

# Ovarian Cancer (Epithelial) Pathways

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_ Pathology: \_\_\_\_\_

Stage:  I  IA  IB  IIA  IIB  IIC  IIIA  IIIB  IIIC  IV  Recurrent

Line of Treatment:  Neoadjuvant/Pre-Op  Adjuvant/Post-Op  First Line  Second Line  Third Line  Third Line+  Maintenance

ECOG Performance Status:  0  1  2  3  4

## Biomarkers:

Germline BRCA 1?  Mutation Present  Not Reported  Wild Type (mutation absent)

Germline BRCA 2?  Mutation Present  Not Reported  Wild Type (mutation absent)

Platinum sensitive?\*  Yes  No  Not Reported

Platinum-refractory or resistant?  Yes  No  Not Reported

## Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)

Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)

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## Adjuvant or Primary Therapy | Stage II, III, IV

Carboplatin (Paraplatin) and dose dense (weekly) paclitaxel (Taxol)

Intravenous (IV) paclitaxel (Taxol) and Intraperitoneal (IP) cisplatin (Platinol) and IP paclitaxel (Taxol) \*\* (Stage III only)

## Recurrent Disease | First and subsequent lines of therapy (1st line +) | Platinum-sensitive\*

Carboplatin (Paraplatin)

Carboplatin (Paraplatin) and gemcitabine (Gemzar)

Carboplatin (Paraplatin) and paclitaxel (Taxol)

Carboplatin (Paraplatin) and weekly paclitaxel (Taxol)

## Recurrent Disease | Second and subsequent lines of therapy (2nd line +) | Platinum resistant

Bevacizumab monotherapy (Avastin)

Docetaxel (Taxotere)

Gemcitabine (Gemzar)

Liposomal doxorubicin (Doxil or Lipodox)

Paclitaxel (weekly) (Taxol)

Paclitaxel (Taxol) and bevacizumab (Avastin)

Topotecan (Hycamtin)

Topotecan (Hycamtin) and bevacizumab (Avastin)

Vinorelbine (Navelbine)

\*Platinum sensitive is defined as recurrence >6 months after prior platinum-based therapy

\*\*Pathway selection for Stage III only

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.

