receptor: __Positive __Negative

HER2 status: __Positive __Negative by __IHC __FISH

Menopausal Status: Pre / Peri / Post / NA (patient is male)

Metastatic disease | HER2 Negative | First and subsequent lines of therapy (1st line+)

- Capecitabine (Xeloda)
- Doxorubicin (Adriamycin)
- Gemcitabine (Gemzar)
- Paclitaxel (Taxol)
- Vinorelbine (Navelbine)

Metastatic disease | HER2 Positive | First line of therapy (1st line)

- Capecitabine (Xeloda) and trastuzumab (Herceptin)
- Gemcitabine (Gemzar) and trastuzumab (Herceptin)
- Paclitaxel (Taxol) and trastuzumab (Herceptin)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel (Taxol)
- Vinorelbine (Navelbine) and trastuzumab (Herceptin)

Metastatic disease | HER2 Positive | Second and subsequent lines of therapy (2nd line +)

- Ado-trastuzumab emtansine (Kadcyla)
- Capecitabine (Xeloda) and lapatinib (Tykerb)
- Capecitabine (Xeloda) and trastuzumab (Herceptin)
- Gemcitabine (Gemzar) and trastuzumab (Herceptin)
- Paclitaxel (Taxol) and trastuzumab (Herceptin)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel (Taxol)
- Trastuzumab (Herceptin) and lapatinib (Tykerb)
- Trastuzumab (Herceptin) monotherapy
- Vinorelbine (Navelbine) and trastuzumab (Herceptin)

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Breast Cancer Pathways: Endocrine Therapy for Recurrent or Metastatic Disease

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __IA __IB __IIA __IIB __IIIA __IIIB __IIIC __IV __Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+

Biomarkers:

Estrogen Receptor (ER): __Positive __Negative

Menopausal Status: Pre / Peri / Post / NA (patient is male)

Progesterone Receptor (PR): __Positive __Negative

- Pre-menopausal only: Include ovarian suppression: Yes/No/Unknown

HER2 status: __Positive __Negative by __ IHC __FISH

First line therapy (1st line) | Recurrent or Metastatic Disease | Hormone receptor positive

- Anastrozole (Arimidex)*
- Fulvestrant, high dose (Faslodex)*
- Letrozole (Femara)*
- Letrozole (Femara) and palbociclib (Ibrance)*
- Tamoxifen**

Second and subsequent lines of therapy (2nd line +) | Recurrent or Metastatic Disease | Hormone receptor positive

- Anastrozole (Arimidex)*
- Exemestane (Aromasin)*
- Fulvestrant, high dose* (Faslodex)
- Fulvestrant (Faslodex) and palbociclib* (Ibrance)
- Letrozole (Femara)*
- Tamoxifen**

First and subsequent lines of therapy (1st line +) | Recurrent or Metastatic Disease | Hormone receptor positive | HER2 positive

- Anastrozole (Arimidex) and trastuzumab (Herceptin)*
- Letrozole (Femara) and trastuzumab (Herceptin)*

* With ovarian suppression for premenopausal individuals. Ovarian suppression utilizes LHRH agonists given as monthly injections. 3-month depot dosing does not reliably suppress estrogen levels.

** Tamoxifen is considered Pathway for premenopausal individuals with or without ovarian suppression

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Chronic Myelogenous Leukemia (CML) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: New diagnosis or Relapse

Line of Treatment: First Line Second Line Third Line Third Line +

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

CML Phase: Chronic Phase Accelerated Phase Lymphoid Blast Phase Myeloid Blast Phase Not Reported

Imatinib resistant or intolerant: Yes No

Philadelphia chromosome: Positive Negative

T315I: Positive Negative

Mutation: V299L T315I

First line of therapy (1st line)

Dasatinib* (Sprycel) **for intermediate or high risk disease**

Imatinib (Gleevec)

Nilotinib* (Tasigna) **for intermediate or high risk disease**

Second line of therapy (2nd line) | Following treatment failure, suboptimal response[†], or intolerance to first line therapy

Bosutinib (Bosulif)

Dasatinib (Sprycel)

Nilotinib (Tasigna)

Ponatinib[‡] (Iclusig)

Third line of therapy (3rd line)

Ponatinib (Iclusig)

* For patients with intermediate or high risk disease based on Sokal or Hasford Score:

- Sokal: Intermediate Risk=0.8-1.2; High Risk>1.2
- Hasford: Intermediate Risk=781-1480; High Risk>1480

† Defined as lack of complete hematologic response or BCR-ABL1 transcripts > 10% (IS) or lack of partial cytogenetic response on bone marrow cytogenetics.

