AIM Cancer Treatment Pathways

EFFECTIVE NOVEMBER 12, 2018
LAST REVIEWED AUGUST 21, 2018
Review and updates during 3rd quarter 2018

Bladder Cancer (Urothelial)
- Intravesical gemcitabine regimen added as a pathway option for low-grade histology only in the following clinical scenario: ‘Adjuvant Therapy | Stage 0 (Ta, Tis) or Stage I | After TURBT* or Following Resection of Recurrent or Persistent Disease’

Colorectal Cancer
- Capecitabine and oxaliplatin (CAPOX) combination regimen added as a pathway option, specifically for the low-risk (T1-3, N1), stage III population, limited to 3 cycles, in the following clinical scenario: ‘Adjuvant Therapy’

Lung Cancer: Non-Small Cell Lung Cancer (NSCLC)
- Clinical scenarios without ALK, EGFR, or ROS mutations have been restructured as follows:
  - ‘Metastatic Disease | Squamous | TPS ≥ 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’ was added.
  - Carboplatin and paclitaxel combination regimen was added as a pathway option
  - ‘Metastatic Disease | Squamous | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’ was changed to ‘Metastatic Disease | Squamous | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’
  - Carboplatin and paclitaxel combination regimen was removed as a pathway option
  - Carboplatin and gemcitabine (Gemzar) combination regimen was removed as a pathway option
  - Pembrozilumb (Keytruda) was added as a pathway option
  - ‘Metastatic Disease | ALK and EGFR Negative | PD-L1 Positive | First Line of Therapy (1st Line) | ECOG PS: 0-2’ was changed to ‘Metastatic Disease | Nonsquamous | ALK/EGFR Negative  (ROS1 Negative or Unknown) | PD-L1 Positive TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’
  - Pembrozilumb (Keytruda) was added as a pathway option
  - ‘Metastatic Disease | Nonsquamous | PD-L1 Expression <50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’ was changed to ‘Metastatic Disease | Squamous | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’
  - Carboplatin and paclitaxel combination regimen was removed as a pathway option
  - Carboplatin and gemcitabine (Gemzar) combination regimen was removed as a pathway option
  - Pembrozilumb (Keytruda) was added as a pathway option

NHL: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Leukemia (SLL)
- Venetoclax (Venclexa) and rituximab combination regimen added as a pathway option in the following clinical scenarios:
  - ‘Second and Subsequent Lines of Therapy (2nd Line+)| With 17 Deletion or TP53 Mutation Present’
  - ‘Second and Subsequent Lines of Therapy (2nd Line+)| Without 17p Deletion’

NHL: Mantle Cell Lymphoma
- Acalabrutinib (Calquence) regimen added as a pathway option in the following clinical scenario: ‘Second and Subsequent Lines of Therapy (2nd Line+)’

Ovarian Cancer (Epithelial)
- Rucaparib (Rubraca) regimen added as a pathway option in the following clinical scenario: ‘Recurrent Disease | Maintenance Therapy | Platinum Sensitive’
- Olaparib (Lynparza) regimen added as a pathway option in the following clinical scenario: ‘Recurrent Disease | Maintenance Therapy | Platinum Sensitive’

Prostate Cancer (Adenocarcinoma)
- No updates at this time

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Effective November 12, 2018
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 November 12, 2018
Bladder Cancer (Urothelial) Pathways

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

- **CMV**: cisplatin, methotrexate, and vinblastine 3 cycles\(^4,5\)
- Gemcitabine (Gemzar) and cisplatin 4 cycles\(^2\)

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

- **BCG**: bacillus calmette-guerin, intravesical\(^20-24\)
- Gemcitabine (Gemzar), intravesical (*low-grade histology only*)\(^19\) – *Added effective 11/12/2018*

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

- Gemcitabine (Gemzar)\(^6,17,18\)

**Metastatic Disease | Second Line of Therapy (2nd Line)**

- Gemcitabine (Gemzar)\(^9\)
- Paclitaxel\(^14\)
- Pembrolizumab (Keytruda)\(^37\)

* 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

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Effective November 12, 2018
BLADDER CANCER (UROTHELIAL) REFERENCES

NCCN Practice Guidelines: Bladder Cancer Version 5.2018


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Effective November 12, 2018
Breast Cancer Pathways: Neoadjuvant

**Neoadjuvant Therapy | HER2 Negative**

- **ddAC → weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel[8,11,12,39]
- **TC**: docetaxel (Taxotere) and cyclophosphamide[10,43]

