Cancer Care Quality Program

Treatment Pathways

EFFECTIVE JULY 6, 2020
LAST REVIEWED APRIL 28, 2020
Review and updates during 2nd quarter 2020

Breast Cancer Pathways: Advanced/Metastatic
- Tucatinib, trastuzumab and capecitabine added as a regimen in the third line + setting to the following clinical scenario: ‘Advanced/Metastatic Disease | HER2 Positive | Second and Subsequent Lines of Therapy (2nd Line+)’

NHL: Diffuse Large B-Cell Lymphoma Pathways
- Modify the clinical scenario: ‘Second and Subsequent Lines of Therapy (2nd Line+) | Non-Transplant Candidates’ to ‘Second Line of Therapy (2nd Line) | Non-Transplant Candidates’

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 July 6, 2020
**TABLE OF CONTENTS**

| Cancer Care Quality Program                                      | 4 |
| Bladder Cancer (Urothelial) Pathways                           | 5 |
| Breast Cancer Pathways: Neoadjuvant and Adjuvant                | 9 |
| Breast Cancer Pathways: Advanced/Metastatic Disease            | 13 |
| Breast Cancer Pathways: Endocrine Therapy for Advanced/Metastatic Disease | 20 |
| Chronic Myelogenous Leukemia (CML) Pathways                    | 24 |
| Colorectal Cancer Pathways                                     | 27 |
| Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways | 33 |
| Head and Neck Cancer Pathways                                  | 38 |
| Hodgkin Lymphoma Pathways                                      | 42 |
| Kidney Cancer (Renal Cell Carcinoma) Pathways                  | 45 |
| Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways       | 49 |
| Lung Cancer: Small Cell Lung Cancer Pathways                   | 58 |
| Melanoma Pathways: Metastatic Melanoma                         | 61 |
| Myeloma Pathways: Multiple Myeloma                             | 66 |
| NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways | 73 |
| NHL: Diffuse Large B-Cell Lymphoma Pathways                    | 78 |
| NHL: Follicular and Marginal Zone Lymphoma Pathways            | 82 |
| NHL: Mantle Cell Lymphoma Pathways                             | 86 |
| Ovarian Cancer (Epithelial) Pathways                           | 90 |
| Pancreatic Cancer (Adenocarcinoma) Pathways                    | 95 |
| Prostate Cancer (Adenocarcinoma) Pathways                      | 99 |
| Testicular (Germ Cell Tumors) Cancer Pathways                  | 105 |
| Uterine (Endometrial) Cancer Pathways                          | 108 |

**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 July 6, 2020
Cancer Care Quality Program

The goal of the Cancer Care Quality Program is to help provide access to quality and affordable cancer care. A key component of the Cancer Care Quality Program is Cancer Treatment Pathways ("Pathways").

The 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. The Pathways developed for this Program are intended to support quality cancer care.

Selecting a Pathway depends upon a number of factors – the type of cancer, the stage of disease, and the biomarkers or specific genetic profile of the cancer. 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.

Pathways are not available for every medical condition but are intended to be applicable for 80%-90% of individuals with the most common types of cancer. Selecting the best cancer treatment depends upon a number of factors – the type of cancer, the stage, the biomarkers or specific genetic profile of the cancer, and unique aspects of each 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 for every specific situation. The treating oncologist will determine if, in his/her medical opinion, a 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 treatment for him or her.

It is important to note that we will review requested services in accordance with our medical policies and clinical guidelines. When a request is received from a provider that requires medical necessity review, whether it is a Pathway or non-pathway regimen it may be authorized if it is determined to be medically necessary pursuant to our medical policies and clinical guidelines.

Feedback to enhance the Cancer Care Quality Program, Pathways, and/or questions can be emailed to cancer.quality@anthem.com. Requests for the evidence summaries reviewed to develop individual Pathways can also be sent to the same email address.

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 July 6, 2020
Bladder Cancer (Urothelial) Pathways

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

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

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

- **BCG:** bacillus calmette-guerin, intravesical\(^20-24\)
- Gemcitabine (Gemzar), intravesical **(low-grade histology only)**\(^10\)

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

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

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

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

* TURBT: Transurethral resection of bladder tumor

† In the setting of recurrent/metastatic disease, a substitution of carboplatin for cisplatin will be considered a pathway option

‡ 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 July 6, 2020
BLADDER CANCER (UROTHELIAL) 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 July 6, 2020
49. Powles T, O'Donnell PH, et al. Efficacy and Safety of Durvalumab in Locally Advanced or Metastatic Urothelial Carcinoma: Updated Results From a Phase 1/2 Open-label Study. JAMA Oncol. 2017 Sep 14;3(9):e172411.PMID:28817753

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 July 6, 2020

52. Siefker-Radtke AO, Necchi A, Park SH, et al. First results from the primary analysis population of the phase 2 study of erdafitinib (ERDA; JNJ-42756493) in patients (pts) with metastatic or unresectable urothelial carcinoma (mUC) and FGFR alterations (FGFRalt). J Clin Oncol. 2018;36(Suppl):abstr 4503.


