

# 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

## Adjuvant Therapy – Stages IB-IIIb – No known EGFR exon 19 deletion OR exon 21 L858R mutation

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

## First Line of Therapy (1<sup>st</sup> Line) – Stages IIIb-IV, and Recurrent

### • Squamous and Non-Squamous Cell Carcinoma

- PD-L1 Expression (TPS) greater or equal to 50%, **without actionable oncogenic targets\***
  - Cemiplimab-rwlc (Libtayo)<sup>15</sup>
  - Pembrolizumab (Keytruda)<sup>†</sup>
- Ineligible for Immunotherapy
  - Carboplatin<sup>‡</sup> and paclitaxel
  - Cisplatin<sup>‡</sup> and gemcitabine (Gemzar)
- ALK Rearrangement Positive
  - Alectinib (Alecensa)
  - Lorlatinib (Lobrena)
- EGFR exon 19 deletion or exon 21 L858R mutation positive
  - Osimertinib (Tagrisso)

### • Non-Squamous Cell Carcinoma Only

- PD-L1 Expression (TPS) less than 50%, **without actionable oncogenic targets\***
  - Carboplatin<sup>‡</sup>, pemetrexed (Alimta), and pembrolizumab (Keytruda)<sup>†</sup>
- PD-L1 Expression (TPS) greater or equal to 50%, **without actionable oncogenic targets\***
  - Atezolizumab (Tecentriq)
- Ineligible for Immunotherapy
  - Carboplatin, paclitaxel, and bevacizumab
  - Cisplatin<sup>‡</sup> and pemetrexed (Alimta)

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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## First Line of Therapy (1<sup>st</sup> Line) – Stages IIIB-IV, and Recurrent - Continued

- **Squamous Cell Carcinoma Only**

- PD-L1 Expression (TPS) less than 50% **without actionable oncogenic targets\***
  - Pembrolizumab (Keytruda)<sup>†</sup>, carboplatin, and paclitaxel

## Second or Subsequent Lines of Therapy (2<sup>nd</sup> Line+) – Stages IIIB-IV, and Recurrent

- **Squamous and Non-Squamous Cell Carcinoma**

- Carboplatin<sup>‡</sup> and paclitaxel<sup>§</sup>
- Carboplatin<sup>‡</sup> and gemcitabine (Gemzar)<sup>§</sup>
- Carboplatin<sup>‡</sup> and pemetrexed (Alimta)<sup>§</sup>
- No prior immunotherapy has been given
  - Atezolizumab (Tecentriq)
  - Nivolumab (Opdivo)
- With **actionable oncogenic target\*** and prior targeted therapy
  - Carboplatin<sup>‡</sup> and paclitaxel
  - Cisplatin<sup>‡</sup> and gemcitabine (Gemzar)
  - Cisplatin<sup>‡</sup> and pemetrexed (Alimta)
- ECOG of 3-4 and EGFR (exon 19 deletion or exon 21 L858R mutation) Positive
  - Erlotinib (Tarceva)

## Maintenance Therapy – Stages IIIB-IV, and Recurrent

- **Non-Squamous Cell Carcinoma Only**

- Continuation bevacizumab
- Continuation pemetrexed (Alimta)
- Switch pemetrexed (Alimta)
- If previously treated with carboplatin<sup>‡</sup>, pemetrexed, and pembrolizumab
  - Pembrolizumab (Keytruda)<sup>†</sup> and pemetrexed (Alimta)

\* Actionable oncogenic targets refer to the driver aberrations in EGFR, ALK, ROS1, or other genes for which there are FDA-approved targeted treatment options in this specific clinical scenario

† 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

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

§ Eligible only if immunotherapy alone was administered as first line treatment. Ineligible if chemotherapy was used in the first line setting.

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