Primary Pathway Decision Logic

The goal of Pathways is to reduce unwarranted variability in care to improve outcomes for patients.

Via Pathway Philosophy & Process

- Even when comparative evidence is not clear, driving to standardization based on the consensus of practicing oncologists is better than providing no guidance.
- Pathways are intended to address common but not all patient presentations; hence, a goal of 80% On Pathway.
- Other Patient Scenarios can be created as secondary On Pathway options, but only for specific patient scenarios.
- If the Committee believes that one treatment is more efficacious than another, then that treatment is prioritized.
- If efficacy, toxicity, and costs are all comparable, then multiple recommendations can be included to accommodate formularies.

How the Committee Selects Primary Treatment Recommendations

If the Committee is not able to follow the process described in this document when selecting a primary treatment recommendation, the proposal to offer multiple comparable recommendations will have to be approved by Via Oncology’s Medical Director.

![Decision Logic Diagram](image)

Efficacy

Comparable Efficacy?

- Yes
- No

Recommend the most efficacious treatment

Toxicity

Comparable Toxicity?

- Yes
- No

Recommend the least toxic treatment

Cost

Comparable Cost?

- Yes
- No

Recommend the least costly treatment

Recommend treatments in the following order:

1. Lowest Cost Treatment
2. Higher Cost Treatment

If Formulary Dictates Alternative Treatment:

- Recommend the core drug:
  Format: “[core name]-xxxx”
  Ex: filgrastim-xxxx; bevacizumab-xxxx

Biosimilar Drugs

Are There Biosimilar Drugs?

Recommend the core drug:
Format: “[core name]-xxxx”
Ex: filgrastim-xxxx; bevacizumab-xxxx

1 Total estimated costs to payer + patient are calculated by Via staff using the Via Cost Analyzer
Process for Other Patient Scenarios

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- Pathways are intended to address **common but not all patient presentations**; hence, a goal of 80% On Pathway.
- Other patient scenarios can be created as secondary On Pathway options, but only for specific patient scenarios.
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- If **efficacy, toxicity and costs** are all comparable, then multiple recommendations can be included to accommodate formularies.

**How the Committee Selects Alternate Recommendations**

1. **Primary Recommendation**

   - **80% Target**
     - Yes
     - No
     - Does it cover 80% of patient presentations?

   - **Consider Updates to the Via Portal**
     - Is additional physician education needed on the rationale for the primary recommendation?
       - Yes: Send email to all Via Network Physicians to reiterate the Committee's rationale
       - No

   - Which commonly occurring scenarios are not covered by the primary recommendation? ¹

   - **Consider Removing Underutilized Recommendations**
     - Are there underutilized On Pathway recommendations that do not contribute to our 80% On Pathway rate? ²
       - No: No additional updates necessary
       - Yes: Review On Pathway decision data and discuss the merits of removing the underutilized recommendations ³

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¹ When investigating low On Pathway rates or underutilization of On Pathway recommendations, a branch analysis may be informative.
² New FDA approvals or labels are not automatically added as On Pathway recommendations. For a new therapy to be included On Pathway it must supplant a current primary recommendation or contribute towards Via’s 80% On Pathway goal by covering a significant proportion of the patient population.
³ Underutilized plans can be removed with approval from Via Oncology’s Medical Director.