Review and updates during 2nd quarter 2019

Kidney Cancer (Renal Cell Carcinoma)
- Pembrolizumab (Keytruda) and axitinib (Inlyta) combination regimen added as a pathway option in the following clinical scenario: ‘Metastatic Disease | First Line of Therapy (1st Line) | Clear Cell Carcinoma’
- The following regimens have been removed as a pathway option from the clinical scenario: ‘Metastatic Disease | First Line of Therapy (1st Line)’
  - High dose intravenous (IV) interleukin-2 (IL2, Proleukin)
  - Pazopanib (Votrient)
  - Sunitinib (Sutent)
  - Temsirolimus (Torisel)

Metastatic Melanoma
- Encorafenib (Braftovi) and binimetinib (Mektovi) combination regimen added as a pathway option AND vemurafenib (Zelboraf) and cobimetinib (Cotellic) removed as a pathway option from the following clinical scenarios:
  - ‘Metastatic Disease | First Line of Therapy (1st Line) | BRAF Mutated | Symptomatic Disease | ECOG PS 0-2’
  - ‘Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line +) | BRAF Mutated | Symptomatic Disease | ECOG PS 0-2’

Note: Pathways 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>Tier 1: eligible for S-code S0353 only</th>
<th>Tier 2: not eligible for S-codes</th>
<th>Tier 3: eligible for S-code S0353-52 and S-codes S0364</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0354</th>
</tr>
</thead>
</table>

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019

2
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AIM Cancer Treatment Pathways

The goal of the medical oncology programs administered by AIM on behalf of our clients is to help provide access to quality and affordable cancer care. AIM Cancer Treatment Pathways are a key component of each program.

AIM Pathways are developed using a rigorous process of evidence-based medicine. Pathways differ from clinical practice guidelines in that the objective of a Pathway is to identify a subset of regimens supported by clinical evidence and practice guidelines with the goal of further reducing unwarranted variation in care and cost. Pathways are selected based on: clinical benefit (efficacy), safety/side effects (especially those leading to hospitalizations & impacting quality of life), strength of national guideline recommendations, and cost of regimens. Dosage and drug schedules (i.e. the interval between doses) may be considered in the selection of Pathway regimens. AIM Pathways are intended to support the use of quality cancer care.

Pathways are not available for every medical condition, but are intended to be applicable for individuals with the most common cancer types. Within each cancer type, separate Pathways are usually available for early stage and advanced cancer, sub-types of cancer (e.g. HER2 positive) and different lines of therapy. When selecting the best cancer treatment for a patient a treating oncologist should consider the type of cancer, the stage, the biomarkers or specific genetic profile of the cancer, and unique aspects the individual’s medical condition. Given the complexity of cancer and all of the unique individual circumstances, it would not be possible to have a Pathway option available for every specific situation. The treating oncologist will determine if, in his/her medical opinion, an AIM Pathway treatment regimen is the best option for a patient or whether, given his or her unique circumstances, another treatment regimen will be a better choice.

It is important to note that, for some health plans, we will review requested services in accordance with client medical policies and clinical guidelines. If a request is received from a provider that is not an AIM Pathway regimen, it may be reviewed and may be authorized if it is determined to be medically necessary pursuant to medical policies and clinical guidelines.

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Effective August 12, 2019
## Bladder Cancer (Urothelial) Pathways

**Neoadjuvant Therapy | Clinical Stage II, III, or IV Without Evidence of Metastases (cT2, cT3, cT4a, cT4b, M0)**

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMV</strong>: cisplatin, methotrexate, and vinblastine 3 cycles(^4,5)</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar) and cisplatin 4 cycles(^2)</td>
</tr>
</tbody>
</table>

**Adjuvant Therapy | Stage 0 (Ta, Tis) or Stage I | After TURBT* or Following Resection of Recurrent or Persistent Disease**

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BCG</strong>: bacillus calmette-guerin, intravesical(^20-24)</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar), intravesical (low-grade histology only)(^14)</td>
</tr>
</tbody>
</table>

**Metastatic Disease | First Line of Therapy (1\(^{st}\) Line)**

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemcitabine (Gemzar)(^9)</td>
</tr>
<tr>
<td>Paclitaxel(^14)</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)(^37)</td>
</tr>
</tbody>
</table>

**Metastatic Disease | Second Line of Therapy (2\(^{nd}\) Line)**

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemcitabine (Gemzar)(^9)</td>
</tr>
<tr>
<td>Paclitaxel(^14)</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)(^37)</td>
</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
‡ Administered at a dose of 200 mg every 3 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate

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Effective August 12, 2019
BLADDER CANCER (UROTHELIAL) REFERENCES

NCCN Practice Guidelines: Bladder Cancer Version 5.2018


These Guidelines are a work in progress that may be refined as often as new significant data becomes available.

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

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Note: Pathways 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

<table>
<thead>
<tr>
<th>Neoadjuvant Therapy</th>
<th>HER2 Negative</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ddAC ➔ weekly T</strong>: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TC</strong>: docetaxel (Taxotere) and cyclophosphamide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoadjuvant Therapy</th>
<th>HER2 Positive</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AC ➔ TH</strong>: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TCH</strong>: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoadjuvant Therapy</th>
<th>HER2 Positive</th>
<th>Hormone Receptor (ER/PR) Negative</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TCH+P</strong>: docetaxel (Taxotere), carboplatin, trastuzumab (Herceptin), and pertuzumab (Perjeta)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Administration of trastuzumab (Herceptin) is limited to 1 year (maximum 18 cycles)

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<table>
<thead>
<tr>
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<th>Tier 3: eligible for S-code S0353 and S-codes S0364</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0364</th>
</tr>
</thead>
</table>

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)

**Effective August 12, 2019**
BREAST CANCER NEOADJUVANT REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V4.2018


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References

4. Gray RG, Rea DW, aTTom Collaborators, et al. aTTom (adjuvant Tamoxifen—To offer more?): Randomized trial of 10 versus 5 years of adjuvant tamoxifen among 6,934 women with estrogen receptor-positive (ER+) or ER untested breast cancer—Preliminary results. J Clin Oncol. 2008; 26:1155-1159.
15. Martin M, Villar A, GEICAM Group (Spanish Breast Cancer Research Group), Spain, et al. Doxorubicin in combination with fluorouracil and cyclophosphamide (i.e. FAC regimen, day 1, 21) versus methotrexate in combination with fluorouracil and cyclophosphamide (i.e. CMF regimen, day 1, 21) as adjuvant chemotherapy for operable breast cancer: a study by the GEICAM group. Ann Oncol. 2003 Jun;14(6):833-842.

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Tier 1: eligible for S-code S0353 only | Tier 4: eligible for S-code S0353 and S-codes S0354
Tier 2: not eligible for S-codes | Tier 3: eligible for S-code S0353 and S-codes S0354

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54. FDA Briefing Document for sBLA 125409/51, Pertuzumab (PERJETA®). Oncologic Drugs Advisory Committee Meeting, September 12, 2013.