‡ Pathway option for second line therapy only after failure, suboptimal response, or intolerance of a second generation TKI has been used in the first line setting, or T315I mutation has been identified.

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Colorectal Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __I __IIA __IIB __IIC __IIIA __IIIB __IIIC __IVA __IVB __ Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op __ Adjuvant/Post-Op __First Line __Second Line __Third Line __Third Line+

ECOG Performance Status: __ 0 __ 1 __ 2 __ 3 __ 4

Biomarker:

RAS: __ Wild type __ Mutant

Adjuvant therapy*

Capecitabine (Xeloda)

FOLFOX: fluorouracil (5-FU), leucovorin and oxaliplatin (Eloxatin)

FULV: fluorouracil (5FU) and leucovorin

Metastatic disease | RAS Wild Type (WT) or Mutant (MT) | First or second lines of therapy (1st or 2nd line)

Capecitabine (Xeloda)

FOLFIRI: fluorouracil (5FU), leucovorin and irinotecan (Camptosar)

FOLFIRI + bevacizumab: fluorouracil (5FU), leucovorin and irinotecan (Camptosar) with bevacizumab (Avastin)

FOLFOX: fluorouracil (5FU), leucovorin and oxaliplatin (Eloxatin)

FOLFOX + bevacizumab: fluorouracil (5FU), leucovorin oxaliplatin (Eloxatin) with bevacizumab (Avastin)

FOLFOXIRI + bevacizumab: fluorouracil (5FU), leucovorin, oxaliplatin (Eloxatin) and irinotecan (Camptosar) with bevacizumab (Avastin)

FULV: fluorouracil (5FU) and leucovorin

FULV: fluorouracil (5FU) and leucovorin with bevacizumab (Avastin)

Metastatic disease | RAS wild type (WT) | First or second lines of therapy (1st or 2nd line)

FOLFIRI + panitumumab: fluorouracil (5FU), leucovorin and irinotecan (Camptosar) with panitumumab (Vectibix)

FOLFOX + panitumumab: fluorouracil (5-FU), leucovorin and oxaliplatin (Eloxatin) with panitumumab (Vectibix)

Irinotecan (Camptosar) and panitumumab (Vectibix)

Metastatic disease | RAS wild type (WT) | Third or subsequent lines of therapy (3rd line+)

Panitumumab (Vectibix) monotherapy

* Adjuvant Pathways do not apply to stage II MSI-H (microsatellite instability-high) disease.

** Exon 2 KRAS, non-exon 2 KRAS, and NRAS mutations; testing recommended for all patients with metastatic disease.

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Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0__IA__IB__IIA__IIB__IIIA__IIIB__IIIC__IV__Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op__ Adjuvant/Post-Op __First Line __Second Line __Third Line __Third Line+

ECOG Performance Status: __0__1__2__3__4

Is the patient going to have surgery? __Yes__No

Is the patient going to have radiation? __Yes__No

Primary therapy | Resectable and unresectable disease

Cisplatin (Platinol) and fluorouracil (5FU)

Fluorouracil (5FU) and cisplatin (Platinol) with concurrent radiation therapy (RT)

Paclitaxel (Taxol) and carboplatin (Paraplatin) with concurrent radiation therapy (RT)

Post-operative treatment

Fluorouracil (5FU) and leucovorin with concurrent radiation therapy (RT)

Recurrent/metastatic or locally advanced/inoperable disease | HER2 Negative | First line of therapy (1st line)

Cisplatin (Platinol) and fluorouracil (5FU)

Fluorouracil (5FU) and irinotecan (Camptosar)

FLO / FOLFOX: fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin)

FLP: fluorouracil (5FU), leucovorin, and cisplatin (Platinol)

Recurrent/metastatic or locally advanced/inoperable disease | HER2 Positive | First line of therapy (1st line)

Cisplatin (Platinol), fluorouracil (5FU), and trastuzumab (Herceptin)

Recurrent/metastatic or locally advanced/inoperable disease | Second line of therapy (2nd line)

Irinotecan (Camptosar)

Paclitaxel (Taxol)

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Head and Neck Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __I __II __III __IVA __IVB __IVC __Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op __ Adjuvant/Post-Op __First Line __Second Line __Second Line+

ECOG Performance Status: __0__1__2__3__4

Hypopharynx and larynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT)

