

Lung Cancer: Non-Small Cell Lung Cancer (NSCLC) 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+ __Maintenance

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

Biomarkers/Characteristics: (Select all that apply)

ALK: __Positive __Negative __Not reported

EGFR: __Mutation __Wild type __Not reported

T790M mutation: __Positive __Negative __Not reported

MET amplification: __Positive __Negative __Not reported

BRAF: __V600E Mutation __V600K Mutation __Wild type __Not reported

PD-L1 expression: __1% to 49% __≥50% __Negative __Not reported

RET gene rearrangement: __Absent __Present __Not reported

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

ROS1 rearrangement: __Positive __Negative __Not reported

Neoadjuvant/Preoperative/Induction Therapy or Adjuvant/Definitive Therapy

___ Cisplatin and etoposide (Toposar) with concurrent XRT

___ Paclitaxel and carboplatin with concurrent XRT

Adjuvant Therapy

___ Carboplatin and paclitaxel

___ Cisplatin and gemcitabine (Gemzar)

___ Cisplatin and vinorelbine (Navelbine)

Metastatic Disease | Squamous | PD-L1 Expression <50% | First Line of Therapy (1st Line) | ECOG PS: 0-2

___ Carboplatin* and paclitaxel

___ Cisplatin* and gemcitabine (Gemzar)

Metastatic Disease | Non-Squamous | First Line of Therapy (1st Line) | ECOG PS: 0-2

___ Carboplatin* and paclitaxel

___ Carboplatin, paclitaxel, and bevacizumab (Avastin)

___ Cisplatin* and gemcitabine (Gemzar)

___ Cisplatin* and pemetrexed (Alimta)

*In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a pathway option.

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

‡PD-L1 current assay level ≥50

§Administered at a dose of 2 mg/kg (up to a maximum of 200 mg)

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.



Lung Cancer: Non-small Cell Lung Cancer (NSCLC) Pathways (Continued)

Metastatic Disease | Non-Squamous | Maintenance | ECOG PS: 0-2

- ___ Continuation bevacizumab (Avastin)
- ___ Continuation pemetrexed (Alimta)
- ___ Switch pemetrexed (Alimta)

Metastatic Disease | Second or Subsequent Lines of Therapy (2nd Line+) | ECOG PS: 0-2

- ___ Atezolizumab (Tecentriq)
- ___ Nivolumab (Opdivo)[†]
- ___ Pemetrexed (Alimta) (**Non-Squamous histology/pathology**)

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

- ___ Alectinib (Alecensa)

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

- ___ Osimertinib (Tagrisso)

Metastatic Disease | ALK and EGFR Negative | PD-L1 Positive[‡] | First Line of Therapy (1st Line) | ECOG PS: 0-2

- ___ Pembrolizumab (Keytruda)[§]

Metastatic Disease | ALK or EGFR Positive | Second or Subsequent Lines of Therapy (2nd Line+) | ECOG PS: 0-2

- ___ Carboplatin* and paclitaxel
- ___ Cisplatin* and gemcitabine (Gemzar)
- ___ Cisplatin* and pemetrexed (Alimta)

Metastatic Disease | EGFR Positive | ECOG PS: 3-4

- ___ Erlotinib (Tarceva)

*In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a pathway option

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

[‡]PD-L1 current assay level \geq 50

[§]Administered at a dose of 2 mg/kg (up to a maximum of 200 mg)

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.