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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S5 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

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<table>
<thead>
<tr>
<th>Tier</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>eligible for S-code S0353 only</td>
</tr>
<tr>
<td>2</td>
<td>not eligible for S-codes</td>
</tr>
<tr>
<td>3</td>
<td>eligible for S-code S0353 or S0354 and S-codes S0354</td>
</tr>
<tr>
<td>4</td>
<td>eligible for S-code S0353 and S-codes S0354</td>
</tr>
</tbody>
</table>

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Effective August 12, 2019
## Breast Cancer Pathways: Adjuvant

### Adjuvant Therapy | HER2 Negative

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel[^8-9,11,12,60]</td>
</tr>
<tr>
<td>TC: docetaxel (Taxotere) and cyclophosphamide[^10,19]</td>
</tr>
</tbody>
</table>

### Adjuvant Therapy | HER2 Positive

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC → TH: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)[^23,26,58]</td>
</tr>
<tr>
<td>TCH: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)[^25,26,58]</td>
</tr>
<tr>
<td>TH: paclitaxel and trastuzumab (Herceptin)[^34,58]</td>
</tr>
</tbody>
</table>

### Adjuvant Therapy | HER2 Negative | Hormone Receptor (ER/PR) Negative | Residual Disease following Neoadjuvant Therapy

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda)[^56]</td>
</tr>
</tbody>
</table>

### Adjuvant Therapy | HER2 Positive | Residual Disease following Neoadjuvant Therapy - Added effective 5/13/2019

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trastuzumab emtansine (Kadcyla)[^63]</td>
</tr>
</tbody>
</table>

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

† Administration of trastuzumab (Herceptin) is limited to 1 year (maximum 18 cycles)

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Note: Pathways 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.

[^8-9,11,12,60]: References for dose dense chemotherapy.

[^10,19]: References for weekly paclitaxel.

[^23,26,58]: References for AC followed by TH.

[^25,26,58]: References for TCH followed by TH.

[^34,58]: Reference for TH.

[^56]: Reference for Capecitabine.

[^63]: Reference for Trastuzumab emtansine.

Effective August 12, 2019
BREAST CANCER ADJUVANT REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V4.2018


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Tier 1: eligible for S-code SO353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code SO353-52 and S-codes SO354
Tier 4: eligible for S-code SO353 and S-codes SO354

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For detailed information, please see the following reference sources:


Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy cl clipical guidelines should be consulted to determine whether proposed services will be covered.
49. FDA Briefing Document for sBLA 125409/51, Pertuzumab (PERJETA®). Oncologic Drugs Advisory Committee Meeting, September 12, 2013.
51. Gianni, Luca, et al. 5-year analysis of neoadjuvant pertuzumab and trastuzumab in patients with locally advanced, inflammatory, or early-stage HER2-positive breast cancer (NeoSphere): a multicentre, open-label, phase 2 randomised trial. Lancet Oncol. 17.6 (2016): 791-800. PMID: 27179402
52. Schneeweiss A. Pertuzumab and trastuzumab plus standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: Efficacy analysis of a phase II cardiac safety study (TRYPHAENA). SABCS 2016
Breast Cancer Pathways: Advanced/Metastatic Disease

### Advanced/Metastatic Disease | HER2 Negative | First and Subsequent Lines of Therapy (1st Line+)

| TIER 3 |
|---|---|
| Capecitabine (Xeloda)\(^4,24,26,28,60,65\) |
| Doxorubicin (Adriamycin)\(^4,5,9,65\) |
| Gemcitabine (Gemzar)\(^14,60\) |
| Paclitaxel\(^18,20,65\) |
| Vinorelbine (Navelbine)\(^15-17,65\) |

### Advanced/Metastatic Disease | HER2 Negative | Deleterious Germline BRCA Mutation | First and Subsequent Lines of Therapy (1st Line+)

| TIER 2 |
|---|---|
| Olaparib (Lynparza)\(^87\) |

### Advanced/Metastatic Disease | HER2 Positive | First Line of Therapy (1st Line)

| TIER 4 |
|---|---|
| Capecitabine (Xeloda) and trastuzumab (Herceptin)\(^40,43\) |
| Gemcitabine (Gemzar) and trastuzumab (Herceptin)\(^44,45\) |
| Paclitaxel and trastuzumab (Herceptin)\(^35,36\) |
| Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)\(^32,33,35\) |
| Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel\(^34\) |
| Vinorelbine (Navelbine) and trastuzumab (Herceptin)\(^46,47\) |

### Advanced/Metastatic Disease | HER2 Positive | Second and Subsequent Lines of Therapy (2nd Line+)

| TIER 4 |
|---|---|
| Ado-trastuzumab emtansine (Kadcyla)\(^39,61,62\) |
| Capecitabine (Xeloda) and lapatinib (Tykerb)\(^51,52\) |
| Capecitabine (Xeloda) and trastuzumab (Herceptin)\(^40,43\) |
| Gemcitabine (Gemzar) and trastuzumab (Herceptin)\(^44,45\) |
| Paclitaxel and trastuzumab (Herceptin)\(^35,36\) |
| Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)\(^32,33,35,82\) |
| Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel\(^34\) |
| Trastuzumab (Herceptin) and lapatinib (Tykerb)\(^49,50\) |
| Trastuzumab (Herceptin) monotherapy\(^37,48\) |
| Vinorelbine (Navelbine) and trastuzumab (Herceptin)\(^46,47\) |

Note: Pathways 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.

| Tier 1: eligible for S-code S0353 only | Tier 2: not eligible for S-codes | Tier 3: eligible for S-code S0353\(^52\) and S-codes S0364 | Tier 4: eligible for S-code S0353 and S-codes S0364 |

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Effective August 12, 2019
BREAST CANCER ADVANCED/METASTATIC REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V4.2018


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Effective For additional detail on pathway tiers, please see the e-consulted to determine whether proposed services will be covered.

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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S2 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0364

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019


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Tier 1: eligible for S-codes S0353 only
Tier 2: not eligible for S-codes tiers 1-4
Tier 3: eligible for S-codes S0353 S0354 and S-codes S0353 S0354
Tier 4: eligible for S-codes S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
Tier 1: eligible for S-code S0353 only

Tier 2: not eligible for S-codes

Tier 3: eligible for S-code S0353-52 and S-codes S0354

Tier 4: eligible for S-code S0353 and S-codes S0354

Note: Pathways 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 Advanced/Metastatic Disease

### Advanced/Metastatic Disease | Hormone Receptor Positive | First Line of Therapy (1st Line) | TIER 4
---|---|---|---
Anastrozole (Arimidex)*1,6,7,10,11,22,33
Anastrozole (Arimidex) and palbociclib (Ibrance)*19,40,41
Anastrozole (Arimidex) and ribociclib (Kisqali)*19,40,41
Fulvestrant (Faslodex)* high dose5,7,22,26,33,42
Fulvestrant (Faslodex) and ribociclib (Kisqali)*58 - Added effective 5/13/2019
Letrozole (Femara)*3,12,14,38
Letrozole (Femara) and palbociclib (Ibrance)*19,40,41
Letrozole (Femara) and ribociclib (Kisqali)*19,40,41,53
Tamoxifen†12,26

### Advanced/Metastatic Disease | Hormone Receptor Positive | Second and Subsequent Lines of Therapy (2nd Line+) | TIER 4
---|---|---|---
Anastrozole (Arimidex)*1,6,7,10,11,22,33
Exemestane (Aromasin)*4,20,21,39
Fulvestrant (Faslodex) high dose*
Fulvestrant (Faslodex) and palbociclib (Ibrance)*40
Letrozole (Femara)*3,12,14,38
Tamoxifen†12,26

### Advanced/Metastatic Disease | Hormone Receptor Positive | HER2 Positive | First and Subsequent Lines of Therapy (1st Line+) | TIER 4
---|---|---|---|---
Anastrozole (Arimidex) and trastuzumab (Herceptin)*46
Letrozole (Femara) and trastuzumab (Herceptin)*49

* 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
‡ Palbociclib regimens are not considered pathway when continued in the second line setting if the patient has received an available CDK4/6 inhibitor regimen in the first line setting

Note: Pathways 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 ENDOCRINE THERAPY FOR
ADVANCED/METASTATIC DISEASE REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V4.2018


These Guidelines are a work in progress that may be refined as often as new significant data becomes available.