**Neoadjuvant Therapy | HER2 Positive**

- **AC → TH**: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)*[1,14,23,24,26]
- **TCH**: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)*[25,49]

**Neoadjuvant Therapy | HER2 Positive | Hormone Receptor (ER/PR) Negative**

- **TCH+P**: docetaxel (Taxotere), carboplatin, trastuzumab (Herceptin)*, and pertuzumab (Perjeta)[50,51,54,55,57]

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

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Effective November 12, 2018
NCCN Clinical Practice Guidelines: Breast Cancer V1.2018


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Breast Cancer Pathways: Adjuvant

**Adjuvant Therapy | HER2 Negative**

- **ddAC → weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel[^8,9,11,12,60]
- **TC**: docetaxel (Taxotere) and cyclophosphamide[^10,19]

**Adjuvant Therapy | HER2 Positive**

- **AC → TH**: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)†[^23,26,58]
- **TCH**: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)†[^25,26,58]
- **TH**: paclitaxel and trastuzumab (Herceptin)†[^34,58] *(Pathway for stage I, HER2 positive breast cancer only)*

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

- **Capecitabine (Xeloda)**[^56]

[^8]: Adjuvant chemotherapy pathways do NOT apply to individuals with hormone-receptor positive, lymph node negative, OncotypeDX™ LOW risk score

[^10]: Administration of trastuzumab (Herceptin) is limited to 1 year (maximum 18 cycles)

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**Effective November 12, 2018**
BREAST CANCER ADJUVANT REFERENCES

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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


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Effective November 12, 2018
Breast Cancer Pathways: Advanced/Metastatic Disease

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<th>HER2 Negative</th>
<th>First and Subsequent Lines of Therapy (1st Line+)</th>
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<tr>
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<td>Olaparib (Lynparza)</td>
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<td>Ado-trastuzumab emtansine (Kadcyla)</td>
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<td>Capecitabine (Xeloda) and lapatinib (Tykerb)</td>
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<td>Capecitabine (Xeloda) and trastuzumab (Herceptin)</td>
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<td>Paclitaxel and trastuzumab (Herceptin)</td>
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<td>Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)</td>
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Effective November 12, 2018
BREAST CANCER ADVANCED/METASTATIC REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V1.2018


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Breast Cancer Pathways: Endocrine Therapy for Advanced/Metastatic Disease

<table>
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<tr>
<th>Advanced/Metastatic Disease</th>
<th>Hormone Receptor Positive</th>
<th>First Line of Therapy (1st Line)</th>
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<tbody>
<tr>
<td>Anastrozole (Arimidex)*1,6,7,10,11,22,33</td>
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<tr>
<td>Anastrozole (Arimidex) and palbociclib (Ibrance)*19,40,41</td>
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<td>Anastrozole (Arimidex) and ribociclib (Kisqali)*19,40,41</td>
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<tr>
<td>Fulvestrant (Faslodex)* high dose5,7,22,26,33,42</td>
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<tr>
<td>Letrozole (Femara)*3,12-14,38</td>
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<td>Tamoxifen†12,26</td>
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<td>Exemestane (Aromasin)*4,20,21,39</td>
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<td>Fulvestrant (Faslodex) high dose*</td>
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<td>Fulvestrant (Faslodex) and palbociclib (Ibrance)*‡40</td>
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<td>Letrozole (Femara)*3,12-14,38</td>
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<tr>
<td>Tamoxifen†12,26</td>
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<th>Hormone Receptor Positive</th>
<th>HER2 Positive</th>
<th>First and Subsequent Lines of Therapy (1st Line+)</th>
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<tbody>
<tr>
<td>Anastrozole (Arimidex) and trastuzumab (Herceptin)*46</td>
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<tr>
<td>Letrozole (Femara) and trastuzumab (Herceptin)*49</td>
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* 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

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Effective November 12, 2018
BREAST CANCER ENDOCRINE THERAPY FOR
ADVANCED/METASTATIC DISEASE REFERENCES

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44. Cristofanilli M, Bondarenko I, Ro J, et al. [P41301] PALOMA3: Phase 3 trial of fulvestrant with or without palbociclib in pre and postmenopausal women with hormone receptor positive, HER2negative metastatic breast cancer that progressed on prior endocrine therapy—confirmed efficacy and safety. San Antonio Breast Cancer Symposium. December 11, 2015. Abstract P4-13-01