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 July 6, 2020
Breast Cancer Pathways: Neoadjuvant and Adjuvant

**Neoadjuvant and Adjuvant Therapy | HER2 Negative**

- **ddAC → weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel\(^4-8\)
- **TC**: docetaxel (Taxotere) and cyclophosphamide\(^9,10\)

**Neoadjuvant and Adjuvant Therapy | HER2 Positive**

- **AC → TH**: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab\(^39-42\)
- **TCH**: docetaxel (Taxotere), carboplatin, and trastuzumab\(^41,42,43\)

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

- **TCH+P**: docetaxel (Taxotere), carboplatin, trastuzumab, and pertuzumab (Perjeta)\(^51-56\)

**Adjuvant Therapy | HER2 Positive**

- **TH**: paclitaxel and trastuzumab *(Pathway for stage I, HER2 positive breast cancer only)*\(^42\)

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

- Capecitabine\(^2\)

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

- Ado-trastuzumab emtansine (Kadcyla)\(^35\)

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

---

**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 July 6, 2020**
BREAST CANCER ADJUVANT AND NEOADJUVANT REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V3.2020


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

18. Martin M, Villar A, Sole-Calvo A, et al. Doxorubicin in combination with fluorouracil and cyclophosphamide (i.e. FAC regimen, day 1, 21) versus methotrexate in combination with fluorouracil and cyclophosphamide (i.e. CMF regimen, day 1, 21) as adjuvant chemotherapy for operable breast cancer: a study by the GEICAM group. Ann Oncol. 2003;14(6):833-42. PMID: 12786319

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 July 6, 2020
Effective 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.

11

Effective July 6, 2020

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: Advanced/Metastatic Disease

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

- Capecitabine (Xeloda)\(^4,24-26,28,60,65\)
- Doxorubicin (Adriamycin)\(^4,5,9,65\)
- Gemcitabine (Gemzar)\(^14,60\)
- Paclitaxel\(^28-20,65\)
- Vinorelbine (Navelbine)\(^15-17,65\)

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

- Capecitabine (Xeloda) and trastuzumab\(^40,43\)
- Gemcitabine (Gemzar) and trastuzumab\(^44,45\)
- Paclitaxel and trastuzumab\(^35,36\)
- Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)\(^32,33,35\)
- Pertuzumab (Perjeta), trastuzumab, and paclitaxel\(^34\)
- Vinorelbine (Navelbine) and trastuzumab\(^46,47\)

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

- Ado-trastuzumab emtansine (Kadcyla)\(^59,61,62\)
- Capecitabine (Xeloda) and lapatinib (Tykerb)\(^51,52\)
- Capecitabine (Xeloda) and trastuzumab\(^40,43\)
- Gemcitabine (Gemzar) and trastuzumab\(^44,45\)
- Paclitaxel and trastuzumab\(^35,36\)
- Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)\(^32,33,35,82\)
- Pertuzumab (Perjeta), trastuzumab, and paclitaxel\(^34\)
- Trastuzumab and lapatinib (Tykerb)\(^49,50\)
- Trastuzumab monotherapy\(^37,48\)
- Tucatinib (Tukysa), trastuzumab, and capecitabine (Xeloda)\(^134\) – Added Effective 07/06/20
- Vinorelbine (Navelbine) and trastuzumab\(^46,47\)

\(^*\)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 July 6, 2020
NCCN Clinical Practice Guidelines: Breast Cancer V3.2020


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.
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 July 6, 2020

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.
120. U.S. Food & Drug Administration (FDA). ABRAXANE® (nab-paclitaxel) for Injectable Suspension. (2005) Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021656s0037blpdf

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 July 6, 2020


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 July 6, 2020
Breast Cancer Pathways: Endocrine Therapy for Advanced/Metastatic Disease

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

- Anastrozole (Arimidex)*2-10
- Anastrozole (Arimidex) and palbociclib (Ibrance)*21,25,27
- Anastrozole (Arimidex) and ribociclib (Kisqali)*12,29
- Fulvestrant (Faslodex)* high dose2,3,6,8,13-16
- Fulvestrant (Faslodex) and palbociclib (Ibrance)*17,18
- Letrozole (Femara)*19-24
- Letrozole (Femara) and palbociclib (Ibrance)*25-27
- Letrozole (Femara) and ribociclib (Kisqali)*12,28,29
- Tamoxifen†16,20,30,31