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

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35. Ellis MJ, Prahladan M, Green NL, Mari E, Robertson JFR. Abstract OT3-2-09: FALCON: A randomised, double-blind, multicentre, phase III study comparing fulvestrant 500 mg for first-line treatment for postmenopausal women with hormone receptor-positive locally advanced or metastatic breast cancer who have no prior endocrine therapy. Cancer Res. 2013 Dec 15;73:OT3-2-09. http://cancerres.aacrjournals.org/content/73/24_Supplement/OT3-2-09


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Chronic Myelogenous Leukemia (CML) Pathways

**First Line of Therapy (1st Line) | Low Risk Disease**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imatinib (Gleevec)</td>
<td>1,4,6,8,30,33,35</td>
</tr>
</tbody>
</table>

**First Line of Therapy (1st Line) | Intermediate or High Risk Disease***

<table>
<thead>
<tr>
<th>Medicine</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dasatinib (Sprycel)</td>
<td>1,2,30,37-39</td>
</tr>
<tr>
<td>Imatinib (Gleevec)</td>
<td>1,4,6,8,30,33,35</td>
</tr>
<tr>
<td>Nilotinib (Tasigna)</td>
<td>8,31,32</td>
</tr>
</tbody>
</table>

**Second Line of Therapy (2nd Line) | Following Treatment Failure, Suboptimal Response†, or Intolerance to 1st Line**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosutinib (Bosulif)</td>
<td>23,33</td>
</tr>
<tr>
<td>Dasatinib (Sprycel)</td>
<td>1,2,9,10,12,36</td>
</tr>
<tr>
<td>Nilotinib (Tasigna)</td>
<td>16-18,31,32</td>
</tr>
<tr>
<td>Ponatinib (Iclusig)</td>
<td>26</td>
</tr>
</tbody>
</table>

**Third Line of Therapy (3rd Line)**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ponatinib (Iclusig)</td>
<td>26</td>
</tr>
</tbody>
</table>

* 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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Tier 1: eligible for S-code S0353 only  
Tier 2: not eligible for S-codes  
Tier 3: eligible for S-code S0353 and S-codes S0364  
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019
CHRONIC MYELOGENOUS LEUKEMIA (CML) REFERENCES

NCCN Clinical Practice Guidelines: Chronic Myelogenous Leukemia V1.2019


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Effective August 12, 2019
Colorectal Cancer Pathways

Adjuvant Therapy*

<table>
<thead>
<tr>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda)(^{52,69})</td>
</tr>
<tr>
<td><strong>CAPOX</strong></td>
</tr>
<tr>
<td><strong>FOLFOX</strong></td>
</tr>
<tr>
<td><strong>FUL</strong></td>
</tr>
</tbody>
</table>

Metastatic Disease | RAS Wild Type (WT) or Mutant (MT)\(^{\dagger}\) | First or Second Lines of Therapy (1st or 2nd Line) | Tier 3 |

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda)(^{27})</td>
</tr>
<tr>
<td><strong>FOLFIRI</strong></td>
</tr>
<tr>
<td><strong>FOLFIRI + bevacizumab</strong></td>
</tr>
<tr>
<td><strong>FOLFOX</strong></td>
</tr>
<tr>
<td><strong>FOLFOX + bevacizumab</strong></td>
</tr>
<tr>
<td><strong>FOLFOXIRI + bevacizumab</strong></td>
</tr>
<tr>
<td><strong>FUL</strong></td>
</tr>
<tr>
<td><strong>FUL</strong></td>
</tr>
</tbody>
</table>

Metastatic Disease | RAS Wild Type (WT) | First or Second Lines of Therapy (1st or 2nd Line) | Tier 3 |

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOLFIRI + panitumumab</strong></td>
</tr>
<tr>
<td><strong>FOLFOX + panitumumab</strong></td>
</tr>
<tr>
<td>**Irinotecan (Camptosar) and panitumumab ( Vectibix)(^{8,47})</td>
</tr>
</tbody>
</table>

Metastatic Disease | MSI-H or dMMR | Second Line of Therapy (2nd Line) | Tier 4 |

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembrolizumab (Keytruda)(^{1191})</td>
</tr>
</tbody>
</table>

Metastatic Disease | RAS Wild Type (WT) | Third or Subsequent Lines of Therapy (3rd Line+) | Tier 3 |

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembrolizumab (Keytruda)(^{1191})</td>
</tr>
<tr>
<td>Panitumumab (Vectibix) monotherapy(^{13,61,56})</td>
</tr>
</tbody>
</table>

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

† Limited to low-risk (T1-3, N1), stage III only

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

§ Limit to one line of therapy

|| Administered at a dose of 200 mg every 3 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate
COLORECTAL CANCER REFERENCES


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Tier 4: eligible for S-code S0353 and S-codes S0364

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Effective August 12, 2019
# Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

## Primary Therapy | Resectable and Unresectable Disease

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin and fluorouracil (5FU)&lt;sup&gt;3,4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fluorouracil (5FU) and cisplatin with concurrent radiation therapy (RT)&lt;sup&gt;35&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>FLOT</strong>: Fluorouracil (5FU), leucovorin, oxaliplatin, and docetaxel (Taxotere)&lt;sup&gt;47,48&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pacitaxel and carboplatin with concurrent RT&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

## Post-Operative Treatment

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluorouracil (5FU) and leucovorin with concurrent RT&lt;sup&gt;38&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Negative | First Line of Therapy (1<sup>st</sup> Line)

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin and fluorouracil (5FU)&lt;sup&gt;15,19,21,26&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fluorouracil (5FU) and irinotecan (Camptosar)&lt;sup&gt;25,26&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>FLO/FOLFOX</strong>: fluorouracil (5FU), leucovorin, and oxaliplatin&lt;sup&gt;27&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>FLP</strong>: fluorouracil (5FU), leucovorin, and cisplatin&lt;sup&gt;27&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Positive | First Line of Therapy (1<sup>st</sup> Line)

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin, fluorouracil (5FU), and trastuzumab (Herceptin)&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | Second Line of Therapy (2<sup>nd</sup> Line)

<table>
<thead>
<tr>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irinotecan (Camptosar)&lt;sup&gt;24,29&lt;/sup&gt;</td>
</tr>
<tr>
<td>Paclitaxel&lt;sup&gt;33&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Tier 1: eligible for S-code S0353 only</th>
<th>Tier 2: not eligible for S-codes</th>
<th>Tier 3: eligible for S-code S0353 S2 and S-codes S0354</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0354</th>
</tr>
</thead>
</table>

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Effective August 12, 2019
GASTRIC, ESOPHAGEAL, AND GASTROESOPHAGEAL JUNCTION (ADENOCARCINOMA) CANCERS

REFERENCES


References


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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353-52 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019

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Tier 3: eligible for S-code S0353 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019
### Head and Neck Cancer Pathways

**Non-Nasopharyngeal (Squamous Cell Carcinoma) | Candidate for Local Therapy (M0) | Primary Systemic Therapy or Post-Operative Systemic Therapy**

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose cisplatin* with concurrent RT.</td>
</tr>
</tbody>
</table>

