

Prostate Cancer (Adenocarcinoma) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: I IIA IIB III IV Recurrent

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

ECOG Performance Status: 0 1 2 3 4

Biomarkers:

Castration-resistant: Yes No

Prostate Cancer Recurrence Risk: Very Low Low Intermediate High Very High

Adjuvant Therapy | Post-prostatectomy | Lymph node positive (LN+)

Goserelin (Zoladex)

Leuprolide (Eligard/Lupron)

Triptorelin (Trelstar)

Intermediate risk | Primary treatment with radiotherapy (RT)

Goserelin* (Zoladex)

Leuprolide* (Eligard/Lupron)

Triptorelin* (Trelstar)

High Risk (T3a or Gleason 8-10), Very High Risk (T3b-T4), and Locally Advanced Prostate Cancer (LN+) | Primary treatment with radiotherapy

Goserelin* (Zoladex)

Goserelin* (Zoladex) with docetaxel (Taxotere) (q 3 wks)

Leuprolide* (Eligard/Lupron)

Leuprolide* (Eligard/Lupron) with docetaxel (Taxotere) (q 3 wks)

Triptorelin* (Trelstar)

Triptorelin* (Trelstar) with docetaxel (Taxotere) (q 3 wks)

Recurrent and Metastatic disease | Hormone Sensitive

Docetaxel (Taxotere) (q 3 wks) with Androgen Deprivation Therapy (ADT)**

Goserelin (Zoladex)

Leuprolide (Eligard/Lupron)

Triptorelin (Trelstar)

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 orchiectomy

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.



Prostate Cancer (Adenocarcinoma)

Pathways (Continued)

Recurrent and Metastatic Disease | Hormone Resistant | First line of therapy (1st line)

- __ Abiraterone** (Zytiga) and prednisone + continue ADT**
- __ Docetaxel** (Taxotere) (q3 wks) + continue ADT **
- __ Enzalutamide (Xtandi) (oral) 160 mg qd
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with goserelin (Zoladex)
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with leuprolide (Eligard/Lupron)
- __ Enzalutamide (Xtandi) (oral) 160 mg qd with triptorelin (Trelstar)
- __ Goserelin (Zoladex) + bicalutamide (Casodex)
- __ Leuprolide (Eligard/Lupron) + bicalutamide (Casodex)
- __ Triptorelin (Trelstar) + bicalutamide (Casodex)

Recurrent and Metastatic Disease | Hormone Resistant | Second and subsequent lines of therapy (2nd line+)

- __ Abiraterone (Zytiga)** and prednisone + continue ADT** †
- __ Cabazitaxel (Jevtana) + ADT **
- __ Docetaxel** (Taxotere) (q3 wks) + continue ADT ** ‡
- __ Docetaxel (Taxotere) rechallenge + ADT **
- __ Goserelin (Zoladex) + bicalutamide (Casodex) ‡
- __ Leuprolide (Eligard/Lupron) + bicalutamide (Casodex) ‡
- __ Triptorelin (Trelstar) + bicalutamide (Casodex) ‡
- __ Continued ADT ** with supportive care ± dexamethasone

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*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 orchiectomy

† If neither abiraterone nor enzalutamide have been previously used

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

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