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

- Anastrozole (Arimidex)*2-10
- Exemestane (Aromasin)*13,39-41,59
- Fulvestrant (Faslodex)* high dose2,3,6,8,13-16
- Fulvestrant (Faslodex) and palbociclib (Ibrance)*17,18
- Fulvestrant (Faslodex) and ribociclib (Kisqali)*17,18
- Letrozole (Femara)*19-24
- Tamoxifen†16,20,30,31

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

- Anastrozole (Arimidex) and trastuzumab*57
- Letrozole (Femara) and trastuzumab*57

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

- Fulvestrant (Faslodex) and alpelisib (PIQRAY)*§32

* 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 July 6, 2020
BREAST CANCER ENDOCRINE THERAPY FOR ADVANCED/METASTATIC DISEASE REFERENCES

NCCN Clinical Practice Guidelines: Breast Cancer V3.2020

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 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 July 6, 2020
44. Kornblum N, Zhao F, Manola J, et al. Randomized phase II trial of fulvestrant plus everolimus or placebo in postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative metastatic breast cancer resistant to aromatase inhibitor therapy: results of PReO102. J Clin Oncol. 2018;36(16):1556-63. PMID: 29664714

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 July 6, 2020
### Chronic Myelogenous Leukemia (CML) Pathways

<table>
<thead>
<tr>
<th>First Line of Therapy (1\textsuperscript{st} Line)</th>
<th>Low Risk Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imatinib (Gleevec)\textsuperscript{2-14}</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Line of Therapy (1\textsuperscript{st} Line)</th>
<th>Intermediate or High Risk Disease\textsuperscript{*}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dasatinib (Sprycel)\textsuperscript{5,7,15-17}</td>
<td></td>
</tr>
<tr>
<td>Imatinib (Gleevec)\textsuperscript{2-14}</td>
<td></td>
</tr>
<tr>
<td>Nilotinib (Tasigna)\textsuperscript{4,8,9,18-20}</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Line of Therapy (2\textsuperscript{nd} Line)</th>
<th>Following Treatment Failure, Suboptimal Response\textsuperscript{†}, or Intolerance to 1\textsuperscript{st} Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosutinib (Bosulif)\textsuperscript{14,22,23}</td>
<td></td>
</tr>
<tr>
<td>Dasatinib (Sprycel)\textsuperscript{7,24-28}</td>
<td></td>
</tr>
<tr>
<td>Nilotinib (Tasigna)\textsuperscript{19,20,29-32}</td>
<td></td>
</tr>
<tr>
<td>Ponatinib (Iclusig)\textsuperscript{33,34}</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Line of Therapy (3\textsuperscript{rd} Line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ponatinib (Iclusig)\textsuperscript{33,34}</td>
</tr>
</tbody>
</table>

\footnote{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

\footnote{Defined as lack of complete hematologic response or BCR-ABL1 transcripts > 10\% (IS) or lack of partial cytogenetic response on bone marrow cytogenetics.

\footnote{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 July 6, 2020**
NCCN Clinical Practice Guidelines: Chronic Myelogenous Leukemia V3.2020


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 June 7, 2020

25

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 July 6, 2020
Colorectal Cancer Pathways

**Adjuvant Therapy**

Capecitabine (Xeloda)*52,69

**CAPOX**: capecitabine (Xeloda) and oxaliplatin (limited to 3 months duration)†94

**FOLFOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin7,8,50,51,60,69

**FULV**: fluorouracil (5FU) and leucovorin*14,7,49,52,69

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

Capecitabine (Xeloda)27

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

**FOLFIRI + bevacizumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab21,23,31,36,44,45,58

**FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin24,26,28,30,34

**FOLFOX + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, with bevacizumab†25,26,28,33,44,45,70

**FOLFOXIRI + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and irinotecan (Camptosar) with bevacizumab25,26,28,33,44,45,70

**FULV**: fluorouracil (5FU) and leucovorin22,27,35

**FULV + bevacizumab**: fluorouracil (5FU) and leucovorin with bevacizumab22,35

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

**FOLFIRI + panitumumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with panitumumab (Vectibix)§11,62

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

Irinotecan (Camptosar) and panitumumab (Vectibix)§47

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

Pembrolizumab (Keytruda)¶191

* 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 July 6, 2020
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.


