

# Lung Cancer: Small Cell Lung Cancer Pathways

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_

Stage: \_\_\_\_\_

Line of Therapy:  Neoadjuvant/Pre-Op  Adjuvant/Post-Op  
 1<sup>st</sup> Line  2<sup>nd</sup> Line  3<sup>rd</sup> Line  3<sup>rd</sup> Line+  Maintenance

ECOG Performance Status: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

**Biomarkers/Characteristics:** (Select all that apply)

ALK Status:  Negative  Positive  Not Reported

MET Amplification:  Negative  Positive  Not Reported

EGFR:  Negative  Positive  Not Reported

RET Gene Rearrangement:  Absent  Present  Not Reported

BRAF:  V600E Mutation  V600K Mutation  
 Wild Type  Not Reported

ROS1 Rearrangement:  Negative  Positive  Not Reported

## Limited Stage | Primary, Adjuvant, or First Line of Therapy (1<sup>st</sup> Line)

Carboplatin and etoposide (Toposar) ± XRT

Cisplatin and etoposide (Toposar) ± XRT

## Extensive Stage | First Line of Therapy (1<sup>st</sup> Line)

Carboplatin and etoposide (Toposar)

Atezolizumab (Tecentriq), carboplatin, and etoposide

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

Carboplatin and etoposide (Toposar)

**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.**

