Bladder Cancer (Urothelial) 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)

Microsatellite instability: __dMMR/MSI-H __MSI-L __Not reported Platinum Resistant/Refractory? __ Yes __ No __Not reported

NTRK Fusion: __Positive __Negative __Not reported

Neoadjuvant Therapy

- Clinical Stage II-IV Without Evidence of Metastases (cT2, cT3, cT4a, cT4b, M0)
    - ☐ **ddMVAC***: dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin with G-CSF
    - ☐ Gemcitabine (Gemzar) and cisplatin†

Adjuvant Therapy

- Stage 0 (Ta, Tis) or Stage I
    - Following Transurethral Resection of Bladder Tumor (TURBT) OR Resection of Recurrent/Persistent Disease, 1-2 sets of treatment
        - ☐ **BCG**: Bacillus Calmette-Guerin, intravesical
    - For low-grade histology only, Following TURBT OR Resection of Recurrent/Persistent Disease
        - ☐ Gemcitabine (Gemzar), intravesical

First Line of Therapy (1st Line)

- Stages IV or Recurrent
    - Platinum-Eligible
        - ☐ Gemcitabine (Gemzar) and cisplatin
        - ☐ Gemcitabine (Gemzar) and carboplatin

Second Line of Therapy (2nd Line)

- Stages IV or Recurrent
    - ☐ Gemcitabine (Gemzar)
    - ☐ Paclitaxel
    - ☐ Pembrolizumab (Keytruda)
    - Prior therapy with platinum-based chemotherapy AND PD-1/PD-L1 inhibitor
        - ☐ Enfortumab Vedotin

* Administration of ddMVAC is limited to 6 cycles

† Administration of Gemcitabine-cisplatin is limited to 4 cycles

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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