High dose cisplatin (Platinol)* with concurrent radiation therapy (RT)

Hypopharynx and larynx: candidate for local therapy (M0) | Post-operative systemic therapy & concurrent radiation therapy (RT)

High dose cisplatin (Platinol)* with concurrent radiation therapy (RT)

Lip, oral cavity, oropharynx, ethmoid sinus, maxillary sinus, occult primary: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT)

High dose cisplatin (Platinol)* with concurrent radiation therapy (RT)

Lip, oral cavity, oropharynx, ethmoid sinus, maxillary sinus, occult primary: candidate for local therapy (M0) | Post-operative systemic therapy & concurrent radiation therapy (RT)

High dose cisplatin (Platinol)* with concurrent radiation therapy (RT)

Nasopharynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT) followed by adjuvant therapy

High dose cisplatin (Platinol)* with concurrent radiation therapy (RT), followed by adjuvant cisplatin (Platinol) and fluorouracil (5FU)

Nasopharynx | Metastatic and recurrent disease | First Line and subsequent lines of therapy (1st line+) | Performance Status 0,1,2

Carboplatin (Paraplatin)

Cisplatin (Platinol)

Cisplatin (Platinol)** and gemcitabine (Gemzar)

Cisplatin (Platinol)** and paclitaxel (Taxol)

Fluorouracil (5FU)

Gemcitabine (Gemzar)

Gemcitabine (Gemzar) and vinorelbine (Navelbine)

Methotrexate

Paclitaxel (Taxol)

*High dose cisplatin is defined as dosing to achieve 200-300 mg/m² total cisplatin dose during the course of radiotherapy

**Substitution of carboplatin for cisplatin, and vice-versa, is acceptable for metastatic disease

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Head and Neck Cancer Pathways

(Continued)

Non-Nasopharyngeal (Squamous cell) | Metastatic and recurrent disease | First line of therapy (1st line) | Performance Status 0, 1, 2

- __ Carboplatin (Paraplatin), fluorouracil (5FU), and cetuximab (Erbix)
- __ Cisplatin (Platinol), fluorouracil (5FU), and cetuximab (Erbix)

Non-nasopharyngeal (Squamous cell) | Metastatic and recurrent disease | Second and subsequent lines of therapy (2nd line +) | Performance Status 0, 1, 2

- __ Nivolumab (Opdivo)
- __ Paclitaxel (Taxol)

*High dose cisplatin is defined as dosing to achieve 200-300 mg/m² total cisplatin dose during the course of radiotherapy

**Substitution of carboplatin for cisplatin, and vice-versa, is acceptable for metastatic disease

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Hodgkin Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __0-E __0-X __0-XE __IA __IA-E __IA-X __IA-XE __IB __IB-E __IB-X __IB-XE __IIA __IIA-E __IIA-X __IIA-XE __IIB __IIB-E __IIB-X __IIB-XE __IIIA __IIIA-E __IIIA-X __IIIA-XE __IIIB __IIIB-E __IIIB-X __IIIB-XE __IVA __IVA-E __IVA-X __IVA-XE __IVB __IVB-E __IVB-X __IVB-XE __NS
__Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+ __Maintenance

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarker:

CD20 status: __Negative __Positive __Not reported

HIV associated lymphoma: __No __Yes

__ Transplant candidate __ Non-transplant candidate

Classical Hodgkin Lymphoma | Early Stage (Stage I-IIA, favorable and unfavorable risk)

__ **ABVD:** doxorubicin (Adriamycin), bleomycin (Blenoxane), vinblastine (Velban), and dacarbazine (DTIC) ± ISRT

Classical Hodgkin Lymphoma | Advanced Stage (Stage IIB, III, and IV)

__ **ABVD:** doxorubicin (Adriamycin), bleomycin (Blenoxane), vinblastine (Velban), and dacarbazine (DTIC) ± ISRT

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

Kidney Cancer (Renal Cell Carcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: 0 I II III IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line +

ECOG Performance Status: 0 1 2 3 4

Biomarker:

Prior therapy: _____

Renal cancer risk: Poor risk Intermediate risk Good risk

Metastatic disease | First line of therapy (1st line)

High dose intravenous (IV) interleukin-2 (IL2, Proleukin) (**clear cell only**)

Pazopanib (Votrient)

Metastatic disease | First line of therapy (1st line) | Poor prognosis* or non-clear cell histology

Temsirolimus (Torisel)

