

Bladder Cancer (Urothelial) 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+ __Maint ECOG Performance Status: _____ ICD-10 Code: _____
Goal of Treatment: __Curative __Non-Curative
Biomarkers/Characteristics: (select all that apply) Platinum Resistant/Refractory? __ Yes __ No

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

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

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

- BCG:** bacillus calmette-guerin, intravesical
 Gemcitabine (Gemzar), intravesical (**low-grade histology only**)

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

- Gemcitabine (Gemzar) and cisplatin†

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

- Gemcitabine (Gemzar)
 Paclitaxel
 Pembrolizumab (Keytruda) ‡

* 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

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.