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 July 6, 2020
Effective consideration 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 July 6, 2020
Effective July 6, 2020

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 July 6, 2020
Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

**Primary Therapy | Resectable and Unresectable Disease**

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

**Post-Operative Treatment**

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

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

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

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

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

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

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

* 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 July 6, 2020
GASTRIC, ESOPHAGEAL, AND GASTROESOPHAGEAL JUNCTION (ADENOCARCINOMA) CANCERS REFERENCES


To view the most recent and complete version of the Guideline, go online to www.nccn.org. 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 July 6, 2020

34


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 July 6, 2020


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 July 6, 2020
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 July 6, 2020

37
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 RT\(^3,10,37\)

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

- Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)\(^{14}\)
- Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux)\(^{14}\)
- Pembrolizumab (Keytruda)†\(^{61}\) (*Patients with CPS \(> 20\%\)*)

- Pembrolizumab (Keytruda), cisplatin‡, and fluorouracil (5FU)\(^{61}\) (*Patients with CPS \(> 1\%\)*)

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

- Nivolumab (Opdivo)\(^{35}\) (*Patients with CPS \(> 1\%\)*)
- Paclitaxel\(^{23}\)

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

- High dose cisplatin* with concurrent RT\(^{13,37}\)
- Cisplatin and gemcitabine (Gemzar) followed by concurrent cisplatin/RT\(^{45}\)

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

- Carboplatin\(^{21}\)
- Cisplatin\(^{20,22}\)
- Cisplatin† and gemcitabine (Gemzar)\(^{29,39}\)
- Cisplatin† and paclitaxel\(^{18,22,29}\)
- Fluorouracil (5FU)\(^{22}\)
- Gemcitabine (Gemzar)\(^{31}\)
- Methotrexate\(^{24,26}\)
- Paclitaxel\(^{23}\)

---

* This dose of cisplatin is at 100 mg/m\(^2\) every three weeks over the course of radiotherapy. There are several different appropriate cisplatin schedules that may be used.

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

‡ Substitution of carboplatin for cisplatin, and vice-versa, is acceptable for metastatic disease

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 July 6, 2020
HEAD AND NECK CANCER REFERENCES

NCCN Clinical Practice Guidelines: Head and Neck Cancers V3.2019


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 July 6, 2020

39
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 July 6, 2020
Hodgkin Lymphoma Pathways

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

ABVD: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT*1-5,30,35,36

Classical Hodgkin Lymphoma | Advanced Stage (Stage IIB, III, and IV)

ABVD: doxorubicin (Adriamycin), bleomycin, vinblastine, and dacarbazine (DTIC) ± ISRT*7,10,32

* ISRT – Involved site radiation therapy

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 July 6, 2020
NCCN Clinical Practice Guidelines: Hodgkin Lymphoma V2.2019


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 any kind of 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 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 July 6, 2020
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)³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda) and axitinib (Inlyta)²</td>
<td></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)¹⁴⁷,⁵⁰</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 July 6, 2020
KIDNEY CANCER (RENAL CELL CARCINOMA) REFERENCES

NCCN Practice Guideline: Kidney Cancer V2.2020


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.

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.
Not available
# Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways

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

- Cisplatin and etoposide with concurrent XRT\(^{88,89}\)
- Paclitaxel and carboplatin with concurrent XRT\(^{93}\)

## Adjuvant Therapy

- Carboplatin and paclitaxel\(^{52}\)
- Cisplatin and gemcitabine (Gemzar)\(^{128}\)
- Cisplatin and vinorelbine (Navelbine)\(^{54,129,130}\)

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

- Pembrolizumab (Keytruda)\(^{125}\)

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

- Pembrolizumab (Keytruda)*, carboplatin, and paclitaxel\(^{126}\)

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

- Pembrolizumab (Keytruda)\(^{102,125}\)

## 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)\(^{124}\)

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

- Carboplatin† and paclitaxel\(^{7,16,54}\)
- Carboplatin, paclitaxel, and bevacizumab\(^{13,14,31}\) (NON-SQUAMOUS ONLY)
- Cisplatin† and gemcitabine (Gemzar)\(^{8,11,13,22-25}\)
- Cisplatin† and pemetrexed (Alimta)\(^{17,18}\) (NON-SQUAMOUS ONLY)

* 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 July 6, 2020
Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) Pathways (continued)