**Non-Nasopharyngeal (Squamous Cell Carcinoma) | Metastatic and Recurrent Disease | First Line of Therapy (1st line)**

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux).</td>
</tr>
<tr>
<td>Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux).</td>
</tr>
</tbody>
</table>

**Non-Nasopharyngeal (Squamous Cell Carcinoma) | Metastatic and Recurrent Disease | Second and Subsequent Lines of Therapy (2nd line+)**

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo).</td>
</tr>
<tr>
<td>Paclitaxel.</td>
</tr>
</tbody>
</table>

**Nasopharynx | Candidate for Local Therapy (M0) | Primary Systemic Therapy**

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose cisplatin* with concurrent RT.</td>
</tr>
</tbody>
</table>

**Nasopharynx | Metastatic and Recurrent Disease | First and Subsequent Lines of Therapy (1st Line+)**

<table>
<thead>
<tr>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin.</td>
</tr>
<tr>
<td>Cisplatin.</td>
</tr>
<tr>
<td>Cisplatin† and gemcitabine (Gemzar).</td>
</tr>
<tr>
<td>Cisplatin† and paclitaxel.</td>
</tr>
<tr>
<td>Fluorouracil (5FU).</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar).</td>
</tr>
<tr>
<td>Methotrexate.</td>
</tr>
<tr>
<td>Paclitaxel.</td>
</tr>
</tbody>
</table>

* Cisplatin dosed at 100 mg/m² every three weeks over the course of radiotherapy. There are several different appropriate cisplatin schedules that may be used.

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

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Effective August 12, 2019
HEAD AND NECK CANCER REFERENCES

NCCN Clinical Practice Guidelines: Head and Neck Cancers V1.2019


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Effective August 12, 2019
Hodgkin Lymphoma Pathways

### Classical Hodgkin Lymphoma | Early Stage (Stage I-IIA, Favorable and Unfavorable Risk)  
**ABVD**: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT* 1-5, 30, 35, 36

### Classical Hodgkin Lymphoma | Advanced Stage (Stage IIB, III, and IV)  
**ABVD**: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT* 7-10, 32

* ISRT – Involved site radiation therapy

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<table>
<thead>
<tr>
<th>Tier 1: eligible for S-code S0353 only</th>
<th>Tier 2: not eligible for S-codes</th>
<th>Tier 3: eligible for S-code S0353 &amp; S-codes S0354</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0354</th>
</tr>
</thead>
</table>

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HODGKIN LYMPHOMA REFERENCES

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Tier 3: eligible for S-code S0353 S0354 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019
## Kidney Cancer (Renal Cell Carcinoma) Pathways

### Metastatic Disease | First Line of Therapy (1st Line)
<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose intravenous (IV) interleukin-2 (IL2, Proleukin)*[^17,18] – <strong>TERMED Effective 8/12/2019</strong></td>
</tr>
<tr>
<td>Pazopanib (Votrient)^[^4,5,7] – <strong>TERMED Effective 8/12/2019</strong></td>
</tr>
<tr>
<td>Sunitinib (Sutent)^[^1,3,37] – <strong>TERMED Effective 8/12/2019</strong></td>
</tr>
<tr>
<td>Temsirolimus (Torisel)^[^12,23] – <strong>TERMED Effective 8/12/2019</strong></td>
</tr>
</tbody>
</table>

### Metastatic Disease | First Line of Therapy (1st Line) | Clear Cell Carcinoma
<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo) and ipilimumab (Yervoy)^[^46]</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda) and axitinib (Inlyta)^[^50] – <strong>ADDED Effective 8/12/2019</strong></td>
</tr>
</tbody>
</table>

### Metastatic Disease | Second or Subsequent Lines of Therapy (2nd Line+) | Clear Cell Carcinoma
<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)^[^29,30,32]</td>
</tr>
</tbody>
</table>

* Indicated only for tumors with a significant clear cell histology component

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[^4]: Effective August 12, 2019
[^17]: Tier 1: eligible for S-code S0353 only
[^18]: Tier 2: not eligible for S-codes S0353 and S0354
[^46]: Tier 3: eligible for S-code S0353 and S-codes S0354
[^50]: Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)
Effective For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

KIDNEY CANCER (RENAL CELL CARCINOMA) REFERENCES

NCCN Practice Guideline: Kidney Cancer V3.2019


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References


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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S0353 S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

Effective August 12, 2019

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp
# Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways

## Neoadjuvant/Preoperative/Induction Therapy or Adjuvant/Definitive Therapy

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin and etoposide with concurrent XRT</td>
<td>Tier 4</td>
</tr>
<tr>
<td>Paclitaxel and carboplatin with concurrent XRT</td>
<td>Tier 4</td>
</tr>
</tbody>
</table>

## Adjuvant Therapy

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin and paclitaxel</td>
<td>Tier 3</td>
</tr>
<tr>
<td>Cisplatin and gemcitabine (Gemzar)</td>
<td>Tier 3</td>
</tr>
<tr>
<td>Cisplatin and vinorelbine (Navelbine)</td>
<td>Tier 3</td>
</tr>
</tbody>
</table>

## Metastatic Disease

<table>
<thead>
<tr>
<th>Disease</th>
<th>ALK/EGFR Status</th>
<th>TPS</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squamous</td>
<td>ALK/EGFR Negative (ROS Negative or Unknown)</td>
<td>&gt; 50%</td>
<td>Pembrolizumab (Keytruda)*</td>
</tr>
<tr>
<td>Squamous</td>
<td>ALK/EGFR Negative (ROS Negative or Unknown)</td>
<td>&lt; 50%</td>
<td>Pembrolizumab (Keytruda)*</td>
</tr>
<tr>
<td>Nonsquamous</td>
<td>ALK/EGFR Negative (ROS1 Negative or Unknown)</td>
<td>&gt; 50%</td>
<td>Pembrolizumab (Keytruda)*, carboplatin, and pemetrexed (Alimta)</td>
</tr>
<tr>
<td>Nonsquamous</td>
<td>ALK/EGFR Negative (ROS1 Negative or Unknown)</td>
<td>&lt; 50%</td>
<td>Carboplatin, paclitaxel, and bevacizumab (Avastin)</td>
</tr>
<tr>
<td>Squamous or Nonsquamous</td>
<td>Immunotherapy-Ineligible</td>
<td>First Line of Therapy (1st Line)</td>
<td>Carboplatin†, paclitaxel†, and pemetrexed (Alimta)*</td>
</tr>
</tbody>
</table>

* Administered at a dose of 200 mg every 3 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate
† In the setting of recurrent/metastatic NSCLC, a substitution of cisplatin for carboplatin (or vice-versa) will be considered a pathway option.
‡ Eligible only if immunotherapy alone was administered as first line treatment. Ineligible if chemotherapy was used in the first line setting.

