AIM Cancer Treatment Pathways

EFFECTIVE JANUARY 4, 2022
LAST REVIEWED OCTOBER 19, 2021
Q4 Pathway updates Effective 1/4/2022

Breast Cancer Pathways: Neoadjuvant and Adjuvant

- The following clinical scenario was termed, ‘Neoadjuvant Therapy | HER2 Positive | Hormone Receptor (ER/PR) Negative’
- Modification of existing clinical scenario from, ‘Neoadjuvant and Adjuvant Therapy | HER2 Negative | Stage IB-IIC’ modified to ‘Neoadjuvant and Adjuvant Therapy | HER2 Negative | Hormone Receptor (ER or PR) Positive | Stage II-IIIC | High-Risk Disease’
- A new clinical scenario was added, ‘Neoadjuvant and Adjuvant Therapy | Triple Negative Breast Cancer | Prognostic Stage IIIA-IIIC (T1cN1-2 or T2-4, N0)’
  - Three new regimens were added to this new clinical scenario to reflect the Keynote-522 regimens, ‘Pembrolizumab+Carboplatin+Paclitaxel (neoadjuvant regimen 1)’, ‘Pembrolizumab, Doxorubicin, + Cyclophosphamide (neoadjuvant regimen 2)’, and ‘adjuvant pembrolizumab.’
- For the clinical scenario, ‘Neoadjuvant and Adjuvant Therapy | HER2 Positive | Stage IB-IIC’ the following changes have occurred
  - Termed regimen, ‘AC→TH: doxorubicin, cyclophosphamide followed by paclitaxel and trastuzumab’
  - Termed regimen, ‘TCH: docetaxel (Taxotere), carboplatin, and trastuzumab’
  - Added regimen, ‘TCH+P: docetaxel (Taxotere), carboplatin, trastuzumab, and pertuzumab (Perjeta)’

Lung Cancer: Non-Small Cell Lung Cancer (NSCLC)

- The existing clinical scenario, ‘Adjuvant Therapy’ was modified to ‘Adjuvant Therapy | EGFR Mutation Absent or Unknown’
- The following clinical scenarios were combined together, ‘Metastatic Disease | Squamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’ and ‘Metastatic Disease | Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’
  - Combined Scenario, ‘Metastatic Disease | Squamous or Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2’
  - Added Regimen, ‘Cemiplimab-rwlc (Libtayo)’
  - Modified Regimen, ‘Atezolizumab’ to indicate that it is for Non-Squamous only

Q4 Pathway updates Effective TBD (contingent upon FDA approval)

Breast Cancer Pathways: Advanced/Metastatic Disease

- ‘Trastuzumab Deruxtecan’ will be added to pathway in the second line setting once the regimen is FDA approved. That change will be completed in an interim update once approval occurs. At that time, the clinical scenario for HER2+ metastatic disease will be changed such that it is limited to second line therapy only as opposed to second and subsequent lines of therapy,
- Once the clinical scenario for metastatic breast cancer is changed to only include 2nd line therapy, all other regimens in the former 2nd and subsequent line scenario will be termed.

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.

Effective January 4, 2022
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.

Effective January 4, 2022

TABLE OF CONTENTS

AIM Cancer Treatment Pathways
Bladder Cancer (Urothelial) Pathways
Breast Cancer Pathways: Neoadjuvant and Adjuvant
Breast Cancer Pathways: Advanced/Metastatic Disease
Breast Cancer Pathways: Endocrine Therapy for Advanced/Metastatic Disease
Chronic Myelogenous Leukemia (CML) Pathways
Colorectal Cancer Pathways
Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways
Head and Neck Cancer Pathways
Hepatocellular Carcinoma Pathways
Hodgkin Lymphoma Pathways
Intra- and Extra-hepatic Cholangiocarcinoma Pathways
Kidney Cancer (Renal Cell Carcinoma) Pathways
Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways
Lung Cancer: Small Cell Lung Cancer Pathways
Melanoma Pathways: Metastatic Melanoma
Myeloma Pathways: Multiple Myeloma
NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways
NHL: Diffuse Large B-Cell Lymphoma Pathways
NHL: Follicular and Marginal Zone Lymphoma Pathways
NHL: Mantle Cell Lymphoma Pathways
Ovarian Cancer (Epithelial) Pathways
Pancreatic Cancer (Adenocarcinoma) Pathways
Prostate Cancer (Adenocarcinoma) Pathways
Testicular (Germ Cell Tumors) Cancer Pathways
Uterine (Endometrial) Cancer Pathways
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.

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.

Effective January 4, 2022
# 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\(^1\)\(^-\)\(^4\)
- Gemcitabine (Gemzar) and cisplatin 4 cycles\(^1,\)\(^2,\)\(^5\)\(^-\)\(^8\)

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

- **BCG**: bacillus calmette-guerin, intravesical\(^9\)\(^-\)\(^13\)
- Gemcitabine (Gemzar), intravesical (low-grade histology only)\(^*\)

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

- Gemcitabine (Gemzar) and cisplatin†\(^,\)\(^7,\)\(^8,\)\(^15\)

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

- Enfortumab Vedotin‡\(^16,\)\(^17\)
- Gemcitabine (Gemzar)\(^18,\)\(^19\)
- Paclitaxel\(^20,\)\(^21\)
- Pembrolizumab (Keytruda)§\(^,\)\(^22\)\(^-\)\(^24\)

---

* 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

‡ Prior therapy with platinum-based chemotherapy AND PD-1/PD-L1 inhibitor is required

§ Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 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. 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.

Effective January 4, 2022
BLADDER CANCER (UROTHELIAL) REFERENCES


References


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.

Effective January 4, 2022

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.

Effective January 4, 2022.
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.