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>Non-Squamous</th>
<th>Maintenance</th>
<th>ECOG PS: 0-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation bevacizumab(^{36,38})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation pemetrexed (Alimta)(^{39,94})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pembrolizumab (Keytruda)* and pemetrexed (Alimta)(^{113}) (if previously treated with carboplatin(^\dagger), pemetrexed, and pembrolizumab)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switch pemetrexed (Alimta)(^{41,94})</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>Second or Subsequent Lines of Therapy (2(^{nd}) Line+)</th>
<th>ECOG PS: 0-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atezolizumab (Tecentriq)(^{104}) (if no prior checkpoint inhibitors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nivolumab (Opdivo)(^{59,61,72,78}) (if no prior checkpoint inhibitors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin(^\dagger) and paclitaxel(^\dagger)(^{7,16,54})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin(^\dagger) and gemcitabine (Gemzar)(^\dagger)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin(^\dagger) and pemetrexed (Alimta)(^\dagger)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>ALK Positive</th>
<th>First Line of Therapy (1(^{st}) Line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alectinib (Alecensa)(^{108})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>EGFR Positive</th>
<th>First Line of Therapy (1(^{st}) Line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osimertinib (Tagrisso)(^{114})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>ALK or EGFR Positive</th>
<th>Second or Subsequent Lines of Therapy (2(^{nd}) Line+)</th>
<th>ECOG PS: 0-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin(^\dagger) and paclitaxel(^\dagger)(^{7,16,54})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin(^\dagger) and gemcitabine (Gemzar)(^{8,11,13,22,25})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin(^\dagger) and pemetrexed (Alimta)(^{17,18})</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>EGFR Positive</th>
<th>ECOG PS: 3-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erlotinib (Tarceva)(^{42,48,50,51})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.
LUNG CANCER: NON-SMALL CELL LUNG CANCER (NSCLC)

REFERENCES

NCCN Clinical Practice Guidelines: Non-Small Cell Lung Cancer V1.2020


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

14. FDA review documents

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 July 6, 2020
Effective July 6, 2020

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 July 6, 2020


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.


123. Drug Label: Keytruda (pembrolizumab) injection, for intravenous use [Internet}. Merck Sharp & Dohme Corp; c2015 [cited 2017 J


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 July 6, 2020


159. Planchard D, Besse B, et al. Updated survival of patients (pts) with previously treated BRAF V600E–mutant advanced 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, 9075-9075. ASCO 2017 abstract 9075

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.
Lung Cancer: Small Cell Lung Cancer Pathways

**Limited Stage | Primary, Adjuvant, or First Line of Therapy (1st Line)**
- Carboplatin and etoposide ± XRT<sup>3</sup>
- Cisplatin and etoposide ± XRT<sup>1,2</sup>

**Extensive Stage | First Line of Therapy (1st Line)**
- Atezolizumab (Tecentriq), carboplatin, and etoposide<sup>31</sup>
- Carboplatin and etoposide<sup>9</sup>

**Second and Subsequent Lines of Therapy (2nd Line+) | Relapse Greater than Six (6) Months**
- Carboplatin and etoposide<sup>9</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 July 6, 2020
LUNG CANCER: SMALL CELL LUNG CANCER REFERENCES

NCCN Clinical Practice Guidelines: Small Cell Lung Cancer. V2.2020


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 July 6, 2020
Effective

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

consulted to determine whether proposed services will be

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 July 6, 2020
# Melanoma Pathways: Metastatic Melanoma

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>59</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo) and ipilimumab (Yervoy)</td>
<td>65</td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)*</td>
<td>35,45,55,56</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encorafenib (Braftovi) and binimetinib (Mektovi)</td>
<td>66</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encorafenib (Braftovi) and binimetinib (Mektovi)</td>
<td>66</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipilimumab (Yervoy)</td>
<td>1,14,15,35,36</td>
</tr>
</tbody>
</table>

* 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 July 6, 2020
MELANOMA: METASTATIC MELANOMA REFERENCES

NCCN Clinical Practice Guidelines: Melanoma V1.2020


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.
47 Ascierto PA, McArthur GA, Dréno B, et. al. Cobimetinib combined with vemurafenib in advanced BRAF(V600)-mutant melanoma (coBRIM): updated efficacy results from a randomised, double-blind, phase 3 trial. Lancet Oncol. 2016 Sep;17(9):1248-60. PMID: 27480103

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 July 6, 2020
## Myeloma Pathways: Multiple Myeloma

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

- **VRD/VDR**: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone\(^{10,12,79}\)
- **D-VTd**: daratumumab (Darzalex), bortezomib (Velcade), thalidomide, and dexamethasone\(^{112}\)

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

- **CyBorD or VDC**: bortezomib (Velcade), cyclophosphamide, and dexamethasone\(^{9,10,84}\)
- **DRd**: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone\(^{121}\)
- **R-dex**: lenalidomide (Revlimid) and low-dose dexamethasone\(^{10,11,13,73}\)
- **VRD/VDR**: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone\(^{10,12,79}\)
- **VD**: bortezomib (Velcade) and dexamethasone\(^{1,3,12,24,89}\)

### Maintenance Therapy | Post-Transplant

- Lenalidomide (Revlimid)\(^{26,27,83,92}\)

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

- **CRd or KRD**: carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone\(^{82}\)
- **DRD**: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone\(^{100}\)
- **DVD**: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone\(^{103}\)
- **PVD**: pomalidomide (Pomalyst), bortezomib (Velcade), and dexamethasone\(^{*133}\)

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

- Daratumumab (Darzalex)\(^{95}\)
- Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone\(^{97}\)
- Elotuzumab (Empliciti), pomalidomide (Pomalyst), and dexamethasone\(^{*113}\)

* 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 July 6, 2020
MYELOMA: MULTIPLE MYELOMA REFERENCES

NCCN Clinical Practice Guidelines: Multiple Myeloma V2.2020


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 July 6, 2020


42. Anderson KC, Jagannath S, Jakubowiak A, et al. Phase II study of lenalidomide (Len), bortezomib (Bz), and dexamethasone (Dex) in patients (pts) with relapsed or relapsed and refractory multiple myeloma (MM). J Clin Oncol. 2008; 26(15S):A8545 Abstract A8545


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 July 6, 2020.


