# Head and Neck Cancer Pathways

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Number:</td>
<td>Treatment Start Date:</td>
</tr>
<tr>
<td><strong>Pathology:</strong></td>
<td>Stage:</td>
</tr>
<tr>
<td><strong>Line of Therapy:</strong></td>
<td>ECOG Performance Status:</td>
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<tr>
<td><em>Neoadjuvant/Pre-Op</em></td>
<td><em>Adjuvant/Post-Op</em></td>
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</tbody>
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## Non-Nasopharyngeal (Squamous Cell Carcinoma) | Candidate for Local Therapy (M0) | Primary Systemic Therapy or Post-Operative Systemic Therapy

- High dose cisplatin* with concurrent RT

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

- Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)
- Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux)
- Pembrolizumab (Keytruda)† (Patients with CPS ≥ 20%)
- Pembrolizumab (Keytruda), cisplatin‡, and fluorouracil (5FU) (Patients with CPS ≥ 1%)

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

- Nivolumab (Opdivo) (Patients with CPS ≥ 1%)
- Paclitaxel

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

- High dose cisplatin* with concurrent RT
- Cisplatin and gemcitabine (Gemzar) followed by concurrent cisplatin/RT

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

- Carboplatin
- Cisplatin
- Cisplatin‡ and gemcitabine (Gemzar)
- Cisplatin‡ and paclitaxel
- Fluorouracil (5FU)
- Gemcitabine (Gemzar)
- Methotrexate
- Paclitaxel

* 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.

† Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label

‡ 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. Biosimilars or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.