Metastatic disease | Second or subsequent lines of therapy (2nd line+) | Clear cell carcinoma

Nivolumab (Opdivo)

*Poor prognosis patients have 3 or more of the following predictors of short survival:

- LDH greater than 1.5 x normal
- Hemoglobin less than normal (anemia)
- Corrected serum calcium (Ca) greater than 10 ng/dL
- Less than 1 year from diagnosis to the start of systemic therapy
- Karnofsky performance status \leq 70 (Unable to carry on normal activity or do active work, but able to perform self-care)
- 2 or more sites of organ metastases

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: IA IB IIA IIB IIIA IIIB IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarker:

ALK status: Positive Negative Not reported

EGFR: Mutation Wild type Not reported

BRAF: V600E Mutation V600K Mutation Wild type Not reported

MET amplification: Positive Negative Not reported

RET gene rearrangement: Absent Present Not reported

ROS1 rearrangement: Positive Negative Not reported

Adjuvant

Carboplatin (Paraplatin) and paclitaxel (Taxol)

Cisplatin (Platinol) and gemcitabine (Gemzar)

Cisplatin (Platinol) and vinorelbine (Navelbine)

Primary therapy | Locally advanced / Unresectable disease | Stage III

Cisplatin (Platinol) and etoposide (Toposar) with concurrent XRT

Paclitaxel (Taxol) and carboplatin (Paraplatin) with concurrent XRT

Metastatic disease | ALK positive or ROS1 positive | First line of therapy (1st line)

Crizotinib (Xalkori)

Metastatic disease | EGFR positive | First line of therapy (1st line)

Erlotinib (Tarceva)

Metastatic disease | PD-L1 Expression High (≥50%) | EGFR and ALK negative | First line of therapy (1st line) | ECOG Performance Status = 0, 1, 2

Pembrolizumab (Keytruda)

Metastatic disease | Non-squamous | First line of therapy (1st line) | ECOG Performance Status= 0, 1, 2

Carboplatin* (Paraplatin) and paclitaxel (Taxol)

Carboplatin (Paraplatin), paclitaxel (Taxol) and bevacizumab (Avastin)

Cisplatin* (Platinol) and gemcitabine (Gemzar)

Cisplatin* (Platinol) and pemetrexed (Alimta)

*In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a Pathway option.

** For patients with EGFR T790M mutation

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Lung Cancer: Non-small Cell Lung Cancer (NSCLC) Pathways (Continued)

Metastatic disease | Squamous | First line of therapy (1st line) | ECOG Performance Status = 0, 1, 2

- __ Carboplatin* (Paraplatin) and paclitaxel (Taxol)
- __ Cisplatin* (Platinol) and gemcitabine (Gemzar)

Metastatic disease | Non-squamous | Maintenance | ECOG Performance Status = 0, 1, 2

- __ Continuation bevacizumab (Avastin)
- __ Continuation pemetrexed (Alimta)
- __ Switch pemetrexed (Alimta)

Metastatic disease | EGFR T790M mutation | Second line (2nd line) after targeted 1st line therapy

- __ Osimertinib (Tagrisso) **

Metastatic disease | ALK positive or EGFR positive | Second or subsequent lines of therapy (2nd line +) | ECOG Performance Status = 0, 1, 2

- __ Carboplatin* (Paraplatin) and paclitaxel (Taxol)
- __ Cisplatin* (Platinol) and gemcitabine (Gemzar)
- __ Cisplatin* (Platinol) and pemetrexed (Alimta)

Metastatic disease | Second or subsequent lines of therapy (2nd line+) | ECOG Performance Status = 0, 1, 2

- __ Atezolizumab (Tecentriq)
- __ Nivolumab (Opdivo) (any histology/pathology)
- __ Pemetrexed (Alimta) (Non-Squamous histology/pathology)

Metastatic disease | EGFR positive | ECOG Performance Status = 3, 4

- __ Erlotinib (Tarceva)

*In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a Pathway option.