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Effective November 12, 2018
Chronic Myelogenous Leukemia (CML) Pathways

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

- Imatinib (Gleevec)\(^1\-4,6,8,30,33-35\)

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

- Dasatinib (Sprycel)\(^1,2,30,37-39\)
- Imatinib (Gleevec)\(^1\-4,6,8,30,33-35\)
- Nilotinib (Tasigna)\(^6,8,31,32\)

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

- Bosutinib (Bosulif)\(^23,33\)
- Dasatinib (Sprycel)\(^1,2,9,10,12,36\)
- Nilotinib (Tasigna)\(^16-18,31,32\)
- Ponatinib (Iclusig)\(^26\)

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

- Ponatinib (Iclusig)\(^26\)

\(^*\) 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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CHRONIC MYELOGENOUS LEUKEMIA (CML) REFERENCES

NCCN Clinical Practice Guidelines: Chronic Myelogenous Leukemia V4.2018


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Effective November 12, 2018
Colorectal Cancer Pathways

**Adjuvant Therapy***

Capecitabine (Xeloda)\(^{52,69}\)

**CAPOX**: capecitabine (Xeloda) and oxaliplatin (limited to 3 months duration)\(^{694}\) - *Added effective 11/12/2018*

**FOLFOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin\(^{7,8,50,51,60,69}\)

**FULV**: fluorouracil (5FU) and leucovorin\(^{1,4,7,49,52,69}\)

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**Metastatic Disease | RAS Wild Type (WT) or Mutant (MT)‡ | First or Second Lines of Therapy (1st or 2nd Line)**

Capecitabine (Xeloda)\(^{27}\)

**FOLFIRI**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar)\(^{18,23,30,32,34}\)

**FOLFIRI + bevacizumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab (Avastin)\(^{21,23,31,36,44,45,58}\)

**FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin\(^{24,26,28,30,34}\)

**FOLFOX + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, with bevacizumab (Avastin)\(^{25,26,28,33,44,45,70}\)

**FOLFOXIRI + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and irinotecan (Camptosar) with bevacizumab (Avastin)\(^{25,26}\)

**FULV**: fluorouracil (5FU) and leucovorin\(^{22,27,35}\)

**FULV**: fluorouracil (5FU) and leucovorin with bevacizumab (Avastin)\(^{22,35}\)

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**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)\(^{11,62}\)

**FOLFOX + panitumumab**: fluorouracil (5-FU), leucovorin, and oxaliplatin with panitumumab (Vectibix)\(^{12,53,59}\)

Irinotecan (Camptosar) and panitumumab (Vectibix)\(^{47}\)

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

Pembrolizumab (Keytruda)\(^{91}\)

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

Panitumumab (Vectibix) monotherapy\(^{13,61,56}\)

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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

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Effective November 12, 2018
COLORECTAL CANCER REFERENCES


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Effective November 12, 2018
Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

**Primary Therapy | Resectable and Unresectable Disease**

- Cisplatin and fluorouracil (5FU)\(^3,4\)
- Fluorouracil (5FU) and cisplatin with concurrent radiation therapy (RT)\(^36\)
- **FLOT:** Fluorouracil (5FU), leucovorin, oxaliplatin, and docetaxel (Taxotere)\(^47,48\)
- Paclitaxel and carboplatin with concurrent RT\(^5\)

**Post-Operative Treatment**

- Fluorouracil (5FU) and leucovorin with concurrent RT\(^38\)

**Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Negative | First Line of Therapy (1st Line)**

- Cisplatin and fluorouracil (5FU)\(^15,19,21,26\)
- Fluorouracil (5FU) and irinotecan (Camptosar)\(^25,26\)
- **FLO/FOLFOX:** fluorouracil (5FU), leucovorin, and oxaliplatin\(^27\)
- **FLP:** fluorouracil (5FU), leucovorin, and cisplatin\(^27\)

**Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Positive | First Line of Therapy (1st Line)**

- Cisplatin, fluorouracil (5FU), and trastuzumab (Herceptin)\(^15\)

**Recurrent/Metastatic or Locally Advanced/Inoperable Disease | Second Line of Therapy (2nd Line)**

- Irinotecan (Camptosar)\(^24,29\)
- Paclitaxel\(^33\)

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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.