Effective January 4, 2022
Breast Cancer Pathways: Neoadjuvant and Adjuvant

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

Capecitabine

**Neoadjuvant and Adjuvant Therapy | HER2 Negative | Stage IB-IIIC – Modified Effective 1/4/2022 – See below**

**Neoadjuvant and Adjuvant Therapy | HER2 Negative | Hormone Receiver (ER or PR) Positive | Stage I-IIIC | High-Risk Disease – Added Effective 1/4/2022**

- ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel
- TC: docetaxel (Taxotere) and cyclophosphamide

**Adjuvant Therapy | HER2 Positive | Residual Disease following Neoadjuvant Therapy**

Ado-trastuzumab emtansine (Kadcyla)

**Neoadjuvant and Adjuvant Therapy | HER2 Positive | Stage IB-IIIC**

- AC → TH: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab – Added Effective 1/4/2022
- TCH: docetaxel (Taxotere), carboplatin, and trastuzumab – Added Effective 1/4/2022
- TCH+P: docetaxel (Taxotere), carboplatin, trastuzumab, and pertuzumab (Perjeta) – Added Effective 1/4/2022

**Neoadjuvant and Adjuvant Therapy | HER2 Positive | Hormone Receiver (ER/PR) Negative – Termed Effective 1/4/2022**

- TCH+P: docetaxel (Taxotere), carboplatin, trastuzumab, and pertuzumab (Perjeta) – Combined with Neoadjuvant/Adjuvant section above Effective 1/4/2022

**Neoadjuvant and Adjuvant Therapy | Triple Negative Breast Cancer | Prognostic Stage IIIA-IIIC (T1c, N1-2 or T2-4, N0) – Added Effective 1/4/2022**

- Pembrolizumab (Adjuvant Only) – Added Effective 1/4/2022
- Pembrolizumab, carboplatin, and paclitaxel (Neoadjuvant Only) – Added Effective 1/4/2022
- Pembrolizumab, doxorubicin, and cyclophosphamide (Neoadjuvant Only) – Added Effective 1/4/2022

**Adjuvant Therapy | HER2 Positive**

- TH: paclitaxel and trastuzumab (Pathway for stage I, HER2 positive breast cancer only)

* Administration of trastuzumab is limited to 1 year (maximum 18 cycles)
BREAST CANCER ADJUVANT AND NEOADJUVANT REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.


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.

Effective January 4, 2022
Effective January 4, 2022

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are

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.

Effective January 4, 2022
considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

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

discussed 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.

Effective January 4, 2022

69. Piccart-Gebhart MJ, Holmes AP, Jose Baselga J, et al. First results from the phase III ALTTO trial (BIG 2-06; NCCTG [Alliance N063D) comparing one year of anti-HER2 therapy with lapatinib alone (L), trastuzumab alone (T), their sequence (T→L), or their combination (T+L) in the adjuvant treatment of HER2-positive early breast cancer (EBC). J Clin Oncol. 2014;32(18 Suppl):abstract LBA4. PMID: none


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.

Effective January 4, 2022
## Breast Cancer Pathways: Advanced/Metastatic Disease

### Advanced/Metastatic Disease | HER2 Negative | First and Subsequent Lines of Therapy (1st Line+)

- Capecitabine (Xeloda)\(^{1-6}\)
- Doxorubicin (Adriamycin)\(^{6-12}\)
- Gemcitabine (Gemzar)\(^{13, 14}\)
- Paclitaxel\(^{6, 7, 15-19}\)
- Vinorelbine (Navelbine)\(^{20-22}\)

### Advanced/Metastatic Disease | Triple Negative Breast Cancer | First and Subsequent Lines of Therapy (1st Line+)

- Pembrolizumab (Keytruda) and Chemotherapy \(^* (CPS \geq 10)^{23}\)

### Advanced/Metastatic Disease | Triple Negative Breast Cancer | Third and Subsequent Lines of Therapy (3rd Line+)

- Sacituzumab govitecan-hziy (Trodelvy)\(^{24-26}\)

### Advanced/Metastatic Disease | HER2 Positive | First Line of Therapy (1st Line)

- Capecitabine (Xeloda) and trastuzumab\(^{27-30}\)
- Gemcitabine (Gemzar) and trastuzumab\(^{31, 32}\)
- Paclitaxel and trastuzumab\(^{33, 35}\)
- Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)\(^{34, 36-41}\)
- Pertuzumab (Perjeta), trastuzumab, and paclitaxel\(^{42-45}\)
- Vinorelbine (Navelbine) and trastuzumab\(^{46-48}\)

### Advanced/Metastatic Disease | HER2 Positive | Second and Subsequent Lines of Therapy (2nd Line+)

- Ado-trastuzumab emtansine (Kadcyla)\(^{49-53}\)
- Capecitabine (Xeloda) and lapatinib (Tykerb)\(^{53, 54}\)
- Capecitabine (Xeloda) and trastuzumab\(^{27-30}\)
- Gemcitabine (Gemzar) and trastuzumab\(^{31, 32}\)
- Paclitaxel and trastuzumab\(^{33, 35}\)
- Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)\(^{36, 38-40, 55}\)
- Pertuzumab (Perjeta), trastuzumab, and paclitaxel\(^{43, 44}\)
- Trastuzumab\(^{56, 57}\)
- Trastuzumab and lapatinib (Tykerb)\(^{58, 59}\)
- Tucatinib (Tukysa), trastuzumab, and capecitabine (Xeloda)\(^{60, 61}\)
- Vinorelbine (Navelbine) and trastuzumab\(^{46-48, 62}\)

* Chemotherapy defined as paclitaxel protein-bound, or paclitaxel, or gemcitabine plus carboplatin

† Limited to the third and subsequent line setting

---

**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.

Effective January 4, 2022


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.


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.

Effective January 4, 2022

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.

Effective January 4, 2022

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.

Effective January 4, 2022
Effective January 4, 2022

Considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules. Biosimilars or alternate formulations (along with the reference products) are consulted to determine whether proposed services will be covered.

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.


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.

