Bladder Cancer (Urothelial) Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __Neoadjuvant/Pre-Op __Adjuvant/Post-Op

__1st Line __2nd Line __3rd Line __3rd Line+ __Maint

ECOG Performance Status:_____ **ICD-10 Code**:_____

Goal of Treatment: __Curative __Non-Curative

Biomarkers/Characteristics: (select all that apply)

Microsatellite instability: __dMMR/MSI-H __MSI-L __Not reported

Platinum Resistant/Refractory? __ Yes __ No __Not reported

NTRK Fusion: __Positive __Negative __Not reported

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

___**ddMVAC:** dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin with G-CSF*

___Gemcitabine (Gemzar) and cisplatin†

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 and Subsequent Lines of Therapy (2nd Line+)

___ Enfortumab Vedotin||

___ Gemcitabine (Gemzar)

___ Paclitaxel

___ Pembrolizumab (Keytruda)¶

* Administration of ddMVAC is limited to 6 cycles

† Administration of Gemcitabine-cisplatin is limited to 4 cycles

‡ TURBT: Transurethral resection of bladder tumor

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

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

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

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars 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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Last review: 8/2/2022 | Effective date: 10/10/2022