Effective November 12, 2018
GASTRIC, ESOPHAGEAL, AND GASTROESOPHAGEAL JUNCTION (ADENOCARCINOMA) CANCERS REFERENCES


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Effective November 12, 2018
(FLOT4-AIO): results from the phase 2 part of a multicentre, open-label, randomised phase 2/3 trial. Lancet Oncol. 2016;17(12):1697-708.PMID 27776843


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# 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>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose cisplatin* with concurrent RT3,10,37</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)14</td>
<td></td>
</tr>
<tr>
<td>Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux)14</td>
<td></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>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)35</td>
<td></td>
</tr>
<tr>
<td>Paclitaxel23</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose cisplatin* with concurrent RT13,37</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin21</td>
<td></td>
</tr>
<tr>
<td>Cisplatin20,22</td>
<td></td>
</tr>
<tr>
<td>Cisplatin† and gemcitabine (Gemzar)29,39</td>
<td></td>
</tr>
<tr>
<td>Cisplatin† and paclitaxel18,22,29</td>
<td></td>
</tr>
<tr>
<td>Fluorouracil (5FU)22</td>
<td></td>
</tr>
<tr>
<td>Gemcitabine (Gemzar)31</td>
<td></td>
</tr>
<tr>
<td>Methotrexate24,26</td>
<td></td>
</tr>
<tr>
<td>Paclitaxel23</td>
<td></td>
</tr>
</tbody>
</table>

* High dose cisplatin refers to dosing to achieve total dose of 200-300 mg/m² of cisplatin over the course of the 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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*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 November 12, 2018
HEAD AND NECK CANCER REFERENCES

NCCN Clinical Practice Guidelines: Head and Neck Cancers V1.2018


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Effective November 12, 2018

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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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Effective November 12, 2018
HODGKIN LYMPHOMA REFERENCES

NCCN Clinical Practice Guidelines: Hodgkin Lymphoma V1.2018


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Effective November 12, 2018
# Kidney Cancer (Renal Cell Carcinoma) Pathways

## Metastatic Disease | First Line of Therapy (1st Line)

- High dose intravenous (IV) interleukin-2 (IL2, Proleukin)*[^17,18]
- Nivolumab (Opdivo) and ipilimumab (Yervoy)*[^46]
- Pazopanib (Votrient)*[^4,5,7]
- Sunitinib (Sutent)^[1-3,37]
- Temsirolimus (Torisel)*[^12,23]

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

- Nivolumab (Opdivo)^[^29,30,32]

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


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Effective November 12, 2018
KIDNEY CANCER (RENAL CELL CARCINOMA) REFERENCES

NCCN Practice Guideline: Kidney Cancer V4.2018


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Effective November 12, 2018
Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways

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

Cisplatin and etoposide (Toposar) with concurrent XRT

Paclitaxel and carboplatin with concurrent XRT

**Adjuvant Therapy**

Carboplatin and paclitaxel

Cisplatin and gemcitabine (Gemzar)

Cisplatin and vinorelbine (Navelbine)

**Metastatic Disease | Squamous | TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Added effective 11/12/2018**

Pembrolizumab (Keytruda)*125 - Added effective 11/12/2018

**Metastatic Disease | Squamous | PD-L1 Expression <50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Termed effective 11/12/2018**

**Metastatic Disease | Squamous | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Added effective 11/12/2018**

Carboplatin* and paclitaxel17-16 – Termed effective 11/12/2018

Cisplatin* and gemcitabine (Gemzar)8,11,13,22,25,75 – Termed effective 11/12/2018

Pembrolizumab (Keytruda), carboplatin, and paclitaxel126 – Termed effective 11/12/2018

**Metastatic Disease | ALK and EGFR Negative | PD-L1 Positive | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Termed effective 11/12/2018**

**Metastatic Disease | Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | PD-L1 Positive TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Added Effective 11/12/2018**

Pembrolizumab (Keytruda)*102,125

**Metastatic Disease | Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | PD-L1 Positive TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Added Effective 11/12/2018**

Pembrolizumab (Keytruda), pemetrexed (Alimta), and carboplatin124 – Added effective 11/12/2018

**Metastatic Disease | Non-Squamous | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Termed effective 11/12/2018**

**Metastatic Disease | Squamous or Nonsquamous | Immunotherapy-Ineligible | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Added effective 11/12/2018**

Carboplatin† and paclitaxel

Carboplatin, paclitaxel, and bevacizumab (Avastin)†13,14,31

Carboplatin*, pemetrexed (Alimta), and pembrolizumab (Keytruda)124 – Termed effective 11/12/2018