** For patients with EGFR T790M mutation

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Lung Cancer: Small Cell Lung Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: IA IB IIA IIB IIIA IIIB IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarker:

ALK status: Positive Negative Not reported

EGFR: Mutation Wild type Not reported

BRAF: V600E Mutation V600K Mutation Wild type Not reported

MET amplification: Positive Negative Not reported

RET gene rearrangement: Absent Present Not reported

ROS1 rearrangement: Positive Negative Not reported

Limited Stage | Primary, Adjuvant, or First Line Therapy (1st line)

Carboplatin (Paraplatin) and etoposide (Toposar) ± XRT

Cisplatin (Platinol) and etoposide (Toposar) ± XRT

Extensive Stage | First line of therapy (1st line)

Carboplatin (Paraplatin) and etoposide (Toposar)

Second and subsequent lines of therapy (2nd line +) | Relapse greater than 6 months

Carboplatin (Paraplatin) and etoposide (Toposar)

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Melanoma Pathways: Metastatic Melanoma

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: 0 IA IB IIA IIB IIC III IV Recurrent

Line of Treatment: Adjuvant/Post-Op First Line Second Line Third Line Third Line +

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

BRAF* status: V600E Mutation positive V600K Mutation positive Wild Type (no mutation) Not Reported

c-kit status: Exon 11 Mutation Present Exon 9 Mutation Present No Mutation Not Reported

Metastatic disease | First and subsequent lines of therapy (1st line +) | Any BRAF status | ECOG PS: 0, 1, 2

Pembrolizumab (Keytruda)*

Metastatic disease | First line of therapy (1st line) | BRAF mutated † | Symptomatic disease | ECOG PS: 0, 1, 2

Vemurafenib (Zelboraf) and cobimetinib (Cotellic)

Metastatic disease | Second and subsequent lines of therapy (2nd line +) | BRAF mutated † | ECOG PS: 0, 1, 2

Vemurafenib (Zelboraf) and cobimetinib (Cotellic)

Metastatic disease | Second and subsequent lines of therapy (2nd line +) | Any BRAF status | ECOG PS: 0, 1, 2

Ipilimumab (Yervoy)

* Administered at a dose of 2 mg/kg (up to a maximum of 200 mg).

† BRAF mutations include V600E and V600K mutations.

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

Myeloma Pathways: Multiple Myeloma

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: New diagnosis Relapse

Line of Treatment: First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarker:

Transplant candidate Non-transplant candidate

Primary/ First line of therapy (1st line) | Transplant candidates

VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone

Primary/ First line of therapy (1st line) | Ineligible for transplant

CyBORd or VDC: bortezomib (Velcade), cyclophosphamide (Cytoxan), and dexamethasone

R-dex: lenalidomide (Revlimid) and low-dose dexamethasone

VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid) and dexamethasone

VD: bortezomib (Velcade) and dexamethasone

Maintenance therapy | Post-transplant

Lenalidomide (Revlimid)

Relapsed disease | Second and subsequent lines of therapy (2nd line+)

CRd or KRd: carfilzomib (Kyprolis), lenalidomide (Revlimid) and dexamethasone

DRD: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone

DVD: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone

Relapsed disease | Third and subsequent lines of therapy (3rd line+)

Daratumumab (Darzalex)

Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Lymphoma Stage: __0 __0-E __0-X __0-XE __IA __IA-E __IA-X __IA-XE __IB __IB-E __IB-X __IB-XE __IIA __IIA-E __IIA-X __IIA-XE __IIB __IIB-E __IIB-X __IIB-XE __IIIA __IIIA-E __IIIA-X __IIIA-XE __IIIB __IIIB-E __IIIB-X __IIIB-XE __IVA __IVA-E __IVA-X __IVA-XE __IVB __IVB-E __IVB-X __IVB-XE __NS __Recurrent

Leukemia Stage: __NS (No stage) __Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+ __Maintenance

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarkers:

11q deletion: __Absent __Present

17p deletion: __Absent __Present

CD20 Status: __Negative __Positive

TP53 status: __Mutation Absent __Mutation Present

First line of therapy (1st line) | With 17p Deletion

Ibrutinib (Imbruvica)

First line of therapy (1st line) | Without 17p Deletion

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)

FCR: fludarabine (Fludara), cyclophosphamide (Cytoxan), and rituximab (Rituxan)

Ibrutinib (Imbruvica)

Indications to initiate treatment may include (not limited to):

- WBC elevation above $200-300 \times 10^9$
- Signs of leukostasis
- Lymphocyte doubling time of less than 6 months
- In low or intermediate risk disease:
 - Significant disease-related symptoms such as severe fatigue, weight loss, night sweats, otherwise unexplained fever
 - Signs of end-organ damage
 - Significant or progressive bulky disease, such as massive splenomegaly (≥ 6 cm below the costal margin) or massive lymphadenopathy (> 10 cm in longest diameter)
 - Clinically significant progressive or symptomatic anemia or thrombocytopenia
 - Not caused by autoimmune etiology, unless poor response to conventional immunosuppressive therapy