---

**Note:** Pathways 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.

**Effective August 12, 2019**

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)
Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways (continued)

**Metastatic Disease | Non-Squamous | Maintenance | ECOG PS: 0-2**

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation bevacizumab (Avastin)³⁶-³⁸</td>
</tr>
<tr>
<td>Continuation pemetrexed (Alimta)³⁹,⁶⁴</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)* and pemetrexed (Alimta) (if previously treated with carboplatin†, pemetrexed, and pembrolizumab)¹¹³</td>
</tr>
<tr>
<td>Switch pemetrexed (Alimta)⁴¹,⁹⁴</td>
</tr>
</tbody>
</table>

**Metastatic Disease | Second or Subsequent Lines of Therapy (2nd Line+) | ECOG PS: 0-2**

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atezolizumab (Tecentriq)¹⁰⁴ (if no prior checkpoint inhibitors)</td>
</tr>
<tr>
<td>Nivolumab (Opdivo)⁵⁹,⁶¹,⁷²,⁷⁸ (if no prior checkpoint inhibitors)</td>
</tr>
<tr>
<td>Carboplatin† and paclitaxel‡⁷-¹⁶,⁵⁴</td>
</tr>
<tr>
<td>Carboplatin† and gemcitabine (Gemzar)‡</td>
</tr>
<tr>
<td>Carboplatin† and pemetrexed (Alimta)†</td>
</tr>
</tbody>
</table>

**Metastatic Disease | ALK Positive | First Line of Therapy (1st Line)**

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alectinib (Alecensa)¹⁰⁸</td>
</tr>
</tbody>
</table>

**Metastatic Disease | EGFR Positive | First Line of Therapy (1st Line)**

<table>
<thead>
<tr>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osimertinib (Tagrisso)¹¹⁴</td>
</tr>
</tbody>
</table>

**Metastatic Disease | ALK or EGFR Positive | Second or Subsequent Lines of Therapy (2nd Line+) | ECOG PS: 0-2**

<table>
<thead>
<tr>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin† and paclitaxel⁷-¹⁶,⁵⁴</td>
</tr>
<tr>
<td>Cisplatin† and gemcitabine (Gemzar)⁸,¹¹,¹³,²²-²⁵</td>
</tr>
<tr>
<td>Cisplatin† and pemetrexed (Alimta)¹⁷,¹⁸</td>
</tr>
</tbody>
</table>

**Metastatic Disease | EGFR Positive | ECOG PS: 3-4**

<table>
<thead>
<tr>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erlotinib (Tarceva)⁴²,⁴⁸,⁵⁰,⁵¹</td>
</tr>
</tbody>
</table>

* Administered at a dose of 200 mg every 3 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate

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

‡ Eligible only if immunotherapy alone was administered as first line treatment. Ineligible if chemotherapy was used in the first line setting.

---

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**Tier 1: eligible for S-code S0353 only** | **Tier 2: not eligible for S-codes** | **Tier 3: eligible for S-code S0353 & S-codes S0364** | **Tier 4: eligible for S-code S0353 and S-codes S0354**

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)

Effective August 12, 2019
LUNG CANCER: NON-SMALL CELL LUNG CANCER (NSCLC)

REFERENCES

NCCN Clinical Practice Guidelines: Non-Small Cell Lung Cancer V6.2018


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References

14. FDA review documents

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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S0352 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019

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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019

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Effective For additional detail on pathway tiers, please see the e

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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S2 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0364

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/ oncology/fhcp

Effective August 12, 2019

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Tier 1: eligible for S-code S0353 only  
Tier 2: not eligible for S-codes  
Tier 3: eligible for S-code S0353  
Tier 4: eligible for S-codes S0353 and S-codes S0354  

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Effective August 12, 2019  

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<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>eligible for S-code S0353 only</td>
<td>not eligible for S-codes</td>
<td>eligible for S-code S0353 and S-codes S0354</td>
<td>eligible for S-code S0353 and S-codes S0354</td>
</tr>
</tbody>
</table>

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
Lung Cancer: Small Cell Lung Cancer Pathways

<table>
<thead>
<tr>
<th>Limited Stage</th>
<th>Primary, Adjuvant, or First Line of Therapy (1st Line)</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carboplatin and etoposide ± XRT³</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cisplatin and etoposide ± XRT¹,²</td>
<td></td>
</tr>
<tr>
<td>Extensive Stage</td>
<td>First Line of Therapy (1st Line)</td>
<td>TIER 3</td>
</tr>
<tr>
<td></td>
<td>Carboplatin and etoposide⁹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atezolizumab (Tecentriq), carboplatin, and etoposide⁹¹</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Relapse Greater than Six (6) Months</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carboplatin and etoposide⁹</td>
<td></td>
</tr>
</tbody>
</table>

Note: Pathways 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.

Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 52 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
LUNG CANCER: SMALL CELL LUNG CANCER REFERENCES


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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019  58
## Melanoma Pathways: Metastatic Melanoma

<table>
<thead>
<tr>
<th>Stage</th>
<th>Tier</th>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIIB/IIIC (Resected)</td>
<td>TIER 4</td>
<td>Adjuvant Therapy</td>
<td>Nivolumab (Opdivo)&lt;sup&gt;59&lt;/sup&gt;</td>
</tr>
<tr>
<td>Metastatic Disease</td>
<td>TIER 4</td>
<td>First and Subsequent Lines of Therapy (1st Line+)</td>
<td>Any BRAF Status</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)&lt;sup&gt;35,45,55,56&lt;/sup&gt;</td>
<td>Nivolumab (Opdivo) and ipilimumab (Yervoy)&lt;sup&gt;65&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metastatic Disease</td>
<td>TIER 4</td>
<td>First Line of Therapy (1st Line)</td>
<td>BRAF Mutated†</td>
</tr>
<tr>
<td>Vemurafenib (Zelboraf) and cobimetinib (Cotellic)&lt;sup&gt;26,40-42&lt;/sup&gt;</td>
<td>ENCENDED Effective 8/12/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encorafenib (Braftovi) and binimetinib (Mektovi)&lt;sup&gt;66&lt;/sup&gt;</td>
<td>ADDED Effective 8/12/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metastatic Disease</td>
<td>TIER 4</td>
<td>Second and Subsequent Lines of Therapy (2nd Line+)</td>
<td>BRAF Mutated†</td>
</tr>
<tr>
<td>Vemurafenib (Zelboraf) and cobimetinib (Cotellic)&lt;sup&gt;26,40-42&lt;/sup&gt;</td>
<td>ENCENDED Effective 8/12/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encorafenib (Braftovi) and binimetinib (Mektovi)&lt;sup&gt;66&lt;/sup&gt;</td>
<td>ADDED Effective 8/12/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metastatic Disease</td>
<td>TIER 4</td>
<td>Second and Subsequent Lines of Therapy (2nd Line+)</td>
<td>Any BRAF Status</td>
</tr>
<tr>
<td>Ipilimumab (Yervoy)&lt;sup&gt;1,14,15,35,36&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Administered at a dose of 200 mg every 3 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate
† BRAF mutations include V600E and V600K mutations

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**Note:** Pathways 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.

**Tier 1:** eligible for S-code S0353 only  
**Tier 2:** not eligible for S-codes  
**Tier 3:** eligible for S-code S0353 S2 and S-codes S0354  
**Tier 4:** eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)

Effective August 12, 2019
MELANOMA: METASTATIC MELANOMA REFERENCES

NCCN Clinical Practice Guidelines: Melanoma V2.2019


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Tier 3: eligible for S-code S0353 S0354 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
Effective consulted to determine whether proposed services will be covered.

