

Prostate Cancer (Adenocarcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

Pathology: _____ Stage: _____

Line of Therapy: _____ ICD-10 Code: _____

Biomarkers/Characteristic: (select all that apply) Castration-resistant: __ Yes __ No

Prostate Cancer Recurrence Risk: __Very Low __Low __Intermediate __High __Very High

Adjuvant Therapy

- Stage IVA: Regional disease (lymph node involvement)
 - Post-Prostatectomy
 - Goserelin (Zoladex)
 - Leuprolide (Eligard/Lupron)
 - Triptorelin (Trelstar)

First Line of Therapy (1st Line), Stages I-IV

- Localized favorable intermediate and Localized unfavorable intermediate
 - Primary Treatment with Radiotherapy (RT)
 - Goserelin (Zoladex)*
 - Leuprolide (Eligard/Lupron)*
 - Triptorelin (Trelstar)*
- Localized high risk, Localized very high risk and Regional Disease
 - Primary Treatment with Radiotherapy (RT)
 - Goserelin (Zoladex)
 - Goserelin (Zoladex) with abiraterone (Zytiga)
 - Leuprolide (Eligard/Lupron)
 - Leuprolide (Eligard/Lupron) with abiraterone (Zytiga)
 - Triptorelin (Trelstar)
 - Triptorelin (Trelstar) with abiraterone (Zytiga)

First and Subsequent Lines of Therapy (1st line+)

- Metastatic/Recurrent, Castration Sensitive Disease
 - Abiraterone (Zytiga) and prednisone with Androgen Deprivation Therapy (ADT)^{†§}
 - Abiraterone (Zytiga), docetaxel (Taxotere), and prednisone with ADT[†]
 - Apalutamide (Erleada) with ADT[†]
 - Darolutamide (Nubeqa) and docetaxel (Taxotere) with ADT[†]
 - Enzalutamide (Xtandi) with ADT^{†§}

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.

First and Subsequent Lines of Therapy (1st line+) - Continued

- Metastatic/Recurrent, Castration Resistant Disease
 - Abiraterone (Zytiga) and prednisone with ADT^{†§}
 - Docetaxel (Taxotere) (every 3 weeks) with ADT^{†‡}
 - Enzalutamide (Xtandi)[¶] with ADT^{†§}
 - Goserelin (Zoladex) with bicalutamide (Casodex)[‡]
 - Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)[‡]
 - Triptorelin (Trelstar) with bicalutamide (Casodex)[‡]

Second and Subsequent Lines of Therapy (2nd Line+)

- Metastatic/Recurrent
 - Castration Resistant Disease
 - Cabazitaxel (Jevtana) with ADT[†]
 - Docetaxel (Taxotere) rechallenge with ADT[†]
 - Continued ADT with supportive care ± dexamethasone[†]

Bilateral orchiectomy (surgical castration) is an equally effective alternative to medical castration

* May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30-60 days in patients who are at risk of developing symptoms associated with testosterone flare

† ADT pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar) or history of bilateral orchiectomy

‡ If not previously used in the first line (1st Line) setting

§ The use of androgen-signaling–targeted inhibitor (e.g., abiraterone or enzalutamide) should be limited to one line of therapy and should be used in combination with ADT unless not indicated due to bilateral orchiectomy.

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