

# Ovarian Cancer (Epithelial) 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)

Paclitaxel-resistant: \_\_Yes \_\_No

Platinum Sensitive\*: \_\_Yes \_\_No \_\_Not Reported

Platinum Refractory/Resistant: \_\_Yes \_\_No \_\_Not Reported

## Adjuvant Therapy

- Stages IA/IB (Grade 2 or 3), and IC (Grade 1-3)
  - Carboplatin and paclitaxel

## Adjuvant, Neoadjuvant, or First Line of Therapy

- Stages II-III
  - Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel
- Stages II-IV
  - Carboplatin and paclitaxel (**Administered weekly or every 3 weeks**)

## First and Subsequent Lines of Therapy (1st Line+)

- Recurrent Disease, sensitive\* to platinum-based therapies
  - Carboplatin
  - Carboplatin and gemcitabine (Gemzar)
  - Carboplatin and paclitaxel
  - Carboplatin and weekly paclitaxel

## Second and Subsequent Lines of Therapy (2<sup>nd</sup> line+)

- Recurrent Disease, resistant to platinum-based therapies
  - Bevacizumab monotherapy
  - Docetaxel (Taxotere)
  - Gemcitabine (Gemzar)
  - Liposomal doxorubicin (Doxil or Lipodox)
  - Paclitaxel (weekly)
  - Paclitaxel and bevacizumab
  - Tamoxifen
  - Topotecan (Hycamtin)
  - Topotecan (Hycamtin) and bevacizumab
  - Vinorelbine (Navelbine)

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.



## Maintenance Therapy

- Recurrent Disease, sensitive\* to platinum-based therapies
  - Niraparib (Zejula)
  - Olaparib (Lynparza)
  - Rucaparib (Rubraca)

---

\* Platinum sensitive disease is defined as recurrence of greater than 6 months after prior platinum-based therapy

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.



8600 West Bryn Mawr Avenue  
South Tower – Suite 800 Chicago, IL 60631

Last review: 8/2/2022 | Effective date: 8/2/2022

© 2023 Carelon Medical Benefits Management