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Tier 1: eligible for S-code S0353 only  
Tier 2: not eligible for S-codes  
Tier 3: eligible for S-code S0353 S2 and S-codes S0364  
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aaimprovider.com/oncology/fhcp

Effective August 12, 2019

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Effective For additional detail on pathway tiers, please see the e

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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes Tier 3: eligible for S-code S0353 52 and S-codes S0354 Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019 63
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| Tier 1: eligible for S-code S0353 only | Tier 2: not eligible for S-codes | Tier 3: eligible for S-code S0353 52 and S-codes S0354 | Tier 4: eligible for S-code S0353 and S-codes S0354 |

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
# Myeloma Pathways: Multiple Myeloma

## Primary/First Line of Therapy (1st Line) | Transplant Candidates

**Tier 4**

- **VRD/VDR**: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone<sup>10,12,79</sup>

## Primary/First Line of Therapy (1st Line) | Non-Transplant Candidates

**Tier 4**

- **CyBorD or VDC**: bortezomib (Velcade), cyclophosphamide, and dexamethasone<sup>9,10,84</sup>
- **R-dex**: lenalidomide (Revlimid) and low-dose dexamethasone<sup>10,11,13,73</sup>
- **VRD/VDR**: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone<sup>50,12,79</sup>
- **VD**: bortezomib (Velcade) and dexamethasone<sup>1,3,12,24,89</sup>

## Maintenance Therapy | Post-Transplant

- **Tier 4**
  - Lenalidomide (Revlimid)<sup>26,27,83,92</sup>

## Relapsed Disease | Second and Subsequent Lines of Therapy (2nd Line+)

**Tier 4**

- **CRd or KRd**: carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone<sup>82</sup>
- **DRD**: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone<sup>100</sup>
- **DVD**: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone<sup>103</sup>

## Relapsed Disease | Third and Subsequent Lines of Therapy (3rd Line+)

**Tier 4**

- Daratumumab (Darzalex)<sup>95</sup>
- Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone<sup>97</sup>
- Elotuzumab (Empliciti), pomalidomide (Pomalyst), and dexamethasone*<sup>113</sup> – **Added Effective 5/13/2019**

* Eligible only if patient has received prior therapy with lenalidomide and proteasome inhibitor

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**Note:** Pathways 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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**Effective August 12, 2019**
MYELOMA: MULTIPLE MYELOMA REFERENCES

NCCN Clinical Practice Guidelines: Multiple Myeloma V2.2019

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
42. Anderson KC, Jagannath S, Jakubowiak A, et al. Phase II study of lenalidomide (Len), bortezomib (Bz), and dexamethasone (Dex) in patients (pts) with relapsed or relapsed and refractory multiple myeloma (MM). J Clin Oncol. 2008; 26(15S):AB545 Abstract 8545
Effective For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aaimprovider.com/oncology/fhcp

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aaimprovider.com/oncology/fhcp

Effective August 12, 2019


86. Straka C, Vogel M, Muller J, et al. Results from two phase III studies of bortezomib (BTZ) consolidation vs observation (OBS) post-transplant in patients (pts) with newly diagnosed multiple myeloma (NDMM). J Clin Oncol. 33, 2015 (suppl; abstr 8511). Abstract 8511


93. San-Miguel, Hungria V TM, Yoon S-S, et al. 3026 Final Analysis of Overall Survival from the Phase 3 Panorama 1 Trial of Panobinostat Plus Bortezomib and Dexamethasone Versus Placebo Plus Bortezomib and Dexamethasone in Patients with Relapsed or Relapsed and Refractory Multiple Myeloma. ASH. December 6, 2015. Abstract LBA8512


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Note: Pathways 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.

Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 S0354 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
Note: Pathways 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

First Line of Therapy (1st Line) | With 17p Deletion or TP53 Mutation Present
---|---
Ibrutinib (Imbruvica)\textsuperscript{28,37,41,46,47}

First Line of Therapy (1st Line) | Without 17p Deletion
---|---
BR: bendamustine (Bendeka, Treanda) and rituximab\textsuperscript{13-15,39,51}
FCR: fludarabine (Fludara), cyclophosphamide, and rituximab\textsuperscript{*1,2,39,51}
Ibrutinib (Imbruvica)\textsuperscript{29,37,46,47}
Obinutuzumab (Gazyva) and chlorambucil (Leukeran)\textsuperscript{16}

Second and Subsequent Lines of Therapy (2nd Line+) | With 17p Deletion or TP53 Mutation Present
---|---
Ibrutinib (Imbruvica)\textsuperscript{28,37,41,46,47}
Idelalisib (Zydelig)\textsuperscript{43}
Idelalisib (Zydelig) and rituximab\textsuperscript{38}
Venetoclax (Venclexta) and rituximab\textsuperscript{59}

Second and Subsequent Lines of Therapy (2nd Line+) | Without 17p Deletion
---|---
Ibrutinib (Imbruvica)\textsuperscript{28,37,41,46,47}
Idelalisib (Zydelig)\textsuperscript{43}
Idelalisib (Zydelig) and rituximab\textsuperscript{38}
Venetoclax (Venclexta) and rituximab\textsuperscript{59}

Primary treatment for CLL should be initiated in accordance with the guidelines established by the Working Group on CLL\textsuperscript{58}

* Rituximab may be administered as Rituxan or Rituxan Hycela. When Rituxan Hycela is chosen, treatment with SC rituximab (Rituxan Hycela) should only be initiated after patients have received at least one full dose of IV rituximab (Rituxan)

Note: Pathways 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.
REFERENCES

NCCN Practice Guidelines: Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma V5.2018

NHL: CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) / SMALL LYMPHOCYTIC LYMPHOMA (SLL) REFERENCES


19. Eichhorst B, Fink AM, Busch R, et al. Frontline Chemomunotherapy with Fludarabine (F), Cyclophosphamide (C), and Rituximab (R) (FCR) Shows Superior Efficacy in Comparison to Bendamustine (B) and Rituximab (BR) in Previously Untreated and Physically Fit Patients (patients) with Advanced Chronic Lymphocytic Leukemia (CLL); Final Analysis of an International, Randomized Study of the German CLL Study Group (GCLLSG) (CLL10 Study). Blood. 6 Dec 2014. 124(21):19. Abstract 19.

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Effective August 12, 2019
## NHL: Diffuse Large B-Cell Lymphoma Pathways

### First Line of Therapy (1st Line) | TIER 2
--- | ---
**R-CHOP (21):** cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab*1,4,52,53

### First Line of Therapy (1st Line) | Contraindication to Anthracycline | TIER 2
--- | ---
**R-CEOPI:** cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab*13,14,40,52,53

### Second and Subsequent Lines of Therapy (2nd Line+) | Transplant Candidates | TIER 2
--- | ---
**R-GDP:** gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab*23,24,43,52,53
**R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab*23,24,43,52,53
**R-ICE** (Ifosfamide (Ifex), carboplatin, etoposide, and rituximab*18,19,29,52,53

### Second and Subsequent Lines of Therapy (2nd Line+) | Non-Transplant Candidates | TIER 2
--- | ---
**BR:** bendamustine (Bendeka, Treanda) and Rituximab*32,33,52,53
**R-GDP:** gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab*23,24,52,53
**R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab*23,24,52,53
**R-GemOx:** gemcitabine (Gemzar), oxaliplatin, and rituximab*25,27,52,53

*Rituximab may be administered as Rituxan or Rituxan Hycela. When Rituxan Hycela is chosen, treatment with SC rituximab (Rituxan Hycela) should only be initiated after patients have received at least one full dose of IV rituximab (Rituxan).