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 July 6, 2020
**NHL: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Pathways**

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
<th>With 17p Deletion or TP53 Mutation Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrutinib (Imbruvica)(^{28,37,41,46,47})</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
<th>Without 17p Deletion or TP53 Mutation Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrutinib (Imbruvica)(^{28,37,46,47})</td>
<td></td>
</tr>
<tr>
<td>Venetoclax (Venclexta) and obinutuzumab (Gazyva)(^{63})</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>With 17p Deletion or TP53 Mutation Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duvelisib (Copiktra)(^{80})</td>
<td></td>
</tr>
<tr>
<td>Ibrutinib (Imbruvica)(^{28,37,41,46,47})</td>
<td></td>
</tr>
<tr>
<td>Idelalisib (Zydelig)(^{43})</td>
<td></td>
</tr>
<tr>
<td>Idelalisib (Zydelig) and rituximab(^{38})</td>
<td></td>
</tr>
<tr>
<td>Venetoclax (Venclexta) and rituximab(^{59})</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Without 17p Deletion or TP53 Mutation Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duvelisib (Copiktra)(^{80})</td>
<td></td>
</tr>
<tr>
<td>Ibrutinib (Imbruvica)(^{28,37,41,46,47})</td>
<td></td>
</tr>
<tr>
<td>Idelalisib (Zydelig)(^{43})</td>
<td></td>
</tr>
<tr>
<td>Idelalisib (Zydelig) and rituximab(^{38})</td>
<td></td>
</tr>
<tr>
<td>Venetoclax (Venclexta) and rituximab(^{59})</td>
<td></td>
</tr>
</tbody>
</table>

---

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

---

**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 July 6, 2020
NHL: CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) / SMALL LYMPHOCYTIC LYMPHOMA (SLL) REFERENCES

NCCN Practice Guidelines: Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma V5.2019


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.

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 July 6, 2020
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 July 6, 2020
NHL: Diffuse Large B-Cell Lymphoma Pathways

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R-CHOP</strong> (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab&lt;sup&gt;1-8&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Line of Therapy (1st Line)</th>
<th>Contraindication to Anthracycline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R-CEOP:</strong> cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab&lt;sup&gt;13-15&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Transplant Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R-GDP:</strong> gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab&lt;sup&gt;24-26&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>R-GDP:</strong> gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab&lt;sup&gt;24-26&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>R-ICE:</strong> ifosfamide (Ifex), carboplatin, etoposide, and rituximab&lt;sup&gt;27-29&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and Subsequent Lines of Therapy (2nd Line+)</th>
<th>Non-Transplant Candidates – Termed 7/6/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R-GDP:</strong> gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab&lt;sup&gt;24,25&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>R-GDP:</strong> gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab&lt;sup&gt;24,25&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>R-GemOx:</strong> gemcitabine (Gemzar), oxaliplatin, and rituximab&lt;sup&gt;36,40,41&lt;/sup&gt;</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 June 7, 2020
NHL: DIFFUSE LARGE B 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 July 6, 2020

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 July 6, 2020
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.
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* eradication²,³

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

Rituximab monotherapy⁴–⁸

**Follicular (Grade I–III A) and Other Marginal Zone Lymphomas | First Line of Therapy (1st Line)**

**BR:** Bendamustine (Bendeka, Treanda) and rituximab¹²–¹⁵

**R-CHOP(21):** Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab¹²,¹⁶–¹⁹

**R-CVP:** Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab¹⁸,²⁰

Rituximab monotherapy⁴–⁸,²¹–²⁴

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

Chlorambucil (Leukeran)⁷,²⁸,²⁹

Chlorambucil (Leukeran) and rituximab⁷,²⁸,²⁹

Cyclophosphamide²⁹–³¹

Cyclophosphamide and rituximab²⁸–³¹

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

**R-CHOP(21):** Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab³¹–³⁴

**R-CEOP:** Cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab¹²,¹⁶–¹⁹

* 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)

