Bladder Cancer (Urothelial) Pathways

<table>
<thead>
<tr>
<th>Neoadjuvant Therapy</th>
<th>Clinical Stage II, III, or IV without evidence of metastases (cT2, cT3, cT4a, cT4b, M0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ CMV: cisplatin (Platinol), methotrexate, and vinblastine (Velban) 3 cycles</td>
<td></td>
</tr>
<tr>
<td>__ Gemcitabine (Gemzar) and cisplatin (Platinol) 4 cycles</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjuvant Therapy</th>
<th>Stage I or II after TURBT* or following resection of recurrent or persistent disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ BCG: bacillus calmette-guerin, intravesical</td>
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</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>First line therapy (1st line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Gemcitabine (Gemzar) and cisplatin** (Platinol)</td>
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<table>
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<tr>
<th>Metastatic Disease</th>
<th>Second line therapy (2nd line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Gemcitabine (Gemzar)</td>
<td></td>
</tr>
<tr>
<td>__ Paclitaxel (Taxol)</td>
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</tr>
</tbody>
</table>

* 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: __O__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
Progestosterone 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: __O__IA__IB__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 __I __IA __IB __II __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__
- **Progesterone Receptor (PR):** __Positive__ __Negative__
- **HER2 status:** __Positive__ __Negative by __IHC__ __FISH__

**Menopausal Status:** Pre / Peri / Post / NA (patient is male)
- Pre-menopausal only: Include ovarian suppression: Yes/No/Unknown

### 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 __IIIC __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)
- FOLFOLIRI + 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.

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.
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)

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

**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

<table>
<thead>
<tr>
<th align="center">Hypopharynx and larynx: candidate for local therapy (M0)</th>
<th align="center">Primary systemic therapy &amp; concurrent radiation therapy (RT)</th>
</tr>
</thead>
<tbody>
<tr>
<td align="center">__ High dose cisplatin (Platinol)* with concurrent radiation therapy (RT)</td>
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<table>
<thead>
<tr>
<th align="center">Hypopharynx and larynx: candidate for local therapy (M0)</th>
<th align="center">Post-operative systemic therapy &amp; concurrent radiation therapy (RT)</th>
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<th align="left">Lip, oral cavity, oropharynx, ethmoid sinus, maxillary sinus, occult primary: candidate for local therapy (M0)</th>
<th align="center">Primary systemic therapy &amp; concurrent radiation therapy (RT)</th>
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<tr>
<th align="center">Nasopharynx: candidate for local therapy (M0)</th>
<th align="center">Primary systemic therapy &amp; concurrent radiation therapy (RT) followed by adjuvant therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td align="center">__ High dose cisplatin (Platinol)* with concurrent radiation therapy (RT), followed by adjuvant cisplatin (Platinol) and fluorouracil (5FU)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th align="center">Nasopharynx</th>
<th align="center">Metastatic and recurrent disease</th>
<th align="center">First Line and subsequent lines of therapy (1st line+)</th>
<th align="center">Performance Status 0,1,2</th>
</tr>
</thead>
<tbody>
<tr>
<td align="center">__ Carboplatin (Paraplatin)</td>
<td align="center"></td>
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</tr>
<tr>
<td align="center">__ Cisplatin (Platinol)</td>
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</tr>
<tr>
<td align="center">__ Cisplatin (Platinol)** and gemcitabine (Gemzar)</td>
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<tr>
<td align="center">__ Cisplatin (Platinol)** and paclitaxel (Taxol)</td>
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<tr>
<td align="center">__ Fluorouracil (5FU)</td>
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<tr>
<td align="center">__ Methotrexate</td>
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<tr>
<td align="center">__ Paclitaxel (Taxol)</td>
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</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th>Pathway Details</th>
<th>First line of therapy (1st line)</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Nasopharyngeal (Squamous cell)</td>
<td>Performance Status 0, 1, 2</td>
<td>Performance Status 0, 1, 2</td>
</tr>
<tr>
<td></td>
<td>Carboplatin (Paraplatin), fluorouracil (5FU), and cetuximab (Erbitux)</td>
<td>Nivolumab (Opdivo)</td>
</tr>
<tr>
<td></td>
<td>Cisplatin (Platinol), fluorouracil (5FU), and cetuximab (Erbitux)</td>
<td>Paclitaxel (Taxol)</td>
</tr>
</tbody>
</table>

*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: ____________________________________________
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 ≤ 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__IIB__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

EFGFR: __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 and paclitaxel
- Cisplatin and gemcitabine (Gemzar)
- Cisplatin and vinorelbine (Navelbine)

### Primary therapy | Locally advanced / Unresectable disease | Stage III

- Cisplatin and etoposide (Toposar) with concurrent XRT
- Paclitaxel and carboplatin 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† and paclitaxel
- Carboplatin, paclitaxel, and bevacizumab (Avastin)
- Cisplatin† and gemcitabine (Gemzar)
- Cisplatin† and pemetrexed (Alimta)

* Administered at a dose of 2 mg/kg (up to a maximum of 200 mg).
† In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) 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.
Lung Cancer: Non-small Cell Lung Cancer (NSCLC) Pathways (Continued)