Effective January 4, 2022


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.
Breast Cancer Pathways: Endocrine Therapy for Advanced/Metastatic Disease

**Advanced/Metastatic Disease | Hormone Receptor Positive | First Line of Therapy (1st Line)**

- Anastrozole (Arimidex)*1-8
- Anastrozole (Arimidex) and palbociclib (Ibrance)*9-11
- Anastrozole (Arimidex) and ribociclib (Kisqali)*12, 13
- Fulvestrant (Faslodex)* high dose3, 4, 6, 8, 14-18
- Fulvestrant (Faslodex) and ribociclib (Kisqali)*19, 20
- Letrozole (Femara)*21-26
- Letrozole (Femara) and palbociclib (Ibrance)*9, 10, 27
- Letrozole (Femara) and ribociclib (Kisqali)*12, 13, 28
- Tamoxifen†15, 25, 29, 30

**Advanced/Metastatic Disease | Hormone Receptor Positive | Second and Subsequent Lines of Therapy (2nd Line+)**

- Anastrozole (Arimidex)*1-8
- Exemestane (Aromasin)*16, 31-34
- Fulvestrant (Faslodex)* high dose3, 4, 6, 8, 14-18
- Fulvestrant (Faslodex) and palbociclib (Ibrance)*‡35-37
- Fulvestrant (Faslodex) and ribociclib (Kisqali)*‡19, 20
- Letrozole (Femara)*21-26
- Tamoxifen†15, 25, 29, 30

**Advanced/Metastatic Disease | Hormone Receptor Positive | HER2 Positive | First and Subsequent Lines of Therapy (1st Line+)**

- Anastrozole (Arimidex) and trastuzumab*38
- Letrozole (Femara) and trastuzumab*38

**Advanced/Metastatic Disease | Hormone Receptor Positive | HER2 Negative | PIK3CA Mutated | Second and Subsequent Lines of Therapy (2nd Line+)**

- Fulvestrant (Faslodex) and alpelisib (PIQRAY)*§39

---

* 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 and ribociclib 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

§ After progression on prior therapy with a CDK 4/6 inhibitor

---

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.

Effective January 4, 2022
BREAST CANCER ENDOCRINE THERAPY FOR ADVANCED/METASTATIC DISEASE REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.


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.
Effective January 4, 2022


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.
Chronic Myelogenous Leukemia (CML) Pathways

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

- Imatinib (Gleevec)\(^1\)\(^{-13}\)

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

- Dasatinib (Sprycel)\(^8\), \(^9\), \(^12\), \(^14\)-\(^16\)
- Imatinib (Gleevec)\(^1\)\(^{-13}\)
- Nilotinib (Tasigna)\(^10\), \(^11\), \(^13\), \(^17\)-\(^19\)

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

- Bosutinib (Bosulif)\(^6\), \(^20\), \(^21\)
- Dasatinib (Sprycel)\(^9\), \(^22\)-\(^26\)
- Nilotinib (Tasigna)\(^18\), \(^19\), \(^27\)-\(^30\)
- Ponatinib (Iclusig)\(^31\), \(^32\)

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

- Ponatinib (Iclusig)\(^31\), \(^32\)

---

* 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.

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.

Effective January 4, 2022
CHRONIC MYELOGENOUS LEUKEMIA (CML) REFERENCES

NCCN Clinical Practice Guidelines: Chronic Myeloid Leukemia. Version 3. 2021

References


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.

Effective January 4, 2022
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.

Effective January 4, 2022
# Colorectal Cancer Pathways

## Adjuvant Therapy | Limited to Colon Cancer Only

Capecitabine (Xeloda)*

- **CAPOX**: capecitabine (Xeloda) and oxaliplatin (limited to 3 months duration)†‡
- **FOLFOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin§, ¶
- **FULV**: fluorouracil (5FU) and leucovorin

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

Capecitabine (Xeloda)²¹, ²²

- **FOLFIRI**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar)²³-²⁹
- **FOLFIRI + bevacizumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab ²⁶, ³⁰-³⁵
- **FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin ³, ¹³, ¹⁴, ²⁵, ²⁷, ³⁶-³⁹
- **FOLFOX + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, with bevacizumab ³⁰, ³⁴, ³⁶-⁴³
- **FOLFOXIRI + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and irinotecan (Camptosar) with bevacizumab ³¹, ⁴⁴-⁴⁷
- **FULV**: fluorouracil (5FU) and leucovorin
- **FULV + bevacizumab**: fluorouracil (5FU) and leucovorin with bevacizumab ⁴⁹, ⁵⁰

## 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)§ ⁵²-⁵⁴
- **FOLFOX + panitumumab**: fluorouracil (5-FU), leucovorin, and oxaliplatin with panitumumab (Vectibix)§ ⁵⁵-⁵⁷

- Irinotecan (Camptosar) and panitumumab (Vectibix)§ ⁵², ⁵³, ⁵⁸, ⁵⁹

## Metastatic Disease | MSI-H or dMMR | First or Second Lines of Therapy (1st or 2nd Line)

Pembrolizumab (Keytruda) ³⁶-³⁸

* These adjuvant pathways do not apply to patients with MSI-H (microsatellite instability-high) disease
† Limited to low-risk (T1-3, N1), stage III colon cancer 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
|| Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate
¶ Bevacizumab administered at a dose of 5mg/kg

---

*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.*

Effective January 4, 2022
COLORECTAL CANCER REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.
Effective January 4, 2022

considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are

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.
Effective January 4, 2022
Effective January 4, 2022


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.

Effective January 4, 2022
Effective January 4, 2022

33
# Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

## Primary Therapy | Resectable and Unresectable Disease

- Cisplatin and fluorouracil (5FU)<sup>1, 2</sup>
- Fluorouracil (5FU) and cisplatin with concurrent radiation therapy (RT)<sup>3, 5</sup>
- **FLOT**: Fluorouracil (5FU), leucovorin, oxaliplatin, and docetaxel (Taxotere)<sup>6, 7</sup>
- Paclitaxel and carboplatin with concurrent RT<sup>*</sup><sup>8, 9</sup>

## Post-Operative Treatment

- Fluorouracil (5FU) and leucovorin with concurrent RT<sup>10-12</sup>
- Nivolumab (Opdivo)<sup>*</sup><sup>13</sup>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Negative | First Line of Therapy (1<sup>st</sup> Line)

