Head and Neck Cancer 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

ECOG Performance Status:_____ ICD-10 Code:_____

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/m^2 every three weeks OR dosed at 40 mg/m^2 weekly 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

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.

AIM SpecialtyHealth
8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

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