---

**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 July 6, 2020
NHL: FOLLICULAR AND MARGINAL ZONE 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 July 6, 2020
47. Ghielmini M, Schmitz SF, Cogliati SB, et al. Prolonged treatment with rituximab in patients with follicular lymphoma significantly increases event-free survival and response duration compared with the standard weekly x 4 schedule. Blood. 2004;103(12):4416-23. PMID: 14976046

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 July 6, 2020

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 July 6, 2020
## 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 rituximab⁴,⁵,²⁸,³⁰,³¹

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

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

**BR:** bendamustine (Bendeka, Treanda) and rituximab⁹,¹⁰

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

- Acalabrutinib (Calquence)⁴²
- **BR:** bendamustine (Bendeka, Treanda) and rituximab
  - Bortezomib (Velcade)¹⁷
  - Ibrutinib (Imbruvica)¹⁹,²⁰
  - Lenalidomide (Revlimid)²⁰-²³

---

**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 July 6, 2020


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

13. Forsttjenter N, Dreyling M, German Low-Grade Lymphoma Study Group, et al. The addition of rituximab to a combination of fludarabine, cyclophosphamide, mitoxantrone (FCM) significantly increases the response rate and prolongs survival as compared with FCM alone in patients with relapsed and refractory follicular and mantle cell lymphomas: results of a prospective randomized study of the German Low-Grade Lymphoma Study Group. Blood. 2004 Nov 15;104(10):3064-3071. PMID: 15284121

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 July 6, 2020
Effective 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 July 6, 2020

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 July 6, 2020
Ovarian Cancer (Epithelial) Pathways

**Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)**
- Carboplatin and dose dense paclitaxel
- Carboplatin and paclitaxel

**Neoadjuvant, Adjuvant, or Primary Therapy | Stage II, III, IV**
- Carboplatin and paclitaxel (Administered weekly or every 3 weeks)
- Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel (Stage III only)

**Recurrent Disease | First and Subsequent Lines of Therapy (1st Line+) | Platinum-Sensitive***
- Carboplatin
- Carboplatin and gemcitabine (Gemzar)
- Carboplatin and paclitaxel
- Carboplatin and weekly paclitaxel

**Recurrent Disease | Maintenance Therapy | Platinum-Sensitive***
- Niraparib (Zejula)
- Olaparib (Lynparza)
- Rucaparib (Rubraca)

**Recurrent Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Platinum Resistant**
- Bevacizumab monotherapy
- Docetaxel (Taxotere)
- Gemcitabine (Gemzar)
- Liposomal doxorubicin (Doxil or Lipodox)
- Paclitaxel (weekly)
- Paclitaxel and bevacizumab
- Tamoxifen
- Topotecan (Hycamtin)
- Topotecan (Hycamtin) and bevacizumab
- Vinorelbine (Navelbine)

* 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 July 6, 2020
OVARIAN CANCER (EPITHELIAL) REFERENCES

NCCN Clinical Practice Guidelines: Ovarian Cancer, Including Fallopian Tube Cancer and Primary Peritoneal Cancer V1.2019

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 July 6, 2020
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 July 6, 2020

93
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 July 6, 2020
Pancreatic Cancer (Adenocarcinoma) Pathways

Adjuvant Therapy

Capecitabine (Xeloda) and gemcitabine (Gemzar)\textsuperscript{36,40,41}

**FULV**: fluorouracil (5FU) and leucovorin\textsuperscript{4,6,9}

Gemcitabine (Gemzar)\textsuperscript{1,3,4,6,7}

\textbf{mFOLFIRINOX\textsuperscript{*}}: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\textsuperscript{46,48}

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

**FOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin\textsuperscript{21,37}

Gemcitabine (Gemzar)\textsuperscript{15,17,19,21,50}

Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)\textsuperscript{5,15,33}

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

Gemcitabine (Gemzar)\textsuperscript{21}

\textsuperscript{*} 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 July 6, 2020
Effective consulted to determine whether proposed services will be
Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/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 July 6, 2020


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 July 6, 2020


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 July 6, 2020
Prostate Cancer (Adenocarcinoma) Pathways

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

- Goserelin (Zoladex)\(^1,2\)
- Leuprolide (Eligard/Lupron)\(^1,2\)
- Triptorelin (Trelstar)\(^1,2\)

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

- Goserelin (Zoladex)\(^*3,5\)
- Leuprolide (Eligard/Lupron)\(^*3,5\)
- Triptorelin (Trelstar)\(^*3,5\)

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

- Goserelin (Zoladex)\(^*4\)
- Goserelin (Zoladex)\(^*\) with abiraterone (Zytiga)\(^†‡41\)
- Leuprolide (Eligard/Lupron)\(^*4\)
- Leuprolide (Eligard/Lupron)\(^*\) with abiraterone (Zytiga)\(^†‡41\)
- Triptorelin (Trelstar)\(^*4\)
- Triptorelin (Trelstar) with abiraterone (Zytiga)\(^*†‡41\)

