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

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: _____ **ICD-10 Code**:_____

Biomarkers/Characteristics: (Select all that apply) PD-L1 expression: __ Less than 50% __Equal to or greater than 50%

Actionable Oncogenic Targets*: __Yes __No

Chemoradiation for Localized Disease – Stages IA-IIIC

- Definitive Concurrent Chemoradiation
  - ☐ Cisplatin and etoposide
  - ☐ Paclitaxel and carboplatin

Neoadjuvant Therapy – Stages IB-IIIA

- Squamous and Non-Squamous Cell Carcinoma
  - ☐ Carboplatin or cisplatin, paclitaxel and nivolumab (Opdivo)
- Squamous Cell Carcinoma Only
  - ☐ Carboplatin or cisplatin, gemcitabine and nivolumab (Opdivo)
- Non-Squamous Cell Carcinoma Only
  - ☐ Carboplatin or cisplatin, pemetrexed (Alimta) and nivolumab (Opdivo)

Adjuvant Therapy – Stages IB-IIIB

- ☐ Carboplatin and paclitaxel
- ☐ Cisplatin and gemcitabine (Gemzar)
- ☐ Cisplatin and pemetrexed (Alimta)
- ☐ Cisplatin and vinorelbine (Navelbine)

First Line of Therapy (1st Line) – Stages IIIB-IV, and Recurrent

- Squamous and Non-Squamous Cell Carcinoma
  - PD-L1 Expression (TPS) greater or equal to 50%, **without known actionable oncogenic targets***
    - ☐ Cemiplimab-rwlc (Libtayo)
    - ☐ Pembrolizumab (Keytruda)†
  - Ineligible for Immunotherapy
    - ☐ Carboplatin or cisplatin and paclitaxel
    - ☐ Carboplatin or cisplatin and gemcitabine (Gemzar)
  - ALK Rearrangement Positive
    - ☐ Alectinib (Alecensa)
    - ☐ Lorlatinib (Lobrena)
  - EGFR exon 19 deletion or exon 21 L858R mutation positive
    - ☐ Osimertinib (Tagrisso)

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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- ☐ Carboplatin or cisplatin, pemetrexed, and osimertinib (Tagrisso) **(Non-Squamous Only)**
- ☐ Amivantamab (Rybrevant) and lazertinib

- Non-Squamous Cell Carcinoma Only
  - PD-L1 Expression (TPS) less than 50%, **without known actionable oncogenic targets***
    - ☐ Carboplatin or cisplatin, pemetrexed (Alimta), and pembrolizumab (Keytruda)†
    - ☐ Carboplatin or cisplatin, pemetrexed (Alimta), and cemiplimab-rwlc (Libtayo)
  - PD-L1 Expression (TPS) greater or equal to 50%, **without known actionable oncogenic targets***
    - ☐ Atezolizumab (Tecentriq)
  - Ineligible for Immunotherapy
    - ☐ Carboplatin, paclitaxel, and bevacizumab
    - ☐ Carboplatin or cisplatin and pemetrexed (Alimta)
- Squamous Cell Carcinoma Only
  - PD-L1 Expression (TPS) less than 50% **without known actionable oncogenic targets***
    - ☐ Pembrolizumab (Keytruda)†, carboplatin, and paclitaxel
    - ☐ Carboplatin, paclitaxel, and cemiplimab-rwlc (Libtayo)
    - ☐ Cisplatin, paclitaxel, and cemiplimab-rwlc (Libtayo)

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* Actionable oncogenic targets refer to the driver aberrations in EGFR, ALK, and ROS1

† 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

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