- Cisplatin and fluorouracil (5FU)<sup>†14-18</sup>
- Fluorouracil (5FU) and irinotecan (Camptosar)<sup>16, 19, 20</sup>
- **FLO/FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin<sup>21, 22</sup>
- **FLP**: fluorouracil (5FU), leucovorin, and cisplatin<sup>21</sup>
- **FOLFOX + nivolumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and nivolumab (Opdivo) (CPS > 5)<sup>23</sup>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Positive | First Line of Therapy (1<sup>st</sup> Line)

- Cisplatin, fluorouracil (5FU), and trastuzumab<sup>14</sup>

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | Second and Subsequent Lines of Therapy (2<sup>nd</sup> Line)

- Irinotecan (Camptosar)<sup>24-28</sup>
- Paclitaxel<sup>25, 26, 29</sup>
- Trastuzumab deruxtecan (Enhertu) – (HER2 Positive Only)<sup>30</sup>

* Limited to esophageal and gastroesophageal junction cancers only
† Limited to gastric tumors only

---

**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.

Effective January 4, 2022
GASTRIC, ESOPHAGEAL, AND GASTROESOPHAGEAL JUNCTION (ADENOCARCINOMA) CANCERS

REFERENCES


Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastric Cancer V4.2021 and Esophageal and Esophagogastroduodenal Cancer V4.2020. Available at: http://www.nccn.org. Accessed August 11, 2021. ©National Comprehensive Cancer Network, 2021. To view the most recent and complete version of the Guideline, go online to www.nccn.org. The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.


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.

Effective January 4, 2022


Effective January 4, 2022

considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are

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.

Effective January 4, 2022

38
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.

Effective January 4, 2022

---

**Head and Neck Cancer Pathways**

### Non-Nasopharyngeal (Squamous Cell Carcinoma) | Candidate for Local Therapy (M0) | Primary Systemic Therapy or Post-Operative Systemic Therapy

High dose cisplatin* with concurrent RT¹⁻¹¹

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

- Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)¹²
- Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux)¹²
- Pembrolizumab (Keytruda)†¹³ (Patients with CPS ≥ 20%)
- Pembrolizumab (Keytruda), cisplatin‡, and fluorouracil (5FU)¹³ (Patients with CPS > 1%)

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

- Nivolumab (Opdive)¹⁴, ¹⁵ (Patients with CPS > 1%)
- Paclitaxel¹⁶

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

High dose cisplatin* with concurrent RT⁹, ¹¹, ¹⁷, ¹⁸

- Cisplatin and gemcitabine (Gemzar) followed by concurrent cisplatin/RT¹⁹

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

- Carboplatin²⁰
- Cisplatin²¹, ²²
- Cisplatin‡ and gemcitabine (Gemzar)²³, ²⁴
- Cisplatin‡ and paclitaxel²², ²³, ²⁵
- Fluorouracil (5FU)²²
- Gemcitabine (Gemzar)²⁶
- Methotrexate²⁷-²⁹
- Paclitaxel¹⁶

---

* Cisplatin dosed at 100 mg/m² every three weeks OR dosed at 40 mg/m² 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
HEADCANCERREFERENCES

NCCNClinical Practice Guidelines: Head and Neck Cancers V3.2021


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022

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.

Effective January 4, 2022


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.

Effective January 4, 2022
Hepatocellular Carcinoma Pathways

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

- Atezolizumab and bevacizumab
- Sorafenib

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

- Cabozantinib
- Regorafenib

---

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.

Effective January 4, 2022
HEPATOCELLULAR CARCINOMA REFERENCES


References


2. Galle PR, Finn RS, Qin S, et al. Patient-reported outcomes (PROs) from the phase III IMbrave150 trial of atezolizumab (atezo) + bevacizumab (bev) vs sorafenib (sor) as first-line treatment (tx) for patients (pts) with unresectable hepatocellular carcinoma (HCC). J Clin Oncol. 2020;38(4 Suppl):abstract 476. PMID: none


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.

Effective January 4, 2022
Hodgkin Lymphoma Pathways

**Classical Hodgkin Lymphoma | Early Stage (Stage I-IIA, Favorable and Unfavorable Risk)**

ABVD: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT\(^*\) \(^{1-9}\)

**Classical Hodgkin Lymphoma | Advanced Stage (Stage IIB, III, and IV) | First Line of Therapy (1st Line) – Clarification added 1/4/2022**

ABVD: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT\(^*\) \(^{10-14}\)

\* ISRT – Involved site radiation therapy

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.

Effective January 4, 2022
HODGKIN LYMPHOMA REFERENCES

NCCN Clinical Practice Guidelines: Hodgkin Lymphoma V4.2021

References


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.

Effective January 4, 2022
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.
Intra- and Extra-hepatic Cholangiocarcinoma Pathways

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

Gemcitabine and cisplatin\(^1\)\(^8\)
INTRA- AND EXTRA-HEPATIC CHOLANGIOCARCINOMA REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022
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.

Effective January 4, 2022
# Kidney Cancer (Renal Cell Carcinoma) Pathways

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>First Line of Therapy (1st Line)</th>
<th>Clear Cell Carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo) and ipilimumab (Yervoy)(^2,^4)</td>
<td>Pembrolizumab (Keytruda) and axitinib (Inlyta)(^5)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>Second or Subsequent Lines of Therapy (2nd Line+)</th>
<th>Clear Cell Carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)(^1,^4,^9,^5,^2)</td>
<td></td>
<td></td>
</tr>
</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. 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.*

Effective January 4, 2022
KIDNEY CANCER (RENAL CELL CARCINOMA) REFERENCES

NCCN Practice Guideline: Kidney Cancer V1.2021

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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care ore treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022

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.

