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.

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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)

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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

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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.

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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**

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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 ___T3151

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)

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* 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.

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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

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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 (Erbitux)

__ Cisplatin (Platinol), fluorouracil (5FU), and cetuximab (Erbitux)

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.

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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.

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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

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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

EFGR: __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.

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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* and paclitaxel

__ Cisplatin* 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* and paclitaxel

__ Cisplatin* and gemcitabine (Gemzar)

__ Cisplatin* 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.

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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

EFGR: __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.

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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.

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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

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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 __IB-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 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.

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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 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

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**

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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 (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 (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.

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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)

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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

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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.

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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.

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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.

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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-IIIA | 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-IIIA | 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

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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)

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