Uterine (Endometrial) Cancer Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

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

Adjuvant or Primary Therapy

- Stages III-IVA
  - ☐ Carboplatin and paclitaxel
  - ☐ Carboplatin, paclitaxel, and dostarlimab-gxly
  - ☐ Carboplatin, paclitaxel, and pembrolizumab

First Line of Therapy (1st Line)

- Stages IVB and Recurrent
  - ☐ Carboplatin, paclitaxel, and dostarlimab-gxly
  - ☐ Carboplatin, paclitaxel, and pembrolizumab

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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