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Squamous</th>
<th>First line of therapy (1st line)</th>
<th>ECOG Performance Status = 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Carboplatin* and paclitaxel</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Cisplatin* and gemcitabine (Gemzar)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Non-squamous</th>
<th>Maintenance</th>
<th>ECOG Performance Status = 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Continuation bevacizumab (Avastin)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Continuation pemetrexed (Alimta)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Switch pemetrexed (Alimta)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>EGFR T790M mutation</th>
<th>Second line (2nd line) after targeted 1st line therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Osimertinib (Tagrisso)†</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>ALK positive or EGFR positive</th>
<th>Second or subsequent lines of therapy (2nd line +)</th>
<th>ECOG Performance Status = 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Carboplatin* and paclitaxel</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Cisplatin* and gemcitabine (Gemzar)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Cisplatin* and pemetrexed (Alimta)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Second or subsequent lines of therapy (2nd line+)</th>
<th>ECOG Performance Status = 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Atezolizumab (Tecentriq)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Nivolumab (Opdivo) (any histology/pathology)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Pemetrexed (Alimta) (Non-Squamous histology/pathology)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>EGFR positive</th>
<th>ECOG Performance Status = 3, 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Erlotinib (Tarceva)</td>
</tr>
</tbody>
</table>

* 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

EFGFR: __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)

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.
Melanoma Pathways: Metastatic Melanoma

---

**Patient Name:** _________________________________________________  **Date of Birth:** _________________________________________________

**Member Number:** _______________________________________________  **Treatment Start Date:** _______________________________________________

**ICD-10 Code:** _________________________________________________  **Pathology:** _________________________________________________

**Stage:** __0__ __I__ __II__ __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__

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>First and subsequent lines of therapy (1st line +)</th>
<th>Any BRAF status</th>
<th>ECOG PS: 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pembrolizumab (Keytruda)*</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>First line of therapy (1st line)</th>
<th>BRAF mutated †</th>
<th>Symptomatic disease</th>
<th>ECOG PS: 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vemurafenib (Zelboraf) and cobimetinib (Cotellic)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>BRAF mutated †</th>
<th>ECOG PS: 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vemurafenib (Zelboraf) and cobimetinib (Cotellic)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>Any BRAF status</th>
<th>ECOG PS: 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ipilimumab (Yervoy)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Patient Name: _______________________________</th>
<th>Date of Birth: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Number: ______________________________</td>
<td>Treatment Start Date: __________________________</td>
</tr>
<tr>
<td>ICD-10 Code: ________________________________</td>
<td>Pathology: ________________________________</td>
</tr>
</tbody>
</table>

**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: ________________________________
NS __NS (No stage) __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 x 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)

<table>
<thead>
<tr>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>With 17p Deletion</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ibrutinib (Imbruvica)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>Without 17p Deletion</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>BR</em>: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)_</td>
<td><em>Ibrutinib (Imbruvica)</em></td>
</tr>
</tbody>
</table>

Indications to initiate treatment may include (not limited to):
- WBC elevation above 200-300 x 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

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Number:</td>
<td>Treatment Start Date:</td>
</tr>
<tr>
<td>ICD-10 Code:</td>
<td>Pathology:</td>
</tr>
<tr>
<td>Stage:</td>
<td>Recurrent</td>
</tr>
<tr>
<td>Line of Treatment:</td>
<td>First Line</td>
</tr>
<tr>
<td>ECOG Performance Status:</td>
<td>0</td>
</tr>
<tr>
<td>Biomarker:</td>
<td>CD20 status:</td>
</tr>
<tr>
<td>HIV associated lymphoma:</td>
<td>No</td>
</tr>
<tr>
<td>Transplant candidate</td>
<td>Non-transplant candidate</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Patient Name: _________________________________________________</th>
<th>Date of Birth: ________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Number: _______________________________________________</td>
<td>Treatment Start Date: _________________________________________</td>
</tr>
<tr>
<td>ICD-10 Code: _________________________________________________</td>
<td>Pathology: ___________________________________________________</td>
</tr>
</tbody>
</table>

#### Stage:

- __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 (Bendeka, 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 (11q11:18) (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:** | **Pathology:** |
| **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 __IIIA __IIB __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

<table>
<thead>
<tr>
<th>Adjuvant Therapy</th>
<th>Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)</td>
<td></td>
</tr>
<tr>
<td>__ Carboplatin (Paraplatin) and paclitaxel (Taxol)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjuvant or Primary Therapy</th>
<th>Stage II, III, IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)</td>
<td></td>
</tr>
<tr>
<td>__ Intravenous (IV) paclitaxel (Taxol) and Intraperitoneal (IP) cisplatin (Platinol) and IP paclitaxel (Taxol) ** (Stage III only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent Disease</th>
<th>First and subsequent lines of therapy (1st line +)</th>
<th>Platinum-sensitive*</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Carboplatin (Paraplatin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Carboplatin (Paraplatin) and gemcitabine (Gemzar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Carboplatin (Paraplatin) and paclitaxel (Taxol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Carboplatin (Paraplatin) and weekly paclitaxel (Taxol)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent Disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>Platinum resistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Bevacizumab monotherapy (Avastin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Docetaxel (Taxotere)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Gemcitabine (Gemzar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Liposomal doxorubicin (Doxil or Lipodox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Paclitaxel (weekly) (Taxol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Paclitaxel (Taxol) and bevacizumab (Avastin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Topotecan (Hycamtin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Topotecan (Hycamtin) and bevacizumab (Avastin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Vinorelbine (Navelbine)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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: ___O ___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 orchectomy (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 orchectomy

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) (q 3 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.
<table>
<thead>
<tr>
<th>Seminoma</th>
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<th>Primary Therapy</th>
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<tr>
<td>__BEP:</td>
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*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 __IIIA __IIB __IIB __IIIC __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)