

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

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __IA__IB__IIA__IIB__IIIA__IIIB__IV__ Recurrent

Line of Treatment: __ Neoadjuvant/Pre-Op __ Adjuvant/Post-Op __ First Line __ Second Line __ Third Line __ Third Line+ __ Maintenance

ECOG Performance Status: __ 0 __ 1 __ 2 __ 3 __ 4

Biomarker: ALK: __ Positive __ Negative __ Not reported

EGFR: __ Mutation __ Wild type __ Not reported

BRAF: __ V600E Mutation __ V600K Mutation __ Wild type __ Not reported

MET amplification: __ Positive __ Negative __ Not reported

RET gene rearrangement: __ Absent __ Present __ 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)

*PD-L1 current assay level \geq %50

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

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

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.



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)

*PD-L1 current assay level \geq %50

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

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

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