

Head and Neck Cancer 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

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

High dose cisplatin* with concurrent RT

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

Carboplatin, fluorouracil (5FU), and cetuximab (Erbixux)

Cisplatin, fluorouracil (5FU), and cetuximab (Erbixux)

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

Nivolumab (Opdivo)†

Paclitaxel[‡]

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

High dose cisplatin* with concurrent RT

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

Carboplatin

Cisplatin

Cisplatin* and gemcitabine (Gemzar)

Cisplatin* and paclitaxel

Fluorouracil (5FU)

Gemcitabine (Gemzar)

Gemcitabine (Gemzar) and vinorelbine (Navelbine)

Methotrexate

Paclitaxel

*High dose cisplatin refers to dosing to achieve total dose of 200-300 mg/m² of cisplatin over the course of the radiotherapy. There are several different appropriate cisplatin schedules that may be used.

†Administered at a dose of 240 mg every 2 weeks or 480 mg every 4 weeks

‡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.