Effective January 4, 2022
# Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways

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

- Cisplatin and etoposide with concurrent XRT<sup>1, 2</sup>
- Paclitaxel and carboplatin with concurrent XRT<sup>3</sup>

## Adjuvant Therapy | EGFR Mutation Absent or Unknown – Clarification Added Effective 1/4/2022

- Carboplatin and paclitaxel<sup>4</sup>
- Cisplatin and gemcitabine (Gemzar)<sup>5</sup>
- Cisplatin and pemetrexed (Alimta)<sup>6, 7</sup>
- Cisplatin and vinorelbine (Navelbine)<sup>8-11</sup>

## Metastatic Disease | Squamous | ALK/EGFR Negative (ROS Negative or Unknown | TPS > 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2 – Combined with Nonsquamous scenario below - Effective 1/4/2022

- Pembrolizumab (Keytruda)<sup>*</sup><sup>13-16</sup>

## Metastatic Disease | Squamous | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2

- Pembrolizumab (Keytruda)<sup>*</sup>, carboplatin, and paclitaxel<sup>12</sup>

## Metastatic Disease | Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | TPS ≥ 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2

- Atezolizumab (Tecentriq)<sup>17, 18</sup> (NON-SQUAMOUS ONLY)
- Cemiplimab-rwlc (Libtayo)<sup>19</sup> – Added Effective 1/4/2022
- Pembrolizumab (Keytruda)<sup>*</sup><sup>13-16</sup>

## Metastatic Disease | Nonsquamous | ALK/EGFR Negative (ROS1 Negative or Unknown) | TPS < 50% | First Line of Therapy (1st Line) | ECOG PS: 0-2

- Carboplatin†, pemetrexed (Alimta), and pembrolizumab (Keytruda)<sup>*</sup><sup>20-23</sup>

## Metastatic Disease | Squamous or Nonsquamous | Immunotherapy-Ineligible | First Line of Therapy (1st Line) | ECOG PS: 0-2

- Carboplatin† and paclitaxel<sup>24-30</sup>
- Carboplatin, paclitaxel, and bevacizumab<sup>31-33</sup> (NON-SQUAMOUS ONLY)
- Cisplatin† and gemcitabine (Gemzar)<sup>28, 34-39</sup>
- Cisplatin† and pemetrexed (Alimta)<sup>28, 40</sup> (NON-SQUAMOUS ONLY)

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.

Effective January 4, 2022
Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways (continued)

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

- Continuation bevacizumab\(^{41, 42}\)
- Continuation pemetrexed (Alimta)\(^{43-45}\)
- Pembrolizumab (Keytruda)* and pemetrexed (Alimta)\(^{46}\) (if previously treated with carboplatin\(^{†}\), pemetrexed, and pembrolizumab)
- Switch pemetrexed (Alimta)\(^{43, 47}\)

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

- Atezolizumab (Tecentriq)\(^{48}\) (if no prior checkpoint inhibitors)
- Nivolumab (Opdivo)\(^{49-56}\) (if no prior checkpoint inhibitors)
- Carboplatin\(^†\) and paclitaxel\(^‡\)\(^{26}\)
- Carboplatin\(^†\) and gemcitabine (Gemzar)\(^‡\)\(^{57}\)
- Carboplatin\(^†\) and pemetrexed (Alimta)\(^‡\)\(^{34, 58, 59}\)

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

- Alectinib (Alecensa)\(^{60, 61}\)
- Lorlatinib (Lobrena)\(^{153}\)

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

- Osimertinib (Tagrisso)\(^{62-65}\)

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

- Carboplatin\(^†\) and paclitaxel\(^{25, 58}\)
- Cisplatin\(^†\) and gemcitabine (Gemzar)\(^{57, 58}\)
- Cisplatin\(^†\) and pemetrexed (Alimta)\(^{34, 58, 59}\)

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

- Erlotinib (Tarceva)\(^{66-69}\)

* Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate

† In the setting of recurrent/metastatic NSCLC, a substitution of cisplatin for carboplatin (or vice-versa) will be considered a pathway option.

‡ Eligible only if immunotherapy alone was administered as first line treatment. Ineligible if chemotherapy was used in the first line setting.

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.

Effective January 4, 2022
LUNG CANCER: NON-SMALL CELL LUNG CANCER (NSCLC)

REFERENCES

NCCN Clinical Practice Guidelines: Non-Small Cell Lung Cancer V6.2021


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.


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.

Effective January 4, 2022
Effective January 4, 2022

Considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules. Biosimilars or alternate formulations (along with the reference products) are consulted to determine whether proposed services will be covered.

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.
Effective January 4, 2022

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.
Effective January 4, 2022

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.
Effective January 4, 2022

Considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

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.

Has the effectiveness of pathway fundamentally changed? Yes

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.

Effective January 4, 2022

561
Effective January 4, 2022

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.
Effective January 4, 2022

considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are

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.

Effective January 4, 2022

150. Planchard D, Besse B, Kim TM, et al. Updated survival of patients (pts) with previously treated BRAF V600E-mutant non-small cell lung cancer (NSCLC) who received dabrafenib (D) or D + trametinib (T) in the phase II BRF113928 study. J Clin Oncol. 2017;35(15 Suppl):abstract 9075. PMID: none
165. U.S. Food & Drug Administration (FDA). TARCEVA (erlotinib) tablets, for oral use 2004 [Revised 09/2016].

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.

Effective January 4, 2022

63
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.

Effective January 4, 2022
# Lung Cancer: Small Cell Lung Cancer Pathways

## Limited Stage | Primary, Adjuvant, or First Line of Therapy (1st Line)
- Carboplatin and etoposide ± XRT<sup>1</sup>
- Cisplatin and etoposide ± XRT<sup>2-4</sup>

## Extensive Stage | First Line of Therapy (1st Line)
- Atezolizumab (Tecentriq), carboplatin, and etoposide<sup>5</sup>
- Carboplatin and etoposide<sup>6</sup>

## Second and Subsequent Lines of Therapy (2nd Line+) | Relapse Greater than Six (6) Months
- Carboplatin and etoposide<sup>6</sup>

---

**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.

Effective January 4, 2022
Effective January 4, 2022

LUNG CANCER: SMALL CELL LUNG CANCER REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

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.


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.


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.