---

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Tier 1: eligible for S-code 00353 only  Tier 2: not eligible for S-codes  Tier 3: eligible for S-code 00353 & S-codes 00364  Tier 4: eligible for S-code 00353 and S-codes 00364

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Effective August 12, 2019
NHL: DIFFUSE LARGE B CELL LYMPHOMA REFERENCES


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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353-52 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019

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### NHL: Follicular and Marginal Zone Lymphoma Pathways

<table>
<thead>
<tr>
<th>Pathway Description</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Gastric MALT (Mucosa-Associated Lymphoid Tissue) Lymphoma</td>
<td>Stage IE or IIE</td>
</tr>
<tr>
<td>Antibiotic therapy† for H. pylori eradication33,34</td>
<td></td>
</tr>
<tr>
<td>**Splenic Marginal Zone or Gastric MALT Lymphoma</td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td>Rituximab§ monotherapy27,29</td>
<td></td>
</tr>
<tr>
<td>**Follicular (Grade I-IIIA) and Other Marginal Zone Lymphomas</td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td>BR: Bendamustine (Bendeka, Treanda) and rituximab§5,6,52,53</td>
<td></td>
</tr>
<tr>
<td>R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab§1,3,5,52,53</td>
<td></td>
</tr>
<tr>
<td>R-CVP: Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab§1,4,52,53</td>
<td></td>
</tr>
<tr>
<td>Rituximab§ monotherapy7,17,52,53</td>
<td></td>
</tr>
<tr>
<td>**Follicular and Other Marginal Zone Lymphomas</td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td>Chlorambucil (Leukeran)10</td>
<td></td>
</tr>
<tr>
<td>Chlorambucil (Leukeran) and rituximab§10,11,52,53</td>
<td></td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>11,13</td>
</tr>
<tr>
<td>Cyclophosphamide and rituximab§52,53</td>
<td></td>
</tr>
<tr>
<td>**Follicular Lymphoma (Grade III)</td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td>R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab§1,5,52,53</td>
<td></td>
</tr>
<tr>
<td>R-CEOP: Cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab§13,35-37,52,53</td>
<td></td>
</tr>
</tbody>
</table>

---

* 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.
† Only generic antibiotics are considered pathway options for H. pylori eradication
‡ Splenectomy is also a recommended option for splenic marginal zone lymphoma (NCCN 2A)
§ Rituximab may be administered as Rituxan or Rituxan Hycela. When Rituxan Hycela is chosen, treatment with SC rituximab (Rituxan Hycela) should only be initiated after patients have received at least one full dose of IV rituximab (Rituxan)

---

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<table>
<thead>
<tr>
<th>Tier 1: eligible for S-code S0353 only</th>
<th>Tier 2: not eligible for S-codes</th>
<th>Tier 3: eligible for S-code S0353 and S-codes S0364</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0364</th>
</tr>
</thead>
</table>

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Effective August 12, 2019
NHL: FOLLICULAR AND MARGINAL ZONE LYMPHOMA REFERENCES


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Effective August 12, 2019
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Tier 3: eligible for S-code S0353 S2 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 52 and S-codes S0364
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp
NHL: Mantle Cell Lymphoma Pathways

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
<th>ASCT Candidates</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alternating R-CHOP/R-DHAP:</strong> cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab* alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab*4,5,28,30,31</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nordic Regimen:</strong> dose intensified rituximab*, cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab* and high dose cytarabine (Ara-C)3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
<th>Not an ASCT Candidate</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BR:</strong> bendamustine (Bendeka, Treanda) and rituximab*9,10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acalabrutinib (Calquence)42</td>
<td></td>
</tr>
<tr>
<td><strong>BR:</strong> bendamustine (Bendeka, Treanda) and rituximab*</td>
<td></td>
</tr>
<tr>
<td>Bortezomib (Velcade)17</td>
<td></td>
</tr>
<tr>
<td>Ibrutinib (Imbruvica)19,20</td>
<td></td>
</tr>
<tr>
<td>Lenalidomide (Revlimid)20-23</td>
<td></td>
</tr>
</tbody>
</table>

*Rituximab may be administered as Rituxan or Rituxan Hycela. When Rituxan Hycela is chosen, treatment with SC rituximab (Rituxan Hycela) should only be initiated after patients have received at least one full dose of IV rituximab (Rituxan)*

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**Effective August 12, 2019**
NHL: MANTLE CELL LYMPHOMA REFERENCES


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Tier 1: eligible for S-code S0353 only Tier 2: not eligible for S-codes Tier 3: eligible for S-code S0353 52 and S-codes S0354 Tier 4: eligible for S-code S0353 and S-codes S0354
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Tier 3: eligible for S-code S0353-52 and S-codes S0354
Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019
Ovarian Cancer (Epithelial) Pathways

<table>
<thead>
<tr>
<th>Adjuvant Therapy</th>
<th>Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin and dose dense paclitaxel[^6-8]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin and paclitaxel[^2,5,7]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjuvant or Primary Therapy</th>
<th>Stage II, III, IV</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin and paclitaxel[^6,8,45] (Administered weekly or every 3 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel[^1,49] (Stage III only)</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent Disease</th>
<th>First and Subsequent Lines of Therapy (1st Line+)</th>
<th>Platinum-Sensitive*</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin[^8,9,12]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin and gemcitabine (Gemzar[^12,13])</td>
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<td></td>
</tr>
<tr>
<td>Carboplatin and paclitaxel[^8,9,15]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin and weekly paclitaxel</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Recurrent Disease</th>
<th>Maintenance Therapy</th>
<th>Platinum-Sensitive*</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niraparib (Zejula[^34])</td>
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<td></td>
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<tr>
<td>Olaparib (Lynparza[^35])</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rucaparib (Rubraca[^60])</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent Disease</th>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Platinum Resistant</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bevacizumab (Avastin) monotherapy[^42]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel (Taxotere[^17])</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gemcitabine (Gemzar[^19,20])</td>
<td></td>
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</tr>
<tr>
<td>Liposomal doxorubicin (Doxil or Lipodox[^19,21])</td>
<td></td>
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</tr>
<tr>
<td>Paclitaxel (weekly[^22,23])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paclitaxel and bevacizumab (Avastin[^36-38])</td>
<td></td>
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<tr>
<td>Tamoxifen[^56]</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Topotecan (Hycamtin[^21,24])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topotecan (Hycamtin) and bevacizumab (Avastin[^36,37])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinorelbine (Navelbine[^34,35])</td>
<td></td>
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</tr>
</tbody>
</table>

* Platinum sensitive disease is defined as recurrence of greater than 6 months after prior platinum-based therapy

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Tier 1: eligible for S-code S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-code S0353 and S0354
Tier 4: eligible for S-code S0353 and S0354

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Effective August 12, 2019
OVARIAN CANCER (EPITHELIAL) REFERENCES

NCCN Clinical Practice Guidelines: Ovarian Cancer, Including Fallopian Tube Cancer and Primary Peritoneal Cancer V2.2018


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Tier 1: eligible for S-codes S0353 only
Tier 2: not eligible for S-codes
Tier 3: eligible for S-codes S0353 S92 and S-codes S0354
Tier 4: eligible for S-codes S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

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Note: Pathways 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.

