

Kidney Cancer (Renal Cell Carcinoma) Pathways

Patient Name: _____

Date of Birth: _____

Member Number: _____

Treatment Start Date: _____

Pathology: _____

Stage: _____

Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op
 1st Line 2nd Line 3rd Line 3rd Line+

ECOG Performance Status: _____ **ICD-10 Code:** _____

Biomarkers/Characteristics: (Select all that apply)

Microsatellite Instability: dMMR/MSI-H MSI-L Not Reported

NTRK Fusion: Negative Positive Not Reported

Renal Cancer Risk: Poor Intermediate Good

Prior Therapy: _____

Metastatic Disease | First Line of Therapy (1st Line) | Clear Cell Carcinoma

Nivolumab (Opdivo) and ipilimumab (Yervoy)

Pembrolizumab (Keytruda) and axitinib (Inlyta)

Metastatic Disease | Second or Subsequent Lines of Therapy (2nd Line+) | Clear Cell Carcinoma

Nivolumab (Opdivo)

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. Biosimilars of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.