Effective January 4, 2022
### Melanoma Pathways: Metastatic Melanoma

<table>
<thead>
<tr>
<th>Pathway Description</th>
<th>Therapeutic Options</th>
</tr>
</thead>
</table>
| **Stage III B/III C (Resected) | Adjuvant Therapy** | Nivolumab (Opdivo)¹  
| | | Pembrolizumab² |
| **Metastatic Disease | First and Subsequent Lines of Therapy (1st Line+) | Any BRAF Status | ECOG PS: 0-2 | Nivolumab (Opdivo)³, ⁴  
| | | Pembrolizumab (Keytruda)⁵⁻⁹ |
| **Metastatic Disease | First Line of Therapy (1st Line) | BRAF Mutated† | Symptomatic Disease | ECOG PS: 0-2 | Encorafenib (Braftovi) and binimetinib (Mektovi)¹⁰ |
| **Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | BRAF Mutated† | ECOG PS: 0-2 | Encorafenib (Braftovi) and binimetinib (Mektovi)¹⁰ |
| **Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Any BRAF Status | ECOG PS: 0-2 | Ipilimumab (Yervoy)¹¹⁻¹⁵ |

* Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate
† BRAF mutations include V600E and V600K mutations

**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.

Effective January 4, 2022
MELANOMA: METASTATIC MELANOMA REFERENCES

NCCN Clinical Practice Guidelines: Cutaneous Melanoma V2.2021

References


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.

Effective January 4, 2022


Effective January 4, 2022

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are not.

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be


84. Hamid O, Puzanov I, Dummer R, et al. Final analysis of a randomised trial comparing pembrolizumab versus investigator-choice chemotherapy in


82. Schreuer M, Jansen Y, Planken S, et al. Combination of dabrafenib plus trametinib for BRAF and MEK inhibitor pretreated patients with


58. Ascierto PA, Robert C, Lewis KD, et al. Time to central nervous system (CNS) metastases (mets) with atezolizumab (A) or placebo (P) combined with cobimetinib (C) + vemurafenib (V) in the phase III IMspire 150 study. J Clin Oncol. 2020;38(15 Suppl):abstract 10023. PMID: none

Note: Pathways are independent of specific health plan medical policy criteria. Health plan medical policy/clinical guidelines should be considered 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.

Effective January 4, 2022

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.

Effective January 4, 2022
## Myeloma Pathways: Multiple Myeloma

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRD/VDR</td>
<td>bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;1-4&lt;/sup&gt;</td>
</tr>
<tr>
<td>D-VTd</td>
<td>daratumumab (Darzalex), bortezomib (Velcade), thalidomide, and dexamethasone&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CyBorD or VDC</td>
<td>bortezomib (Velcade), cyclophosphamide, and dexamethasone&lt;sup&gt;1, 3, 6, 7&lt;/sup&gt;</td>
</tr>
<tr>
<td>DRd</td>
<td>daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>R-dex</td>
<td>lenalidomide (Revlimid) and low-dose dexamethasone&lt;sup&gt;9-11&lt;/sup&gt;</td>
</tr>
<tr>
<td>VRD/VDR</td>
<td>bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;1-4&lt;/sup&gt;</td>
</tr>
<tr>
<td>VD</td>
<td>bortezomib (Velcade) and dexamethasone&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### Maintenance Therapy | Post-Transplant

- Lenalidomide (Revlimid)<sup>13-17</sup>

### Relapsed Disease | Second and Subsequent Lines of Therapy (2nd Line+)

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRd or KRd</td>
<td>carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;18, 19&lt;/sup&gt;</td>
</tr>
<tr>
<td>DRD</td>
<td>daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;20&lt;/sup&gt;</td>
</tr>
<tr>
<td>DVD</td>
<td>daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone&lt;sup&gt;21&lt;/sup&gt;</td>
</tr>
<tr>
<td>PVd</td>
<td>pomalidomide (Pomalyst), bortezomib (Velcade), and dexamethasone*&lt;sup&gt;22&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### Relapsed Disease | Third and Subsequent Lines of Therapy (3rd Line+)

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daratumumab (Darzalex)&lt;sup&gt;23, 24&lt;/sup&gt;</td>
</tr>
<tr>
<td>Isatuximab (Sarclissa), pomalidomide (Pomalyst), and dexamethasone&lt;sup&gt;27&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

* Eligible only if patient has received prior therapy with lenalidomide and proteasome inhibitor

---

**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.

Effective January 4, 2022
MYELOMA: MULTIPLE MYELOMA REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.


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.

Effective January 4, 2022


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.
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.

Effective January 4, 2022
Effective January 4, 2022

considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules. Biosimilars or alternate formulations (along with the reference products) are consulted to determine whether proposed services will be covered. Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be noted: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be


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.

Effective January 4, 2022
### NHL: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Pathways

#### First Line of Therapy (1st Line) | With 17p Deletion or TP53 Mutation Present

- Acalabrutinib (Calquence)
- Ibrutinib (Imbruvica)

#### First Line of Therapy (1st Line) | Without 17p Deletion or TP53 Mutation Present

- Acalabrutinib (Calquence)
- Ibrutinib (Imbruvica)
- Venetoclax (Venclexta) and obinutuzumab (Gazyva)

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

- Acalabrutinib (Calquence)
- Duvelisib (Copiktra)
- Ibrutinib (Imbruvica)
- Idelalisib (Zydelig)
- Venetoclax (Venclexta) and rituximab

#### Second and Subsequent Lines of Therapy (2nd Line+) | Without 17p Deletion or TP53 Mutation Present

- Acalabrutinib (Calquence)
- Duvelisib (Copiktra)
- Ibrutinib (Imbruvica)
- Idelalisib (Zydelig)
- Venetoclax (Venclexta) and rituximab

---

*Primary treatment for CLL should be initiated in accordance with the guidelines established by the Working Group on CLL.*

---

*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.*

Effective January 4, 2022
NHL: CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) / SMALL LYMPHOCYTIC LYMPHOMA (SLL) REFERENCES

NCCN Practice Guidelines: Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma V4.2021

These Guidelines are a work in progress that may be refined as often as new significant data becomes available.
The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022
41. Munir T, Howard DR, McParland L, et al. Results of the randomized phase IIB ADMIRE trial of FCR with or without mitoxantrone in previously untreated CLL. Leukemia. 2017;31(10):2085-93. PMID: 28216660

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.

Effective January 4, 2022
Effective January 4, 2022


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.

Effective January 4, 2022

83


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.