High risk disease, particularly with progressive cytopenias

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways (Continued)

Second and subsequent lines of therapy (2nd line +) | With 17p Deletion

___ Ibrutinib (Imbruvica)

Second and subsequent lines of therapy (2nd line +) | Without 17p Deletion

___ **BR**: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)

___ Ibrutinib (Imbruvica)

Indications to initiate treatment may include (not limited to):

- WBC elevation above $200-300 \times 10^9$
- Signs of leukostasis
- Lymphocyte doubling time of less than 6 months
- In low or intermediate risk disease:
 - Significant disease-related symptoms such as severe fatigue, weight loss, night sweats, otherwise unexplained fever
 - Signs of end-organ damage
 - Significant or progressive bulky disease, such as massive splenomegaly (≥ 6 cm below the costal margin) or massive lymphadenopathy (> 10 cm in longest diameter)
 - Clinically significant progressive or symptomatic anemia or thrombocytopenia
 - Not caused by autoimmune etiology, unless poor response to conventional immunosuppressive therapy

High risk disease, particularly with progressive cytopenias

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



NHL: Diffuse Large B-Cell Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: 0 0-E 0-X 0-XE IA IA-E IA-X IA-XE IB IB-E IB-X IB-XE IIA IIA-E IIA-X IIA-XE IIB IIB-E IIB-X IIB-XE IIIA IIIA-E IIIA-X IIIA-XE IIIB IIIB-E IIIB-X IIIB-XE IVA IVA-E IVA-X IVA-XE IVB IVB-E IVB-X IVB-XE NS
 Recurrent

Line of Treatment: First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarker:

CD20 status: Negative Positive

HIV associated lymphoma: No Yes

Transplant candidate Non-transplant candidate

First line of therapy (1st line)

R-CHOP (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

First line of therapy (1st line) | Contraindication to anthracycline

R-CEOP: cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

Second and subsequent lines of therapy (2nd line+) | Transplant candidates

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan) **OR**

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)

R-ICE: ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab (Rituxan)

Second and subsequent lines of therapy (2nd line +) | Non-Transplant candidates

BR: bendamustine (Bendeka, Treanda) and Rituximab (Rituxan)

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan) **OR**

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)

R-GemOx: gemcitabine (Gemzar), oxaliplatin, and rituximab (Rituxan)

Rituximab (Rituxan) monotherapy **reserved for frail patients or elderly patients**

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

NHL: Follicular and Marginal Zone Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __0-E __0-X __0-XE __IA __IA-E __IA-X __IA-XE __IB __IB-E __IB-X __IB-XE __IIA __IIA-E __IIA-X __IIA-XE __IIB __IIB-E __IIB-X __IIB-XE __IIIA __IIIA-E __IIIA-X __IIIA-XE __IIIB __IIIB-E __IIIB-X __IIIB-XE __IVA __IVA-E __IVA-X __IVA-XE __IVB __IVB-E __IVB-X __IVB-XE __NS
__Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+ __Maintenance

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarkers:

CD20 Status: __Positive __Negative

__ Transplant candidate __ Non-transplant candidate

Gastric MALT (Mucosa-associated Lymphoid Tissue) Lymphoma: Stage IE or IIE, *H. pylori* positive*

__ Antibiotic therapy for *H. pylori* eradication

Splenic Marginal Zone Lymphoma † OR Gastric MALT Lymphoma: First line of therapy (1st line)

__ Rituximab (Rituxan) monotherapy

Follicular (Grade I-IIIa) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line)

__ BR: Bendamustine (Bendeke, Treanda) and rituximab (Rituxan)

__ R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ R-CVP: Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ Rituximab (Rituxan) monotherapy

Follicular Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) | Additional options for the elderly or infirm

__ Chlorambucil (Leukeran)

__ Chlorambucil (Leukeran) and rituximab (Rituxan)

__ Cyclophosphamide

__ Cyclophosphamide and rituximab (Rituxan)

Follicular Lymphoma (Grade III) | First line of therapy (1st line)

__ R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ R-CEOP: Cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

*Gastric MALT with translocation 11;18 (t11;18) (q21;q21) predicts a lower response rate to anti-*H. pylori* treatment. Radiation therapy or other local intervention may be indicated.

†Splenectomy is also a recommended option for Splenic Marginal Zone Lymphoma (NCCN 2A).