Cisplatin† and gemcitabine (Gemzar)8,11,13,22,25

Cisplatin† and pemetrexed (Alimta)17,18

* 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: 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 November 12, 2018
### Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways (continued)

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

- Continuation bevacizumab (Avastin)\(^{36,38}\)
- Continuation pemetrexed (Alimta)\(^{39,94}\)
- Pembrolizumab (Keytruda) and pemetrexed (Alimta) *(if previously treated with carboplatin, pemetrexed, and pembrolizumab)*\(^{113}\) – *Added effective 11/12/2018*
- Switch pemetrexed (Alimta)\(^{41,94}\)

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

- Atezolizumab (Tecentriq)\(^{104}\) – *Termed effective 11/12/2018*
- Atezolizumab (Tecentriq)\(^{104}\) *(if no prior checkpoint inhibitors)* – *Added effective 11/12/2018*
- Nivolumab (Opdivo)\(^{59,61,72,78}\) – *Termed effective 11/12/2018*
- Nivolumab (Opdivo)\(^{59,61,72,78}\) *(if no prior checkpoint inhibitors)* – *Added effective 11/12/2018*
- Pemetrexed (Alimta)\(^{43,44}\) *(non-squamous histology)* – *Termed effective 11/12/2018*
- Carboplatin† and paclitaxel\(^{7,16,54}\) – *Added effective 11/12/2018*
- Carboplatin† and gemcitabine (Gemzar) – *Added effective 11/12/2018*
- Carboplatin† and pemetrexed (Alimta) – *Added effective 11/12/2018*

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

- Alectinib (Alecensa)\(^{108}\)

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

- Osimertinib (Tagrisso)\(^{114}\)

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

- Carboplatin† and paclitaxel\(^{7,16,54}\)
- Cisplatin† and gemcitabine (Gemzar)\(^{8,11,13,22,25}\)
- Cisplatin† and pemetrexed (Alimta)\(^{17,18}\)

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

- Erlotinib (Tarceva)\(^{42,48,50,51}\)

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* 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.

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Effective November 12, 2018
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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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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carboplatin and etoposide (Toposar) ± XRT&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Cisplatin and etoposide (Toposar) ± XRT&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extensive Stage</th>
<th>First Line of Therapy (1st Line)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Carboplatin and etoposide (Toposar)&lt;sup&gt;9&lt;/sup&gt;</td>
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</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Relapse Greater than Six (6) Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carboplatin and etoposide (Toposar)&lt;sup&gt;9&lt;/sup&gt;</td>
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</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.

Effective November 12, 2018
LUNG CANCER: SMALL CELL LUNG CANCER REFERENCES

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Effective November 12, 2018


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Effective November 12, 2018
## Melanoma Pathways: Metastatic Melanoma

### Stage IIIB/IIIC (Resected) | Adjuvant Therapy

- Nivolumab (Opdivo)\(^{59}\)

### Metastatic Disease | First and Subsequent Lines of Therapy (1st Line+) | Any BRAF Status | ECOG PS: 0-2

- Pembrolizumab (Keytruda)*\(^{35,45,55,56}\)
- Nivolumab (Opdivo) and ipilimumab (Yervoy)*\(^{65}\)

### Metastatic Disease | First Line of Therapy (1st Line) | BRAF Mutated† | Symptomatic Disease | ECOG PS: 0-2

- Vemurafenib (Zelboraf) and cobimetinib (Cotellic)\(^{26,40,42}\)

### Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | BRAF Mutated† | ECOG PS: 0-2

- Vemurafenib (Zelboraf) and cobimetinib (Cotellic)\(^{26,40,42}\)

### Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Any BRAF Status | ECOG PS: 0-2

- Ipilimumab (Yervoy)\(^{1,14,15,35,36}\)

* 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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**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 November 12, 2018
MELANOMA: METASTATIC MELANOMA REFERENCES

NCCN Clinical Practice Guidelines: Melanoma V2.2018


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Effective November 12, 2018
56 Drug Label: Keytruda (pembrolizumab) injection, for intravenous use [Internet}. Merck Sharp & Dohme Corp; c2015 [cited 2017 June 05]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125514s004s006lbl.pdf

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Myeloma Pathways: Multiple Myeloma

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

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

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

CyBorD or VDC: bortezomib (Velcade), cyclophosphamide, 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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MYELOMA: MULTIPLE MYELOMA REFERENCES

