Bladder Cancer (Urothelial) Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __Neoadjuvant/Pre-Op __Adjuvant/Post-Op **ECOG Performance Status**:_____ ICD-10 Code:_____

__1st Line __2nd Line __3rd Line __3rd Line+ __Maint **Goal of Treatment:** __Curative __Non-Curative

Biomarkers/Characteristics: (select all that apply) Platinum Resistant/Refractory? __ Yes __ No

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

___**CMV**: cisplatin, methotrexate, and vinblastine 3 cycles

___Gemcitabine (Gemzar) and cisplatin 4 cycles

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

___**BCG**: bacillus calmette-guerin, intravesical

___Gemcitabine (Gemzar), intravesical **(low-grade histology only)**

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

___Gemcitabine (Gemzar) and cisplatin†

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

___Gemcitabine (Gemzar)

___Paclitaxel

___Pembrolizumab (Keytruda)‡

* TURBT: Transurethral resection of bladder tumor

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

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

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.

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