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



NHL: Mantle Cell Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: 0 0-E 0-X 0-XE IA IA-E IA-X IA-XE IB IB-E IB-X IB-XE IIA IIA-E IIA_X IIA-XE IIB IIB-E IIB-X IIB-XE IIIA IIIA-E IIIA-X IIIA-XE IIIB IIIB-E IIIB-X IIIB-XE IVA IVA-E IVA-X IVA-XE IVB IVB-E IVB-X IVB-XE NS
 Recurrent

Line of Treatment: First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarker:

CD20 status: Negative Positive Not reported

HIV associated lymphoma: No Yes

Transplant candidate Non-transplant candidate

First line of therapy (1st line) | ASCT Candidates

Nordic Regimen: dose intensified rituximab (Rituxan), cyclophosphamide (Cytoxan), vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab (Rituxan) and high dose cytarabine (Depocyt)

First line of therapy (1st line) | Not ASCT Candidates

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)

Second and subsequent lines of therapy (2nd line+)

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)

Bortezomib (Velcade)

Ibrutinib (Imbruvica)

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

Ovarian Cancer (Epithelial) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: I IA IB IIA IIB IIC IIIA IIIB IIIC IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

Germline BRCA 1? Mutation Present Not Reported Wild Type (mutation absent)

Germline BRCA 2? Mutation Present Not Reported Wild Type (mutation absent)

Platinum sensitive?* Yes No Not Reported

Platinum-refractory or resistant? Yes No Not Reported

Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)

Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)

Carboplatin (Paraplatin) and paclitaxel (Taxol)

Adjuvant or Primary Therapy | Stage II, III, IV

Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)

Intravenous (IV) paclitaxel (Taxol) and Intraperitoneal (IP) cisplatin (Platinol) and IP paclitaxel (Taxol) ** (Stage III only)

Recurrent Disease | First and subsequent lines of therapy (1st line +) | Platinum-sensitive*

Carboplatin (Paraplatin)

Carboplatin (Paraplatin) and gemcitabine (Gemzar)

Carboplatin (Paraplatin) and paclitaxel (Taxol)

Carboplatin (Paraplatin) and weekly paclitaxel (Taxol)

Recurrent Disease | Second and subsequent lines of therapy (2nd line +) | Platinum resistant

Bevacizumab monotherapy (Avastin)

Docetaxel (Taxotere)

Gemcitabine (Gemzar)

Liposomal doxorubicin (Doxil or Lipodox)

Paclitaxel (weekly) (Taxol)

Paclitaxel (Taxol) and bevacizumab (Avastin)

Topotecan (Hycamtin)

Topotecan (Hycamtin) and bevacizumab (Avastin)

Vinorelbine (Navelbine)

*Platinum sensitive is defined as recurrence >6 months after prior platinum-based therapy

**Pathway selection for Stage III only

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Pancreatic Cancer (Adenocarcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __IA __IB __IIA __IIB __III __IV __Recurrent

Line of Treatment: __ Neoadjuvant/Pre-Op __ Adjuvant/Post-Op __ First Line __ Second Line __ Third Line __ Third Line+

ECOG Performance Status: __ 0 __ 1 __ 2 __ 3 __ 4

Adjuvant Therapy

Capecitabine (Xeloda) and gemcitabine (Gemzar)

FULV : fluorouracil (5FU) and leucovorin

Gemcitabine (Gemzar) monotherapy

Locally Advanced/Unresectable and Metastatic Disease | First line of therapy (1st line) | ECOG Performance Status (PS) : 0, 1, 2

FOLFIRINOX: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin

Gemcitabine (Gemzar)

Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)

Locally Advanced/Unresectable and Metastatic Disease | Second line of therapy (2nd line) | ECOG Performance Status (PS) : 0, 1, 2

OFF: Fluorouracil (5FU), leucovorin, and oxaliplatin

Gemcitabine (Gemzar) monotherapy

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Prostate Cancer (Adenocarcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: I IIA IIB III IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

Castration-resistant: Yes No

Prostate Cancer Recurrence Risk: Very Low Low Intermediate High Very High

Adjuvant Therapy | Post-prostatectomy | Lymph node positive (LN+)

- Goserelin (Zoladex)
- Leuprolide (Eligard/Lupron)
- Triptorelin (Trelstar)

Intermediate risk | Primary treatment with radiotherapy (RT)

- Goserelin* (Zoladex)
- Leuprolide* (Eligard/Lupron)
- Triptorelin* (Trelstar)