NCCN Clinical Practice Guidelines: Multiple Myeloma V3.2018


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104. Pawlyn CD, FE; Kaiser, MF; et al. Primary IMiD Refractory Myeloma; Results from 3894 Patients Treated in the Phase III Myeloma XI Study. Blood; San Diego CA2016. ASH Abstract 1144


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Effective November 12, 2018
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)$^{28,37,41,46,47}$

First Line of Therapy (1st Line) | Without 17p Deletion

- **BR**: bendamustine (Bendeka, Treanda) and rituximab$^{13,15,39,51}$
- **FCR**: fludarabine (Fludara), cyclophosphamide, and rituximab*$_{1,2,39,51}$
- Ibrutinib (Imbruvica)$^{29,37,46,47}$
- Obinutuzumab (Gazyva) and chlorambucil (Leukeran)$^{16}$

Second and Subsequent Lines of Therapy (2nd Line+) | With 17p Deletion or TP53 Mutation Present

- Ibrutinib (Imbruvica)$^{28,37,41,46,47}$
- Idelalisib (Zydelig)$^{43}$
- Idelalisib (Zydelig) and rituximab*$_{38}$
- Venetoclax (Venclexta) and rituximab$^{59}$ – *Added effective 11/12/2018*

Second and Subsequent Lines of Therapy (2nd Line+) | Without 17p Deletion

- **BR**: bendamustine (Bendeka, Treanda) and rituximab$^{13,15,42}$ – *Termed effective 11/12/2018*
- Ibrutinib (Imbruvica)$^{28,37,41,46,47}$
- Idelalisib (Zydelig)$^{43}$
- Idelalisib (Zydelig) and rituximab$^{38}$
- Venetoclax (Venclexta) and rituximab$^{59}$ – *Added effective 11/12/2018*

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

*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)*

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Effective November 12, 2018
NHL: CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) / SMALL LYMPHOCYTIC LYMPHOMA (SLL) REFERENCES

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

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Effective November 12, 2018
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Effective November 12, 2018
NHL: Diffuse Large B-Cell Lymphoma Pathways

First Line of Therapy (1st Line)

- **R-CHOP (21):** cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab*1,4,52,53

First Line of Therapy (1st Line) | Contraindication to Anthracycline

- **R-CEOP:** cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab*13,14,40,41,52,53

Second and Subsequent Lines of Therapy (2nd Line+) | Transplant Candidates

- **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 (Toposar), and rituximab*18,19,29,52,53

Second and Subsequent Lines of Therapy (2nd Line+) | Non-Transplant Candidates

- **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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Effective November 12, 2018
NHL: DIFFUSE LARGE B CELL LYMPHOMA REFERENCES


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Effective November 12, 2018
# NHL: Follicular and Marginal Zone Lymphoma Pathways

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gastric MALT (Mucosa-Associated Lymphoid Tissue) Lymphoma</strong></td>
<td>Stage IE or IIE</td>
</tr>
<tr>
<td></td>
<td>Antibiotic therapy for <em>H. pylori</em> eradication³³,³⁴</td>
</tr>
<tr>
<td><strong>Splenic Marginal Zone† or Gastric MALT Lymphoma</strong></td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td><strong>Follicular (Grade I-IIIA) and Other Marginal Zone Lymphomas</strong></td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td></td>
<td>R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab†¹,³,⁵,⁵²,⁵³</td>
</tr>
<tr>
<td></td>
<td>R-CVP: Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab†¹,⁴,⁵²,⁵³</td>
</tr>
<tr>
<td></td>
<td>Rituximab† monotherapy⁷,¹⁷,⁵²,⁵³</td>
</tr>
<tr>
<td><strong>Follicular and Other Marginal Zone Lymphomas</strong></td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td></td>
<td>Chlorambucil (Leukeran)¹⁰</td>
</tr>
<tr>
<td></td>
<td>Chlorambucil (Leukeran) and rituximab†¹⁰,¹¹,⁵²,⁵³</td>
</tr>
<tr>
<td></td>
<td>Cyclophosphamide¹¹-¹³</td>
</tr>
<tr>
<td></td>
<td>Cyclophosphamide and rituximab†⁵²,⁵³</td>
</tr>
<tr>
<td><strong>Follicular Lymphoma (Grade III)</strong></td>
<td>First Line of Therapy (1st Line)</td>
</tr>
<tr>
<td></td>
<td>R-CEOP: Cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab†¹³,³⁵-³⁷,⁵²,⁵³</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.

