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)

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

___Continuation bevacizumab (Avastin)

___Continuation pemetrexed (Alimta)

___Switch 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: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.

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

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)

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†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: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.

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