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
Pancreatic Cancer (Adenocarcinoma)
Pathways

<table>
<thead>
<tr>
<th>Adjuvant Therapy</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda) and gemcitabine (Gemzar)⁴⁶,⁴⁰</td>
<td></td>
</tr>
<tr>
<td><strong>FULV</strong>: fluorouracil (5FU) and leucovorin⁴,⁶,⁹</td>
<td></td>
</tr>
<tr>
<td><strong>mFOLFIRINOX</strong>: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin⁴⁶</td>
<td></td>
</tr>
<tr>
<td>Gemcitabine (Gemzar)¹,³-⁷</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locally Advanced/Unresectable and Metastatic Disease</th>
<th>First Line of Therapy (1st Line)</th>
<th>ECOG PS: 0-2</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOLFIRINOX</strong>: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin⁵,²¹</td>
<td>Gemcitabine (Gemzar)⁵,¹⁵-²¹</td>
<td>Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)⁵,¹⁵,³³</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locally Advanced/Unresectable and Metastatic Disease</th>
<th>Second Line of Therapy (2nd Line)</th>
<th>ECOG PS: 0-2</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemcitabine (Gemzar)²¹</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Modified FOLFIRINOX: Bolus 5-FU not administered

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
PANCREATIC CANCER (ADENOCARCINOMA) REFERENCES

NCCN Clinical Practice Guidelines: Pancreatic Adenocarcinoma V2.2018


These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

References

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Effective August 12, 2019


34. Tempoera MA, Cardin DB, Biannik A, et al. nab-paclitaxel (nab-P) plus gemcitabine (Gem) vs Gem alone as adjuvant treatment for resected pancreatic cancer (PC) in a phase III trial (APACT). J Clin Oncol 33, 2015 (suppl; abstr TPS4153). Abstract 4153


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Tier 1: eligible for S-code S0353 only  Tier 2: not eligible for S-codes  Tier 3: eligible for S-code S0353-S2 and S-codes S0354  Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
# Prostate Cancer (Adenocarcinoma) Pathways

## Adjuvant Therapy | Post-Prostatectomy | Lymph Node Positive (LN+)

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)*1,2</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)*1,2</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)*1,2</td>
</tr>
</tbody>
</table>

## Intermediate Risk | Primary Treatment with Radiotherapy (RT)

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)*3,5</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)*3,5</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)*3,5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)*4</td>
</tr>
<tr>
<td>Goserelin (Zoladex)* with abiraterone (Zytiga)*41</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)*4</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)* with abiraterone (Zytiga)*41</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)*4</td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with abiraterone (Zytiga)*41</td>
</tr>
</tbody>
</table>

## Recurrent and Metastatic Disease | Hormone Sensitive

<table>
<thead>
<tr>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga) and prednisone with Androgen Deprivation Therapy (ADT)*39,41</td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with Androgen Deprivation Therapy (ADT)*19</td>
</tr>
<tr>
<td>Goserelin (Zoladex)*6</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)*6</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)*6</td>
</tr>
</tbody>
</table>

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 (1\(^{st}\) Line) setting

### Note: Pathways 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.

---

Tier 1: eligible for S-code S0353 only  
Tier 2: not eligible for S-codes  
Tier 3: eligible for S-code S0353, S0354 and S-codes S0353, S0354  
Tier 4: eligible for S-code S0353, S0354 and S-codes S0353, S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimprovider.com/oncology/fhcp](http://www.aimprovider.com/oncology/fhcp)

Effective August 12, 2019
Prostate Cancer (Adenocarcinoma) Pathways (continued)

<table>
<thead>
<tr>
<th>Recurrent and Metastatic Disease</th>
<th>Hormone Resistant</th>
<th>First Line of Therapy (1st Line)</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga) and prednisone with continued ADT†8,12,25-27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with continued ADT†9,10,19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goserelein (Zoladex) with bicalutamide (Casodex)6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with bicalutamide (Casodex)6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent and Metastatic Disease</th>
<th>Hormone Resistant</th>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga)§ and prednisone with continued ADT†8,12,25-27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabazitaxel (Jevtana) with ADT†11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with continued ADT†8,10,19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel (Taxotere) rechallenge with ADT†21,22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goserelein (Zoladex) with bicalutamide (Casodex)§6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)§6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with bicalutamide (Casodex)§6,7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued ADT† with supportive care ± dexamethasone13-16,24</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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‡ If neither abiraterone nor enzalutamide have been previously used

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

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For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019


**Note:** Pathways 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.

| Tier 1: eligible for S-code S0353 only | Tier 2: not eligible for S-codes | Tier 3: eligible for S-code S0353 and S-codes S0354 | Tier 4: eligible for S-code S0353 and S-codes S0354 |

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on [http://www.aimperson.com/oncology/fhp](http://www.aimperson.com/oncology/fhp)

**Effective August 12, 2019**
# Testicular (Germ Cell Tumors) Cancer Pathways

<table>
<thead>
<tr>
<th>Pathway Type</th>
<th>Stage</th>
<th>Risk</th>
<th>Disease</th>
<th>Treatment Options</th>
</tr>
</thead>
</table>
| **Seminoma | Stage II-IIIA | Primary Therapy** | **Tier 4** | **BEP**: bleomycin, etoposide, and cisplatin<sup>5</sup>  
**EP**: etoposide and cisplatin<sup>4</sup> |
| **Seminoma | Stage IIIB-C | Good and Intermediate Risk | Metastatic Disease | **Tier 4** | **BEP**: bleomycin, etoposide, and cisplatin<sup>5,6</sup> |
| **Nonseminoma | Stage II-IIIA | Primary Therapy** | **Tier 4** | **BEP**: bleomycin, etoposide, and cisplatin<sup>5,6</sup>  
**EP**: etoposide and cisplatin<sup>4</sup> |
| **Nonseminoma | Stage IIIB-C | Primary Therapy** | **Tier 4** | **BEP**: bleomycin, etoposide, and cisplatin<sup>5,6</sup> |
| **Nonseminoma | Adjuvant Therapy after RPLND†** | | **Tier 4** | **EP**: etoposide and cisplatin<sup>8,9,26</sup> |

* BEP is typically given for 3 cycles in good risk seminoma, and 4 cycles in intermediate risk

† RPLND: Retroperitoneal lymph node dissection

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**Note:** Pathways 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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Tier 1: eligible for S-code S0353 only  
Tier 2: not eligible for S-codes  
Tier 3: eligible for S-code S0353 S52 and S-codes S0354  
Tier 4: eligible for S-code S0353 and S-codes S0354

For additional detail on pathway tiers, please see the enhanced reimbursement FAQ document on http://www.aimprovider.com/oncology/fhcp

Effective August 12, 2019
**TESTICULAR (GERM CELL TUMORS) CANCER REFERENCES**

**NCCN Practice Guidelines: Testicular Cancer V1.2019.**


These Guidelines are a work in progress that may be refined as often as new significant data becomes available.

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**References**


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<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>eligible for S-code S0353 only</td>
<td>not eligible for S-codes</td>
<td>eligible for S-code S0353 52 and S-codes S0354</td>
<td>eligible for S-code S0353 and S-codes S0354</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Tier 1: eligible for S-code S0353 only</th>
<th>Tier 2: not eligible for S-codes</th>
<th>Tier 3: eligible for S-code S0353 &amp; S-codes S0364</th>
<th>Tier 4: eligible for S-code S0353 and S-codes S0364</th>
</tr>
</thead>
</table>

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Effective August 12, 2019
# Uterine (Endometrial) Cancer Pathways

## Adjuvant Therapy | Stage III-IV or High Risk Histologies

| Tier 4 | Carboplatin and paclitaxel[^5,6] |

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

| Tier 4 | Carboplatin and paclitaxel[^5,27-29] |

| Tier 4 | Cisplatin and doxorubicin (Adriamycin)[^24,25] |

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[^5,6]: Pathway tiers 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.

[^5]: Tier 1: eligible for S-code S0353 only

[^6]: Tier 2: not eligible for S-codes

[^7]: Tier 3: eligible for S-code S0353 & S-codes S0354

[^8]: Tier 4: eligible for S-code S0353 and S-codes S0354

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Effective August 12, 2019
UTERINE (ENDOMETRIAL) CANCER REFERENCES


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References

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