Effective January 4, 2022
# NHL: Diffuse Large B-Cell Lymphoma Pathways

## First Line of Therapy (1st Line)

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

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

**R-CEOP:** cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab

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

**R-GDP:** gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab

**R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab

**R-ICE:** ifosfamide (Ifex), carboplatin, etoposide, and rituximab

## Second Line of Therapy (2nd Line) | Non-Transplant Candidates

**R-GDP:** gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab

**R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab

**R-GemOx:** gemcitabine (Gemzar), oxaliplatin, and rituximab

---

**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.

**Effective January 4, 2022**
NHL: DIFFUSE LARGE B CELL LYMPHOMA REFERENCES

NCCN Clinical Practice Guidelines for B-Cell Lymphomas. Version 3.2021


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022


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.

Effective January 4, 2022 87
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.

Effective January 4, 2022

NHL: Follicular and Marginal Zone Lymphoma Pathways

**Gastric MALT (Mucosa-Associated Lymphoid Tissue) Lymphoma | Stage IE or IIE | *H. pylori* Positive**

Antibiotic therapy† for *H. pylori* eradication

**Splenic Marginal Zone+ or Gastric MALT Lymphoma | First Line of Therapy (1st Line)**

Rituximab monotherapy

**Follicular (Grade I-IIIA) and Other Marginal Zone Lymphomas | First Line of Therapy (1st Line)**

- **BR:** Bendamustine (Bendeka, Treanda) and rituximab
- **R-CHOP(21):** Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab
- **R-CVP:** Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab

Rituximab monotherapy

**Follicular and Other Marginal Zone Lymphomas | First Line of Therapy (1st Line) | Additional options for the elderly or infirm**

- Chlorambucil (Leukeran)
- Chlorambucil (Leukeran) and rituximab
- Cyclophosphamide
- Cyclophosphamide and rituximab

**Follicular Lymphoma (Grade III) | First Line of Therapy (1st Line)**

- **R-CHOP(21):** Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab
- **R-CEOP:** Cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab

* 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.

† Only generic antibiotics are considered pathway options for *H. pylori* eradication. Clarithromycin and either amoxicillin OR metronidazole are sample regimens that may be selected to maintain pathway adherence. The actual regimen prescribed should be based on current guidelines, local antibiotic resistance patterns, and the most affordable choices.

‡ Splenectomy is also a recommended option for splenic marginal zone lymphoma (NCCN 2A)
References


Effective January 4, 2022

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.

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.
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.

Effective January 4, 2022
# 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[^1-7]

- **Nordic Regimen**: dose intensified rituximab, cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab and high dose cytarabine (Ara-C)[^8,9]

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

- **BR**: bendamustine (Bendeka, Treanda) and rituximab[^10-15]

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

- **Acalabrutinib (Calquence)**[^16]

- **BR**: bendamustine (Bendeka, Treanda) and rituximab[^17,18]

- **Bortezomib (Velcade)**[^7,19,20]

- **Ibrutinib (Imbruvica)**[^6,7,21,22]

- **Lenalidomide (Revlimid)**[^23-28]

---

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.

Effective January 4, 2022
NHL: MANTLE CELL LYMPHOMA REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022


Effective January 4, 2022


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.
Ovarian Cancer (Epithelial) Pathways

**Adjuvant Therapy | Stage I A/B (Grade 2 or 3) or IC (Grade 1-3)**
Carboplatin and paclitaxel

**Neoadjuvant, Adjuvant, or Primary Therapy | Stage II, III, IV**
Carboplatin and paclitaxel\(^{1-3, 6-9}\) (*Administered weekly or every 3 weeks*)
Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel\(^{10-13}\) (*Stage III only*)

**Recurrent Disease | First and Subsequent Lines of Therapy (1st Line+) | Platinum-Sensitive*\)**
Carboplatin\(^{14-16}\)
Carboplatin and gemcitabine (Gemzar)\(^{16-18}\)
Carboplatin and paclitaxel\(^{14, 15, 19}\)
Carboplatin and weekly paclitaxel\(^{20}\)

**Recurrent Disease | Maintenance Therapy | Platinum-Sensitive*\)**
Niraparib (Zejula)\(^{21-24}\)
Olaparib (Lynparza)\(^{25-30}\)
Rucaparib (Rubraca)\(^{31-35}\)

**Recurrent Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Platinum Resistant**
Bevacizumab monotherapy\(^{36, 37}\)
Docetaxel (Taxotere)\(^{38}\)
Gemcitabine (Gemzar)\(^{39, 40}\)
Liposomal doxorubicin (Doxil or Lipodox)\(^{39-41}\)
Paclitaxel (weekly)\(^{42, 43}\)
Paclitaxel and bevacizumab\(^{44-47}\)
Tamoxifen\(^{48}\)
Topotecan (Hycamtin)\(^{41, 49, 50}\)
Topotecan (Hycamtin) and bevacizumab\(^{45-47}\)
Vinorelbine (Navelbine)\(^{51, 52}\)

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

**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.**

Effective January 4, 2022
OVARIAN CANCER (EPITHELIAL) REFERENCES

NCCN Clinical Practice Guidelines: Ovarian Cancer, Including Fallopian Tube Cancer and Primary Peritoneal Cancer V1.2021


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022


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.

Effective January 4, 2022
Effective January 4, 2022

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.
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.

Effective January 4, 2022
Pancreatic Cancer (Adenocarcinoma) Pathways

**Adjuvant Therapy**

Capecitabine (Xeloda) and gemcitabine (Gemzar)\(^1-3\)

**FULV**: fluorouracil (5FU) and leucovorin\(^4-6\)

Gemcitabine (Gemzar)\(^4, 6-8\)

**mFOLFIRINOX\(^*\)**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\(^9, 10\)

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

**FOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\(^11-13\)

Gemcitabine (Gemzar)\(^11, 14-17\)

Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)\(^18-20\)

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

Gemcitabine (Gemzar)\(^12\)

\(^*\) Modified FOLFIRINOX: Bolus 5-FU not administered

*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.*

Effective January 4, 2022
PANCREATIC CANCER (ADENOCARCINOMA) REFERENCES

NCCN Clinical Practice Guidelines: Pancreatic Adenocarcinoma V2.2021


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022
Effective January 4, 2022


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.