### Recurrent and Metastatic Disease | Hormone Sensitive

- Abiraterone (Zytiga)\(^†\) and prednisone with Androgen Deprivation Therapy (ADT)\(^§39,41\)
- Apalutamide (Erleada) with Androgen Deprivation Therapy (ADT)\(^§63\)
- Docetaxel (Taxotere) (every 3 weeks) with Androgen Deprivation Therapy (ADT)\(^§19\)
- Enzalutamide (Xtandi)\(^†\) with Androgen Deprivation Therapy (ADT)\(^§64\)
- Goserelin (Zoladex)\(^6\)
- Leuprolide (Eligard/Lupron)\(^6\)
- Triptorelin (Trelstar)\(^6\)

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 July 6, 2020
# Prostate Cancer (Adenocarcinoma) Pathways (continued)

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga) and prednisone with continued ADT</td>
<td>8,12,25–27</td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with continued ADT</td>
<td>9,10,19</td>
</tr>
<tr>
<td>Enzalutamide (Xtandi) with continued ADT</td>
<td></td>
</tr>
<tr>
<td>Goserelin (Zoladex) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiraterone (Zytiga) and prednisone with continued ADT</td>
<td>8,12,25–27</td>
</tr>
<tr>
<td>Cabazitaxel (Jevtana) with ADT</td>
<td>11</td>
</tr>
<tr>
<td>Docetaxel (Taxotere) (every 3 weeks) with continued ADT</td>
<td>9,10,19</td>
</tr>
<tr>
<td>Docetaxel (Taxotere) rechallenge with ADT</td>
<td>21,22</td>
</tr>
<tr>
<td>Goserelin (Zoladex) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
<tr>
<td>Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
<tr>
<td>Triptorelin (Trelstar) with bicalutamide (Casodex)</td>
<td>6,7</td>
</tr>
<tr>
<td>Continued ADT with supportive care ± dexamethasone</td>
<td>13,16,24</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 July 6, 2020
PROSTATE CANCER (ADENOCARCINOMA) 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 July 6, 2020
Effective 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 July 6, 2020


Eisenberger M, Hardy-Bessard AC, et al. Phase III Study Comparing a Reduced Dose of Cabazitaxel (20 mg/m2) and the Currently Approved Dose (25 mg/m2) in Postdocetaxel Patients With Metastatic Castration-Resistant Prostate Cancer-PROSELICA. J Clin Oncol. 2017 Oct 1;35(28):3198-3206. PMID:28809610.


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 July 6, 2020
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.

### Testicular (Germ Cell Tumors) Cancer Pathways

<table>
<thead>
<tr>
<th>Seminoma</th>
<th>Stage IS-IIIA</th>
<th>Primary Therapy</th>
</tr>
</thead>
</table>
| **BEP:** bleomycin, etoposide, and cisplatin^5  
**EP:** etoposide and cisplatin^4 |

<table>
<thead>
<tr>
<th>Seminoma</th>
<th>Stage IIIB-C</th>
<th>Good and Intermediate Risk</th>
<th>Metastatic Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEP:</strong> bleomycin, etoposide, and cisplatin^5,6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonseminoma</th>
<th>Stage II-IIIA</th>
<th>Primary Therapy</th>
</tr>
</thead>
</table>
| **BEP:** bleomycin, etoposide, and cisplatin^5,6  
**EP:** etoposide and cisplatin^4 |

<table>
<thead>
<tr>
<th>Nonseminoma</th>
<th>Stage IIIB-C</th>
<th>Primary Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEP:</strong> bleomycin, etoposide, and cisplatin^5,6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonseminoma</th>
<th>Adjuvant Therapy after RPLND†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EP:</strong> etoposide and cisplatin^8,9,26</td>
<td></td>
</tr>
</tbody>
</table>

* BEP is typically given for 3 cycles in good risk seminoma, and 4 cycles in intermediate risk
† 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 July 6, 2020
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 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 July 6, 2020

106


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 July 6, 2020
Uterine (Endometrial) Cancer Pathways

<table>
<thead>
<tr>
<th>Adjuvant Therapy</th>
<th>Stage III-IV or High Risk Histologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin and paclitaxel²⁶,²⁷</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recurrent/Metastatic</th>
<th>First and Subsequent Lines of Therapy (1st Line+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin and paclitaxel²⁶,²⁷,²⁸</td>
<td></td>
</tr>
<tr>
<td>Cisplatin and doxorubicin (Adriamycin)²⁴,²⁵</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 July 6, 2020
UTERINE (ENDOMETRIAL) 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 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 July 6, 2020
Effective 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 July 6, 2020