†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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Effective November 12, 2018
NHL: FOLLICULAR AND MARGINAL ZONE LYMPHOMA REFERENCES


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NHL: Mantle Cell Lymphoma Pathways

First Line of Therapy (1st Line) | ASCT Candidates

Alternating R-CHOP/R-DHAP: cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab* alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab*4,5,28,30,31

Nordic Regimen: dose intensified rituximab*, cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab* and high dose cytarabine (Ara-C)3

First Line of Therapy (1st Line) | Not an ASCT Candidate

BR: bendamustine (Bendeka, Treanda) and rituximab*9,10

Second and Subsequent Lines of Therapy (2nd Line+)

Acalabrutinib (Calquence)42 – Added effective 11/12/2018

BR: bendamustine (Bendeka, Treanda) and rituximab*

Bortezomib (Velcade)17

Ibrutinib (Imbruvica)19,20

Lenalidomide (Revlimid)20-23

* 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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NHL: MANTLE CELL LYMPHOMA REFERENCES


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13. Forstpointner R, Dreyling M, German Low-Grade Lymphoma Study Group, et al. The addition of rituximab to a combination of fludarabine, cyclophosphamide, mitoxantrone, and ifosfamide (FCM) significantly increases the response rate and prolongs survival as compared with FCM alone in patients with relapsed and refractory follicular and mantle cell lymphomas: results of a prospective randomized study of the German Low-Grade Lymphoma Study Group. Blood. 2004 Nov 15;104(10):3064-3071. PMID: 15284112

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Effective November 12, 2018
Ovarian Cancer (Epithelial) Pathways

**Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)**
- Carboplatin and dose dense paclitaxel<sup>6-8</sup>
- Carboplatin and paclitaxel<sup>2,5,7</sup>

**Adjuvant or Primary Therapy | Stage II, III, IV**
- Carboplatin and paclitaxel<sup>6,8,45</sup> (Administered weekly or every 3 weeks)
- Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel<sup>1,49</sup> (Stage III only)

**Recurrent Disease | First and Subsequent Lines of Therapy (1st Line+) | Platinum-Sensitive**
- Carboplatin<sup>8,9,12</sup>
- Carboplatin and gemcitabine (Gemzar)<sup>12,13</sup>
- Carboplatin and paclitaxel<sup>6,9,15</sup>
- Carboplatin and weekly paclitaxel

**Recurrent Disease | Maintenance Therapy | Platinum-Sensitive**
- Niraparib (Zejula)<sup>54</sup>
- Olaparib (Lynparza)<sup>55</sup> – Added effective 11/12/2018
- Rucaparib (Rubraca)<sup>60</sup> – Added effective 11/12/2018

**Recurrent Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Platinum Resistant**
- Bevacizumab (Avastin) monotherapy<sup>42</sup>
- Docetaxel (Taxotere)<sup>17</sup>
- Gemcitabine (Gemzar)<sup>18,20</sup>
- Liposomal doxorubicin (Doxil or Lipodox)<sup>19-21</sup>
- Paclitaxel (weekly)<sup>22,23</sup>
- Paclitaxel and bevacizumab (Avastin)<sup>36-38</sup>
- Tamoxifen<sup>56</sup>
- Topotecan (Hycamtin)<sup>21,24</sup>
- Topotecan (Hycamtin) and bevacizumab (Avastin)<sup>36,37</sup>
- Vinorelbine (Navelbine)<sup>34,35</sup>

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

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Effective November 12, 2018
OVARIAN CANCER (EPITHELIAL) REFERENCES

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

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41. Tillmanns TD, Lowe MP, Walker MS, Stepanski EJ, and Schwartzberg LS. Phase II clinical trial of bevacizumab with albumin-bound paclitaxel in patients with recurrent, platinum-resistant primary epithelial ovarian or primary peritoneal carcinoma. Gynecol Oncol. 2013 Feb;128(2):221-8. PMID: 22960352


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Effective November 12, 2018
# Pancreatic Cancer (Adenocarcinoma) Pathways

## Adjuvant Therapy

- Capecitabine (Xeloda) and gemcitabine (Gemzar)\(^{36,40}\)
  - **FULV**: fluorouracil (5FU) and leucovorin\(^ {4,6,9}\)
  - **mFOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\(^ {46}\)
  - Gemcitabine (Gemzar)\(^ {1,3-7}\)

## Locally Advanced/Unresectable and Metastatic Disease | First Line of Therapy (1st Line) | ECOG PS: 0-2

- **FOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\(^ {5,21}\)
- Gemcitabine (Gemzar)\(^ {5,15-21}\)
- Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)\(^ {5,15,33}\)

