Head and Neck Cancer Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

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

Adjuvant Therapy (Post-Operative Systemic Therapy) – Stages II-IV (M0)

- **Non-Nasopharyngeal (**Squamous Cell Carcinoma) Candidate for Local Therapy
  - ☐ High dose cisplatin***** with concurrent RT

First Line of Therapy (1st Line) – Stages II-IVB (M0) (Primary/Definitive)

- **Non-Nasopharyngeal** (Squamous Cell Carcinoma) - Candidate for Local Therapy
  - ☐ High dose cisplatin***** with concurrent RT
- Stages III-IV, Unresectable and Recurrent
  - **Non-Nasopharyngeal** (Squamous Cell Carcinoma)
    - ☐ Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)
    - ☐ Cisplatin, fluorouracil (5FU), and cetuximab (Erbitux)
    - ☐ Pembrolizumab (Keytruda)† **(CPS ≥ 20%)**
    - ☐ Pembrolizumab (Keytruda), cisplatin, and fluorouracil (5FU) **(CPS ≥ 1%)**
    - ☐ Pembrolizumab (Keytruda), carboplatin, and fluorouracil (5FU) **(CPS ≥ 1%)**
- Stage I-IVA Candidate for Local Therapy (M0) (Induction, Primary/definitive and sequential therapy)
  - **Nasopharynx**
    - ☐ Cisplatin with concurrent RT
    - ☐ Cisplatin and gemcitabine (Gemzar) followed by concurrent cisplatin/RT
- Stages IVB and Recurrent (Metastatic and Recurrent Disease)
  - **Nasopharynx**
    - ☐ Carboplatin
    - ☐ Carboplatin and gemcitabine (Gemzar)
    - ☐ Carboplatin and paclitaxel
    - ☐ Cisplatin
    - ☐ Cisplatin and gemcitabine (Gemzar)
    - ☐ Cisplatin and paclitaxel
    - ☐ Fluorouracil (5FU)
    - ☐ Gemcitabine (Gemzar)
    - ☐ Paclitaxel

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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Second and Subsequent Lines of Therapy (2nd line+) – Stages IV and Recurrent

- **Non-Nasopharyngeal**
  - ☐ Nivolumab (Opdivo) **(CPS ≥ 1%)**
  - ☐ Paclitaxel

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* Cisplatin dosed at 100 mg/m^2 every three to four weeks OR dosed at 40 mg/m^2 weekly over the course of radiotherapy.

† Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label