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.

Effective January 4, 2022
# Prostate Cancer (Adenocarcinoma) Pathways

## Adjuvant Therapy | Post-Prostatectomy | Lymph Node Positive (LN+)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)</td>
<td>1-4</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)</td>
<td>1-4</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)</td>
<td>1-4</td>
</tr>
</tbody>
</table>

## Intermediate Risk | Primary Treatment with Radiotherapy (RT)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)</td>
<td>5-11</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)</td>
<td>5-11</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)</td>
<td>5-11</td>
</tr>
</tbody>
</table>

## High Risk (T3a or Gleason 8-10), Very High Risk (T3b-T4), and Locally Advanced Prostate Cancer (LN+) | Primary Treatment with Radiotherapy (RT)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goserelin (Zoladex)</td>
<td>5-11</td>
</tr>
<tr>
<td>Goserelin (Zoladex) with abiraterone (Zytiga)</td>
<td>12, 13</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)</td>
<td>5-11</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron) with abiraterone (Zytiga)</td>
<td>12, 13</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)</td>
<td>5-11</td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with abiraterone (Zytiga)</td>
<td>12, 13</td>
</tr>
</tbody>
</table>

## Recurrent and Metastatic Disease | Hormone Sensitive

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga) and prednisone with Androgen Deprivation Therapy (ADT)</td>
<td>12-17</td>
</tr>
<tr>
<td>Apalutamide (Erleada) with Androgen Deprivation Therapy (ADT)</td>
<td>18-20</td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with Androgen Deprivation Therapy (ADT)</td>
<td>12, 21-25</td>
</tr>
<tr>
<td>Enzalutamide (Xtandi) with Androgen Deprivation Therapy (ADT)</td>
<td>26</td>
</tr>
<tr>
<td>Goserelin (Zoladex)</td>
<td>27</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron)</td>
<td>27</td>
</tr>
<tr>
<td>Triptorelin (Trelstar)</td>
<td>27</td>
</tr>
</tbody>
</table>

---

**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

† For regional, lymph node positive disease ONLY

‡ Should not be used concurrently with Radium 223

§ ADT pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar) or history of orchiectomy

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

¶ The use of androgen-signaling–targeted inhibitor (e.g., abiraterone or enzalutamide) should be limited to one line of therapy

---

**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.

Effective January 4, 2022
### Prostate Cancer (Adenocarcinoma) Pathways (continued)

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

- **Abiraterone (Zytiga)**\(^{¶}^{‡}\) and prednisone with continued ADT\(^{§}\)\(^{13, 28-35}\)
- **Docetaxel (Taxotere)** (every 3 weeks) with continued ADT\(^{§}\)\(^{36-38}\)
- **Enzalutamide (Xtandi)**\(^{§}\) with continued ADT\(^{§}\)\(^{39-46}\)
- **Goserelin (Zoladex) with bicalutamide (Casodex)**\(^{27, 41, 47, 48}\)
- **Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)**\(^{27, 41, 47, 48}\)
- **Triptorelin (Trelstar) with bicalutamide (Casodex)**\(^{27, 41, 47, 48}\)

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

- **Abiraterone (Zytiga)**\(^{¶}^{‡}\) and prednisone with continued ADT\(^{§}\)\(^{28, 29, 32, 33, 35}\)
- **Cabazitaxel (Jevtana) with ADT**\(^{§}\)\(^{48-50}\)
- **Docetaxel (Taxotere)** (every 3 weeks) with continued ADT\(^{¶}^{11, 51, 52}\)
- **Docetaxel (Taxotere) rechallenge with ADT**\(^{†}\)\(^{51, 52}\)
- **Goserelin (Zoladex) with bicalutamide (Casodex)**\(^{27, 41, 47}\)
- **Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)**\(^{27, 41, 47}\)
- **Triptorelin (Trelstar) with bicalutamide (Casodex)**\(^{27, 41, 47}\)
- **Continued ADT**\(^{§}\) with supportive care ± dexamethasone\(^{53, 54}\)

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
* For regional, lymph node positive disease ONLY
* Should not be used concurrently with Radium 223
* ADT pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar) or history of orchiectomy
| If not previously used in the first line (1st Line) setting
| The use of androgen-signaling–targeted inhibitor (e.g. abiraterone or enzalutamide) should be limited to one line of therapy

---

**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.

Effective January 4, 2022
Effective January 4, 2022

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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.
Effective January 4, 2022

Considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

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.
Effective January 4, 2022

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.
112
# Testicular (Germ Cell Tumors) Cancer Pathways

## Seminoma | Stage IS-IIIA | Primary Therapy

- **BEP**: bleomycin, etoposide, and cisplatin
- **EP**: etoposide and cisplatin

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

- **BEP**: bleomycin, etoposide, and cisplatin
- **EP**: etoposide and cisplatin

## Nonseminoma | Stage IS-IIIA | Primary Therapy

- **BEP**: bleomycin, etoposide, and cisplatin
- **EP**: etoposide and cisplatin

## Nonseminoma | Stage IIIB-C | Primary Therapy

- **BEP**: bleomycin, etoposide, and cisplatin

## Nonseminoma | Adjuvant Therapy after RPLND

- **EP**: etoposide and cisplatin

* **BEP** is typically given for 3 cycles in good risk seminoma, and 4 cycles in intermediate risk

† Limited to patients with good risk seminoma

‡ RPLND: Retroperitoneal lymph node dissection

---

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.

Effective January 4, 2022
TESTICULAR (GERM CELL TUMORS) CANCER REFERENCES


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

The NCCN Guidelines® are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinical seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care and treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

References


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.

Effective January 4, 2022
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.

Effective January 4, 2022
Uterine (Endometrial) Cancer Pathways

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

Carboplatin and paclitaxel

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

Carboplatin and paclitaxel

Cisplatin and doxorubicin (Adriamycin)

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.

Effective January 4, 2022
Effective January 4,  2022

Considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

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.

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.
Effective January 4, 2022

considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules. 

consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are

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.