## Locally Advanced/Unresectable and Metastatic Disease | Second Line of Therapy (2nd Line) | ECOG PS: 0-2

- **OFF**: Fluorouracil (5FU), leucovorin, and oxaliplatin\(^ {32}\)
- Gemcitabine (Gemzar)\(^ {21}\)

* Modified FOLFIRINOX: Bolus 5-FU not administered

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Effective November 12, 2018
PANCREATIC CANCER (ADENOCARCINOMA) REFERENCES

NCCN Clinical Practice Guidelines: Pancreatic Adenocarcinoma V3.2017


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Effective November 12, 2018
Prostate Cancer (Adenocarcinoma) Pathways

### 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 (RT)
- Goserelin (Zoladex)*
- Goserelin (Zoladex)* with abiraterone (Zytiga)
- Leuprolide (Eligard/Lupron)*
- Leuprolide (Eligard/Lupron)* with abiraterone (Zytiga)
- Triptorelin (Trelstar)*
- Triptorelin (Trelstar) with abiraterone (Zytiga)*

### Recurrent and Metastatic Disease | Hormone Sensitive
- Abiraterone (Zytiga) and prednisone with Androgen Deprivation Therapy (ADT)*
- Docetaxel (Taxotere) (every 3 weeks) 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

‡ If neither abiraterone nor enzalutamide have been previously used

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

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Effective November 12, 2018
Prostate Cancer (Adenocarcinoma) Pathways (continued)

### Recurrent and Metastatic Disease | Hormone Resistant | First Line of Therapy (1st Line)

- Abiraterone (Zytiga) and prednisone with continued ADT$^{8,12,25-27}$
- Docetaxel (Taxotere) (every 3 weeks) with continued ADT$^{9,10,19}$
- Enzalutamide (Xtandi) with continued ADT†
- Goserelin (Zoladex) with bicalutamide (Casodex)$^{6,7}$
- Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)$^{6,7}$
- Triptorelin (Trelstar) with bicalutamide (Casodex)$^{6,7}$

### Recurrent and Metastatic Disease | Hormone Resistant | Second and Subsequent Lines of Therapy (2nd Line+)

- Abiraterone (Zytiga)$^*$ and prednisone with continued ADT$^{8,12,25-27}$
- Cabazitaxel (Jevtana) with ADT†$^{11}$
- Docetaxel (Taxotere) (every 3 weeks) with continued ADT$^{9,10,19}$
- Docetaxel (Taxotere) rechallenge with ADT$^{21,22}$†
- Goserelin (Zoladex) with bicalutamide (Casodex)$^{6,7}$
- Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)$^{6,7}$
- Triptorelin (Trelstar) with bicalutamide (Casodex)$^{6,7}$
- Continued ADT† with supportive care ± dexamethasone$^{13,16,24}$

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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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PROSTATE CANCER (ADENOCARCINOMA) REFERENCES

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**Testicular (Germ Cell Tumors) Cancer Pathways**

### Seminoma | Stage II-IIIA | Primary Therapy

- **BEP**: bleomycin, etoposide (Toposar), and cisplatin<sup>5</sup>
- **EP**: etoposide (Toposar) and cisplatin<sup>4</sup>

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

- **BEP**: bleomycin, etoposide (Toposar), and cisplatin<sup>*</sup><sup>5,6</sup>

### Nonseminoma | Stage II-IIIA | Primary Therapy

- **BEP**: bleomycin, etoposide (Toposar), and cisplatin<sup>5,6</sup>
- **EP**: etoposide (Toposar) and cisplatin<sup>4</sup>

### Nonseminoma | Stage IIIB-C | Primary Therapy

- **BEP**: bleomycin, etoposide (Toposar), and cisplatin<sup>5,6</sup>

### Nonseminoma | Adjuvant Therapy after RPLND†

- **EP**: etoposide (Toposar) 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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TESTICULAR (GERM CELL TUMORS) CANCER REFERENCES


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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 November 12, 2018
# Uterine (Endometrial) Cancer Pathways

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

- Carboplatin and paclitaxel\(^6,6\)

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

- Carboplatin and paclitaxel\(^6,27-29\)
- Cisplatin and doxorubicin (Adriamycin)\(^24,25\)

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Effective November 12, 2018
UTERINE (ENDOMETRIAL) CANCER REFERENCES


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

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