High Risk (T3a or Gleason 8-10), Very High Risk (T3b-T4), and Locally Advanced Prostate Cancer (LN+) | Primary treatment with radiotherapy

- Goserelin* (Zoladex)
- Goserelin* (Zoladex) with docetaxel (Taxotere) (q 3 wks)
- Leuprolide* (Eligard/Lupron)
- Leuprolide* (Eligard/Lupron) with docetaxel (Taxotere) (q 3 wks)
- Triptorelin* (Trelstar)
- Triptorelin* (Trelstar) with docetaxel (Taxotere) (q 3 wks)

Recurrent and Metastatic disease | Hormone Sensitive

- Docetaxel (Taxotere) (q 3 wks) with Androgen Deprivation Therapy (ADT)**
- Goserelin (Zoladex)
- Leuprolide (Eligard/Lupron)
- Triptorelin (Trelstar)

Bilateral orchiectomy (surgical castration) is an equally effective alternative to medical castration

*May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30-60 days in patients who are at risk of developing symptoms associated with testosterone flare.

**ADT Pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar), or history of orchiectomy

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.



Prostate Cancer (Adenocarcinoma)

Pathways (Continued)

Recurrent and Metastatic Disease | Hormone Resistant | First line of therapy (1st line)

- __ Abiraterone** (Zytiga) and prednisone + continue ADT**
- __ Docetaxel** (Taxotere) (q3 wks) + continue ADT **
- __ Enzalutamide (Xtandi) (oral) 160 mg qd
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with goserelin (Zoladex)
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with leuprolide (Eligard/Lupron)
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with triptorelin (Trelstar)
- __ Goserelin (Zoladex) + bicalutamide (Casodex)
- __ Leuprolide (Eligard/Lupron) + bicalutamide (Casodex)
- __ Triptorelin (Trelstar) + bicalutamide (Casodex)

Recurrent and Metastatic Disease | Hormone Resistant | Second and subsequent lines of therapy (2nd line+)

- __ Abiraterone (Zytiga)** and prednisone + continue ADT** †
- __ Cabazitaxel (Jevtana) + ADT **
- __ Docetaxel** (Taxotere) (q3 wks) + continue ADT ** ‡
- __ Docetaxel (Taxotere) rechallenge + ADT **
- __ Goserelin (Zoladex) + bicalutamide (Casodex) ‡
- __ Leuprolide (Eligard/Lupron) + bicalutamide (Casodex) ‡
- __ Triptorelin (Trelstar) + bicalutamide (Casodex) ‡
- __ Continued ADT ** with supportive care ± dexamethasone

Bilateral orchiectomy (surgical castration) is an equally effective alternative to medical castration

*May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30-60 days in patients who are at risk of developing symptoms associated with testosterone flare.

ADT Pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar), **or history of orchiectomy

† If neither abiraterone nor enzalutamide have been previously used

‡ If not previously used in the first line (1st Line) setting

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

Testicular (Germ Cell) Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: I IA IB IIA IIB IIC IIIA IIIB IIIC IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

Platinum-refractory or resistant? Yes No Not Reported

Seminoma | Stage II-III A | Primary Therapy

BEP: bleomycin, etoposide (Toposar), and cisplatin

EP: etoposide (Toposar) and cisplatin

Seminoma | Stage IIIB-C | Good Risk | and Metastatic Disease

BEP: bleomycin, etoposide (Toposar), and cisplatin

Nonseminoma | Stage II-III A | Primary Therapy

BEP: bleomycin, etoposide (Toposar), and cisplatin

EP: etoposide (Toposar) and cisplatin

Nonseminoma | Stage IIIB-C | Primary Therapy

BEP: bleomycin, etoposide (Toposar), and cisplatin

Nonseminoma | Adjuvant Therapy after RPLND*

EP: etoposide (Toposar) and cisplatin

*RPLND: Retroperitoneal Lymph Node Dissection



Uterine Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: I IA IB IIA IIB IIC IIIA IIIB IIIC IV Recurrent

Line of Treatment: Neoadjuvant/Pre-Op Adjuvant/Post-Op First Line Second Line Third Line Third Line+ Maintenance

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

Estrogen Receptor: Positive Negative

Progesterone Receptor: Positive Negative

Adjuvant Therapy | Stage III-IV or High Risk Histologies

Carboplatin and paclitaxel

Recurrent / Metastatic | First and Subsequent Lines of Therapy (1st line +)

Carboplatin and paclitaxel

Cisplatin and doxorubicin (Adriamycin)

